

CONSENT FORM

for

UROLOGICAL SURGERY

(Designed in compliance with



consent form 1)

<p style="text-align: center;">Name of proposed procedure (include brief explanation if medical term not clear)</p>	ANAESTHETIC
<p><u>LAPAROSCOPIC VARICOCELE LIGATION</u> SIDE.....</p> <p>THIS INVOLVES THE TYING OR CLIPPING OF THE TESTICULAR VESSELS CAUSING THE VARICOCELE SWELLING IN YOUR SCROTUM BY PASSING A TELESCOPE INTO THE ABDOMINAL CAVITY</p>	<p><input type="checkbox"/> GENERAL/REGIONAL</p> <p><input type="checkbox"/> LOCAL</p> <p><input type="checkbox"/> SEDATION</p>

Serious or frequently occurring risks

COMMON

- TEMPORARY SHOULDER TIP PAIN
- TEMPORARY ABDOMINAL BLOATING

OCCASIONAL

- INFECTION, PAIN OR HERNIA OF INCISION REQUIRING FURTHER TREATMENT
- FAILURE OF PROCEDURE TO CURE THE VARICOCELE

RARE

- BLEEDING REQUIRING CONVERSION TO OPEN SURGERY OR TRANSFUSIONS

VERY RARELY

- DAMAGE OR SHRINKING OF TESTICLE IF BLOOD SUPPLY EFFECTED BY OPERATION
- RECOGNISED (AND UNRECOGNISED) INJURY TO ORGANS/BLOOD VESSELS REQUIRING CONVERSION TO OPEN SURGERY (OR DEFERRED OPEN SURGERY)
- INVOLVEMENT OR INJURY TO NEARBY LOCAL STRUCTURES –BLOOD VESSELS, SPLEEN, LIVER, LUNG, PANCREAS AND BOWEL REQUIRING MORE EXTENSIVE SURGERY

ALTERNATIVE THERAPY: OBSERVATION, RADIOLOGICAL EMBOLISATION AND THE CONVENTIONAL OPEN SURGICAL APPROACH.