CONSENT FORM

for

UROLOGICAL SURGERY

(Designed in compliance with

consent form 1)

Name of proposed procedure (include brief explanation if medical term not clear)	ANAESTHETIC
ORCHIDOPEXY SIDE……. THIS INVOLVES AN INCISION IN THE GROIN AND THE SCROTUM TO BRING THE TESTIS DOWN INTO THE CORRECT POSITION	µµ- GENERAL/REGIONAL µµ- LOCAL µµ- S EDATION

Serious or frequently occurring risks

OCCASIONAL
- RARELY, INFECTION OF INCISION OR TESTIS REQUIRING FURTHER TREATMENT
- OCCASIONALLY THE TESTIS WILL REMAIN HIGH IN THE SCROTUM AFTERWARDS
- OCCASIONALLY NOT POSSIBLE TO BRING DOWN

RARE
- BLEEDING REQUIRING FURTHER TREATMENT
- RARELY, THE TESTIS CAN SHRINK DUE TO POOR BLOOD SUPPLY AFTER THIS CONDITION

VERY RARE
- WE CAN NOT GUARANTEE FUTURE FERTILITY
- VERY RARELY THE PROCEDURE NEEDS TO BE REPEATED

ALTERNATIVE THERAPY: OBSERVATION