CONSENT FORM UROLOGICAL SURGERY

(Designed in compliance with (DH) Department consent form 1)



μμ- SEDATION

Name of proposed procedure ANAESTHETIC (include brief explanation if medical term not clear) AMPUTATION OF PENIS, PARTIAL OR COMPLETE +/- REMOVAL OF GROIN NODES _{ЦШ}- GENERAL/REGIONAL AMPUTATION OF PART OR ALL OF THE PENIS FOR CANCER WITH FORMATION OF NEW URETHRAL μμ- LOCAL

Serious or frequently occurring risks

COMMON

OPENING TO ALLOW URINATION

- TEMPORARY INSERTION OF A BLADDER CATHETER AND WOUND DRAIN
- DIFFICULTY IN DIRECTING URINARY STREAM OR NEED TO SIT DOWN TO PASS URINE
- SIGNIFICANT AMOUNT OF PENILE SHORTENING IF PARTIAL / LOSS OF WHOLE PENIS IF COMPLETE
- INABILITY TO HAVE SEXUAL INTERCOURSE BECAUSE OF SHORTENING O R ERECTILE FAILURE

OCCASIONAL

- NEED TO CONVERT A PARTIAL TO A COMPLETE IF CANCER MARGIN SEEMS INCOMPLETE.
- BLEEDING REQUIRING FURTHER SURGERY OR RARELY, TRANSFUSIONS
- RECURRENCE OF CANCER IN STUMP OF PENIS
- NEED OF FURTHER THERAPY FOR CANCER (SURGERY, RADIATION, CHEMOTHERAPY)

RARF

- SKIN FAILING TO HEAL REQUIRING FURTHER SURGERY.
- INFECTION, PAIN OF INCISION REQUIRING FURTHER TREATMENT
- NARROWING OF URINARY OPENING NEEDING FURTHER TREATMENT
- MAY BE ABNORMALITY OTHER THAN CANCER ON MICROSCOPIC ANALYSIS

ALTERNATIVE THERAPY: RADIATION OR TOPICAL DRUGS / CONSERVATIVE SURGERY

IF REMOVAL OR GROIN NODES

- PROLONGED FLUID DRAINAGE FROM GROIN SITE
- INFECTION OF GROIN SITE
- MILD SWELLING OF LEGS / ANKLES