

# CONSENT FORM

for

## UROLOGICAL SURGERY

(Designed in compliance with



consent form 1)

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|---|--|
| <p style="text-align: center;"><b>Name of proposed procedure</b><br/>(include brief explanation if medical term not clear)</p>  | <b>ANAESTHETIC</b>   |
| <p><u>INSERTION OF PENILE IMPLANT</u></p> <p>THIS INVOLVES THE INSERTION OF AN ARTIFICIAL PLASTIC TUBE INTO THE SPACE THAT NORMALLY FILLS WITH BLOOD DURING AN ERECTION THROUGH AN INCISION AT THE PENILE BASE.</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> GENERAL/REGIONAL</li> <li><input type="checkbox"/> LOCAL</li> <li><input type="checkbox"/> SEDATION</li> </ul> |

### Serious or frequently occurring risks

- COMMON**
- SMALL TEMPORARY DRAIN LEFT AFTER THE OPERATION
  - PALPABLE STITCHES WHICH YOU MAY BE ABLE TO FEEL
  - TEMPORARY SWELLING AND BRUISING OF PENIS AND SCROTUM
- OCCASIONAL**
- POSSIBLE DISSATISFACTION WITH COSMETIC OR FUNCTIONAL RESULT
  - CIRCUMCISION IS SOMETIMES REQUIRED AS PART OF PROCEDURE
  - BLEEDING OR INFECTION REQUIRING FURTHER TREATMENT
  - COLD FEELING TO THE END OF THE PENIS
- RARE**
- PAIN, INFECTION, PROTRUSION OR LEAKING OF IMPLANT REQUIRING REMOVAL/REVISION.
  - NERVE INJURY WITH TEMPORARY OR PERMANENT NUMBNESS OF PENIS
  - LONG TERM UNKNOWN RISKS FROM USE OF SILICONE PRODUCTS
- ALTERNATIVE TREATMENT: OBSERVATION, DRUGS, VACUUM DEVICES, INJECTIONS AND OTHER SURGICAL APPROACHES