

CONSENT FORM

for

UROLOGICAL SURGERY

(Designed in compliance with  consent form 1)

PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT

Patient Details or pre-printed label

Patient's NHS Number or Hospital number	
Patient's surname/family name	
Patient's first names	
Date of birth	
Sex	
Responsible health professional	
Job Title	
Special requirements <i>e.g. other language/other communication method</i>	

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
CIRCUMCISION THIS IS THE SURGICAL REMOVAL OF THE FORESKIN	- GENERAL/REGIONAL - LOCAL - SEDATION

Statement of health professional (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

TO TREAT FORESKIN ABNORMALITY / RELIGIOUS REASONS

Serious or frequently occurring risks including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. Please tick the box once explained to patient

OCCASIONAL

- BLEEDING OF THE WOUND OCCASIONALLY NEEDING A FURTHER PROCEDURE
- RARELY, INFECTION OF INCISION REQUIRING FURTHER TREATMENT
- PERMANENT ALTERED OR REDUCED SENSATION OF PENIS
- PERSISTENCE OF ABSORBABLE STITCHES AFTER 3 / 4 WEEKS REQUIRING REMOVAL

RARE

- SCAR TENDERNESS, RARELY LONG TERM
- YOU MAY NOT BE COMPLETELY COSMETICALLY SATISFIED
- OCCASIONAL NEED FOR REMOVAL OF EXCESSIVE SKIN AT A LATER DATE.
- PERMISSION FOR BIOPSY OF ABNORMAL AREA ON GLANS IF MALIGNANCY A CONCERN
- RISK OF ANAESTHESIA

ALTERNATIVE THERAPY: DRUGS TO RELIEVE INFLAMMATION, LEAVE UNCIRCUMCISED

A blood transfusion may be necessary during procedure and patient agrees **YES or NO (Ring)**

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided

Patient information leaflet Version 1.0

Contact details (if patient wishes to discuss options later) _____

Statement of interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signature of interpreter:

Print name:

Date:

Copy (i.e. page 3) accepted by patient: yes/no (please ring)

Patient identifier/label

Patient Copy

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interpreter:

Print name:

Date:

Patient identifier/label

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 2, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

- I agree**
- to the procedure or course of treatment described on this form.
 - to a blood transfusion if necessary
 - That any tissue that is normally removed in this procedure could be stored and used for medical research (after the pathologist has examined it) rather than simply discarded. PLEASE TICK IF YOU AGREE
- I understand**
- that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
 - that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)
 - that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
 - about additional procedures which may become necessary during my treatment. I have listed below any procedures which **I do not wish to be carried out** without further discussion.

Signature of Patient:		Print please:	Date:
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A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here. (See DOH guidelines).

Signed _____
 Date _____
 Name (PRINT) _____

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance). On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature of Health Professional	Job Title
Printed Name	Date

Important notes: (tick if applicable)

- . See also advance directive/living will (eg Jehovah's Witness form)
- . Patient has withdrawn consent (ask patient to sign/date here)

Circumcision



Urology Department

Shrewsbury and Telford Hospitals NHS Trust
Tel: 01743 261000

What is the evidence base for this information?

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your consultant, specialist nurses, GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

This is the surgical removal of the foreskin and is only indicated for disease or tightness of the foreskin itself.

What are the alternatives to this procedure?

Drugs or creams to relieve inflammation and avoid circumcision.
An alternative surgical procedure called prepuceplasty may be suitable for some patients.


What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations if you are having the procedure under general anaesthesia. Local anaesthesia is an alternative.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection



At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

A full general anaesthetic (where you will be asleep throughout the procedure), a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) or a local anaesthetic injection around the penis may be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

Local anaesthetic is also injected into the base of the penis to aid pain control after the operation; this can be used as the sole form of anaesthesia in some patients. All methods minimise post-operative pain.

The entire foreskin will be removed using an incision just behind the head of the penis. This leaves the head of the penis completely exposed with no redundant skin.

What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- ask if what was planned to be done was achieved
- let the medical staff know if you are in any discomfort
- ask what you can and cannot do
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- ensure that you are clear about what has been done and what is the next move

You may experience discomfort for a few days after the procedure but painkillers will be given to you to take home. Absorbable stitches are normally used which do not require removal.

It is advisable to wear light clothing for 2-3 days. Passing urine will be painless and will not be affected by the operation.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)

- Swelling of the penis lasting several days

Occasional (between 1 in 10 and 1 in 50)

- Bleeding of the wound occasionally needing a further procedure
- Infection of the incision requiring further treatment and/or casualty visit
- Permanent altered or reduced sensation in the head of the penis
- Persistence of the absorbable stitches after 3-4 weeks, requiring removal

Rare (less than 1 in 50)


- Scar tenderness
- Failure to be completely satisfied with the cosmetic result
- Occasional need for removal of excessive skin at a later date.
- Permission for biopsy of abnormal area on the head of the penis if malignancy is a concern

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- be given advice about your recovery at home
- ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- ask for a contact number if you have any concerns once you return home
- ask when your follow-up will be and who will do this (the hospital or your GP)
- ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.



If you have a dressing around the wound, it should be removed the next day. You may have a shower every day and keep the circumcision wound clean and dry.

It will be at least 10 days before healing occurs and you may return to work when you are comfortable enough and your GP is satisfied with your progress. Most people require at least a week off work.

You should refrain from sexual intercourse for a minimum of 4 weeks or until the stitches disappear.

What else should I look out for?

There will be marked swelling of the penis after a few days. This will last 3-4 days and will then subside but do not be alarmed because this is expected. However, if you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

Are there any other important points?

You will not normally be given a follow-up outpatient appointment after circumcision unless this is felt necessary by your Consultant.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Contact details for more information

Please do not hesitate to contact us for any additional information on 01743 261126.

Other Sources of Information

National Contact Address for

- **NHS Direct**

A nurse-led advice service run by the NHS for patients with questions about diagnosis and treatment of common conditions.

Telephone: 0845 4647

Website: www.nhsdirect.nhs.uk

- **Equip**

A West Midlands NHS website which signposts patients to quality health information and provides local information about support groups and contacts.

Website: www.equip.nhs.uk

- **Patient UK**

Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self help groups and a directory of UK health websites.

Website: www.patient.co.uk

Further information is available from;

- **Patient Advise and Liaison Service (PALS)**

PALS will act on your behalf when handling patient and family concerns, they can also help

you get support from other local or national agencies. PALS, is a confidential service.

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Princess Royal Hospital, Tel: 01952 282888

Your Information

Information about you and your healthcare is held by the NHS. You can find out more about the information we hold and how it is used in the leaflet called: **Your Information**, which is available from PALS (contact details above).



Disclaimer

This leaflet is provided for your information only. It must not be used as a substitute for professional medical care by a qualified doctor or other health care professional. Always check with your doctor if you have any concerns about your condition or treatment. This leaflet aims to direct you to quality websites: these are correct and active at the time of production. The Shrewsbury and Telford Hospital NHS Trust is not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information contained in this leaflet or found on web pages linked to by this leaflet.

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