

Informed Consent for Hypospadias Repair

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

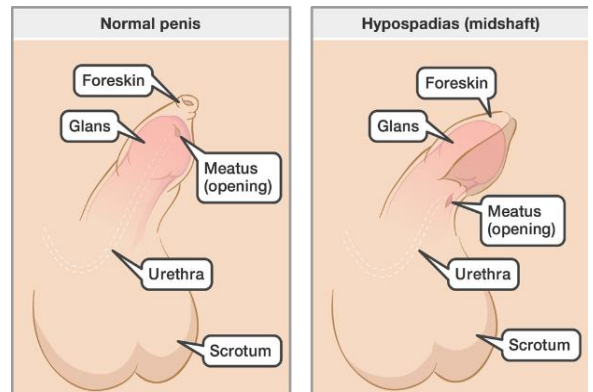
Medical Condition
 The doctor has explained that I/my child/myhave the following medical condition:

 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction

Hypospadias is a birth defect found in boys in whom the urinary tract opening is not located properly at the tip of the penis. Usually, the opening of the urethra or meatus, is at the tip of the penis. In children with hypospadias, the opening of the urethra can be located at various positions along the underside of the penis. The foreskin may not completely close over the head of the penis. The location of the urethral opening can range from just below the usual position on the glans to between or underneath the scrotum. This condition can be corrected through surgery where a part of the foreskin is sometimes used to construct a new urethra. The surgery will be done under general or regional anaesthesia. After operation, the remaining foreskin will be removed so the child will look circumcised. To protect the newly constructed urethra (neourethra), the urine will usually be diverted with a stent (a silastic tube through the neourethra). A plastic dressing may also be left on the penis, which can be removed at home by the child's parent. This procedure aims to straighten the penis and move the penis's opening (called the 'meatus') to the tip of the penis.



Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Potential Benefits (To be documented by doctor)	Risks and Complications (To be documented by doctor)	Patient Specific Risks (To be documented by doctor)	Alternatives (To be documented by doctor)	Outcome (To be documented by doctor)
<ul style="list-style-type: none"> ▪ Better cosmesis. ▪ Better self confidence in children upon growth to adulthood. ▪ Improved sexual activity and procreativity. ▪ Others, if any specify: 	<ul style="list-style-type: none"> ▪ Post-operative bleeding. ▪ Bladder spasms usually due to the presence of the indwelling catheters ▪ Infections ▪ Redness, swelling or the presence of pus at the incision site ▪ Fistula is a urine leak from the newly formed urethra, usually requires surgical repair 	<ol style="list-style-type: none"> 1) 2) 3) 4) 5) 	<ul style="list-style-type: none"> ▪ There are no alternative medical treatments for hypospadias. ▪ The only alternative to surgery in childhood is postponement of surgery until the child is old 	<ul style="list-style-type: none"> ▪ Good following surgical repair ▪ Others, if any specify:

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- Stenosis (or narrowing of the urethra) is a serious but a rare complication
- Recurrent chordee is an uncommon complication but does require surgical correction to repair

enough to decide for himself about genital surgery.

- Others, if any specify:

Specific Notes Related to Procedure (Strike out if not required)

Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)

Patient's Authorisation

- The doctor has explained my/patient's medical condition and proposed treatment/procedure. I have been explained and have understood the intended benefits/risks known to be attached with the planned treatment/procedure including the risks that are specific to me/ patient and their likely outcomes.
- The doctor has explained other relevant/alternate treatment options and their associated benefits/risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I was able to ask questions and raise concerns with the doctor about the procedure and its benefits/risks and my/patient's treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- I understand that if organs or tissues are removed during the surgery that these may be retained for prescribed tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
- The doctor has explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above-named physician/surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.
- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
- I understand that I have the right to refuse treatment before the surgery/procedure. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital and I shall be solely responsible for the outcome of such refusal.

- I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. **Yes** **No**
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. **Yes** **No**

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Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:
<p>Declaration by the Doctor I have explained to the patient / authorised representatives the medical condition, need for the surgery/procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.</p>				
Name and Signature of the Doctor with Reg No:			Date and Time:	