Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
SIMPLE ORCHIDECTOMY +/- SILICONE IMPLANT SIDE……. THIS INVOLVES REMOVAL OF TESTIS VIA A GROIN OR A SCROTAL INCISION	☐ - 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

REMOVAL OF DISEASED TESTIS

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
- ❑ INFECTION OF INCISION REQUIRING FURTHER TREATMENT (&POSSIBLE REMOVAL OF IMPLANT)
- ❑ BLEEDING FROM WOUND REQUIRING SURGERY (&POSSIBLE REMOVAL OF IMPLANT)
- ❑ WE CAN NOT GUARANTEE FUTURE FERTILITY

RARE
- ❑ FINDING OF UNSUSPECTED DIAGNOSIS ON THE HISTOLOGY EXAMINATION REQUIRING FURTHER TREATMENT
- ❑ REMOTE POSSIBILITY THAT PATHALOGICAL DIAGNOSIS WILL BE UNCERTAIN

IF INSERTION OF TESTICULAR PROSTHESIS

- ❑ PAIN, INFECTION OR LEAKING REQUIRING REMOVAL OF IMPLANT.
- ❑ COSMETIC RESULT IS NOT ALWAYS PERFECT
- ❑ MAY RIDE UP IN WARM WEATHER
- ❑ PALPABLE STITCH AT ONE END WHICH YOU MAY BE ABLE TO FEEL
- ❑ LONG TERM UNKNOWN RISKS FROM USE OF SILICONE PRODUCTS

ALTERNATIVE THERAPY MAY INCLUDE: OBSERVATION

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

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: