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

<u>Statement of health professional</u> (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	The	inte	nded	bene	efits
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TO TREAT FORESKIN ABNORMALITY / RELIGIOUS REASONS

<u>Serious or frequently occurring risks</u> 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. PERMISSON FOR BIOPSY OF ABNORMAL AREA ON GLANS IF MALIGNANCY A CONCERN
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	Job Title
Health Professional	
Printed Name	Date

The following leaflet/tape has been provided

<u>Contact details</u> (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	Print name:	Date
interpreter:		