

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
Epididymectomy (surgical removal or part or all of the epididymis - the sperm carrying mechanism behind the testicle)	- 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 part or all of the epididymis

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.

<p>Common (greater than 1 in 10)</p> <ul style="list-style-type: none"> - swelling of the scrotum lasting several days - seepage of yellowish fluid from the wound several days after surgery <p>Occasional (between in in 10 and 1 in 50)</p> <ul style="list-style-type: none"> - blood collection around the testis which resolves slowly or requires surgical removal - possible infection of the wound or the testis requiring further treatment with antibiotics, or surgical drainage - failure to relieve the symptoms of epididymal pain - damage or shrinkage of the testis if the blood supply is affected by the operation <p>Rare (less than 1 in 50)</p> <ul style="list-style-type: none"> - none 	PATIENT COPY
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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: