

Patient identifier/label

<b>Name of proposed procedure</b> (Include brief explanation if medical term not clear)	<b>ANAESTHETIC</b>
<b><u>FREEING OF PREPUTIAL ADHESIONS</u></b>  THIS INVOLVES RETRACTION OF THE FORESKIN FULLY BY GENTLE RELEASE OF THE SCAR TISSUE WHICH STICKS THE FORESKIN TO THE GLANS WITH GENTLE TRACTION AND OCCASIONALLY CUTTING.	<input type="checkbox"/> - GENERAL/REGIONAL <input type="checkbox"/> - LOCAL <input type="checkbox"/> - 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 child and his or her parent(s). In particular, I have explained:

**The intended benefits** TO TREAT FORESKIN ABNORMALITY

**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 and his or her parents Please tick the box once explained to child/parents

- COMMON
  - RARELY, INFECTION OF INCISION REQUIRING FURTHER TREATMENT AND CASUALTY VISIT
  - TEMPORARY BLEEDING OF PENIS FROM THE RAW SURFACE
  - TEMPORARY TENDERNESS
- OCCASIONAL
  - FUTURE NEED FOR CIRCUMCISION IF THIS DOES NOT SOLVE THE PROBLEM
  - THE ADHESIONS CAN REFORM IN SOME CHILDREN SO THAT A REPEAT PROCEDURE IS REQUIRED
- RARE
  - RARELY, INFECTION OF RAW SURFACE REQUIRING ANTIBIOTICS
  - NO GUARANTEE THAT YOU WILL BE COMPLETELY COSMETICALLY SATISFIED
- ALTERNATIVE THERAPY: DRUGS TO RELIEVE INFLAMMATION, CIRCUMCISION AND OBSERVATION

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

<b>Signature of Health Professional</b>	<b>Job Title</b>
<b>Printed Name</b>	<b>Date</b>

The following leaflet/tape has been provided

Contact details (if child/parents wish to discuss options later)

**Statement of interpreter** I have interpreted the information above to the child and his or her parents to the best of my ability and in a way in which I believe they can understand.

Signature of interpreter: Print name: Date: