

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
HYPOSPADIAS REPAIR THIS INVOLVES RECONSTRUCTION OF THE URETHRA TO BRING THE OPENING AS CLOSE TO THE USUAL POSITION AS POSSIBLE. YOUR SURGEON WILL TELL YOU THE PARTICULAR TECHNIQUE THEY USE AND WHETHER THIS IS PERFORMED AS ONE OR TWO OPERATIONS.	<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 IMPROVE COSMETIC AND FUNCTIONAL ASPECTS OF PENIS/URETHRA

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

- NEED FOR A TEMPORARY TUBE IN THE URETHRA UNTIL THE NEW URETHRA IS HEALED.
- BRUISING IS QUITE COMMON AFTER THIS SURGERY
- THE PENIS WILL APPEAR CIRCUMCISED AFTERWARDS

OCCASIONAL

- INFECTION OF INCISION REQUIRING FURTHER TREATMENT
- PERSISTENCE OF ABSORBABLE STITCHES AFTER 3 / 4 WEEKS REQUIRING REMOVAL
- BLEEDING REQUIRING FURTHER TREATMENT

RARE

- A SMALL URINARY LEAK OR FISTULA CAN OCCUR NEEDING FURTHER SURGERY.
- NOT POSSIBLE TO GUARANTEE A TOTALLY SATISFACTORY COSMETIC RESULT DESPITE BEST ATTEMPTS
- OCCASIONALLY THE URETHRA CAN NARROW IN THE FUTURE NEEDING FURTHER TREATMENT

ALTERNATIVE TREATMENTS: LEAVE AS IT IS NOW

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

Signature of Health Professional	Job Title
Printed Name	Date

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: