



## Consent form

Patients name:

Patients DOB:

Patients address:

Contraindications (**surgeon use only**):

The proposed procedure is: circumcision

It is being undertaken for:

I have read the information leaflet on what a circumcision is, what it involves and what to do afterwards and in an emergency. I understand the risks which include:

|  |     |
|--|-----|
| Bleeding necessitating return to theatre | 1%  |
| Infection                                | 2%  |
| Side effect to anaesthetic               | 1%  |
| Poor cosmetic outcome                    | 2%  |
| Urethral/meatul injury                   | <1% |
| Retained plastibell                      | <1% |

I (Patient name if old enough to consent)..... agree for this procedure to be undertaken and have been explained the risks and benefits.

Sign:

Date:

I..... the mother of ..... agree for this procedure to be undertaken on my child and have been explained the risks and benefits.

Sign:

Date:

I..... the father of .....agree for this procedure to be undertaken on my child and have been explained the risks and benefits.

Sign:

Date:

Surgeon:

Date:



**For surgeon Use only:**

**Surgeon:**

**Date:**

**Weight:**

**Anaesthetic: 1% lignocaine      mls, 0.5% Marcaine      mls**

**Procedure: Plastibell      Circumplast      Open**

**Sterile technique**

**Haemostasis**

**Other findings**

**Problems**

**Post op**

**Information sheet**

**check**