

INFORMED CONSENT AND REQUEST FOR NEONATAL CIRCUMCISION

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

PATIENT'S NAME _____

The following has been explained to me in general terms and I understand that:

1. The diagnosis requiring the procedure is the desire to have the newborn male circumcised.
2. The nature of the procedure is to surgically remove the foreskin. This is done by hand methods (no laser or electrical devices) using a removable surgical clamp or a plastic-bell device.
3. The purpose of the procedure is to remove the foreskin. The possible medical benefits include a reduction in the incidence of penile cancer in later life, a reduction in urinary tract infections, a reduction in the risk of contracting genital warts once sexually active, and a reduction in the risk of cervical abnormalities including cancer in future sexual partners.

4. MATERIAL RISKS OF THE PROCEDURE

As a result of this procedure being performed, there may be material risks of:

Infection, Allergic Reaction, Disfiguring Scar, Severe Loss of Blood, Loss or Loss of Function of any Limb or Organ, Paralysis or Partial Paralysis, Paraplegia or Quadriplegia, Brain Damage, Cardiac Arrest or Death.

5. In addition to these material risks, there may be other possible risks involving this procedure including but not limited to possible:

- a. penile hematoma (blood clot in the area of the surgical site);
- b. removal of too much or too little skin;
- c. blood loss necessitating transfusion which carries the risk of exposure to AIDS, hepatitis, and other infectious diseases;
- d. the need for immediate surgery or other additional surgery;
- e. formation of blood clots;
- f. emboli (clots of blood and other material) that may travel to other parts of the body;
- g. abscess formation at the incision site;
- h. penile pain.

6. The likelihood of success of the above procedure is good.

7. The practical alternative to this procedure is to remain uncircumcised.

8. If the patient chooses not to have the above procedure, the prognosis (predicted future medical condition) is good; **Circumcision is considered by most to be primarily a cosmetic and cultural procedure.**

I understand that the physician, medical personnel and other assistants will rely on statements about the patient, the patient's medical history, and other information in determining whether to perform the procedure or the course of treatment for the patient's condition and in recommending the above procedure.

I understand the practice of medicine is not an exact science and that NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME concerning the results of this procedure.

I understand that during the course of the procedure described above it may be necessary or appropriate to perform additional procedures which are unforeseen or not known to be needed at the time this consent is given. I consent to and authorize the persons described herein to make the decisions concerning such procedures. I also consent to and authorize the performance of such additional procedures as they deem necessary or appropriate.

I also consent to diagnostic studies, tests, anesthesia, x-ray examinations and other treatment or courses of treatment relating to the diagnosis or procedures described herein.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ OR HAD THIS FORM READ AND/OR EXPLAINED TO ME, THAT I FULLY UNDERSTAND ITS CONTENTS, AND THAT I HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTION AND THAT ANY QUESTIONS HAVE BEEN ANSWERED SATISFACTORILY. ALL BLANKS OR STATEMENTS REQUIRING COMPLETION WERE FILLED IN AND ALL STATEMENTS I DO NOT APPROVE OF WERE STRICKEN BEFORE I SIGNED THIS FORM. I ALSO HAVE RECEIVED ADDITIONAL INFORMATION INCLUDING BUT NOT LIMITED TO THE MATERIALS LISTED BELOW RELATING TO THE PROCEDURE DESCRIBED HEREIN.

I voluntarily consent to allow Dr. _____, or any physician designated or selected by him or her and all medical personnel under the direct supervision and control of such physician and all other personnel who may otherwise be involved in performing such procedures to perform the procedures described or otherwise referred to herein.

Witness

Date_____Time_____

Parent or Guardian Giving Consent
(Patient is unable to sign because he is a minor
newborn male)

Additional materials used during the informed consent process included but were not limited to a booklet describing neonatal circumcision. Other materials, if any: