



**CONSENT FORM
FOR
INGUINAL HERNIA REPAIR**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

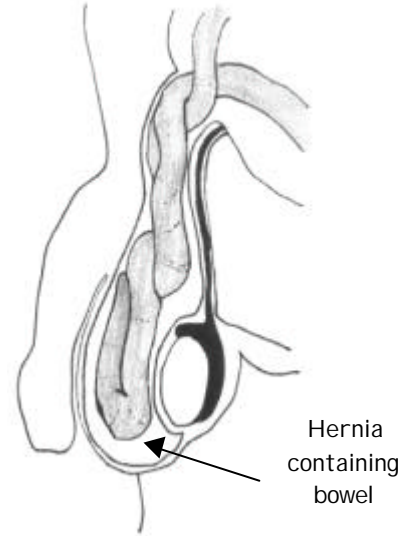
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*),
have an **inguinal hernia** on theside/s and that an open **repair** is proposed:

Under a regional, general or local anaesthetic, a cut is made above the groin close to the hernia and the tissues of the spermatic cord identified.

The coverings of the cord are opened and the contents explored to identify the hernia sac. This is cleared of all other tissues and checked to ensure it is empty. The sac may be tied off and the excess tissue removed.

The weakness in the muscle layers is identified and depending on the situation and the surgeon's preference, some form of repair, often using non-absorbable material, is preformed. Any bleeding is stopped, and the tissues closed in layers.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your surgeon if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic** (*see separate Anaesthetic Consent Form*).

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand **inguinal hernia repair** has the following **specific risks and limitations**:

- I will have a permanent scar at the operation site, which will fade with time.
- The wound may become infected with redness, swelling and pain. This may require antibiotics.
- The hernia may recur, particularly if there has been any infection or an early strain on the wound before the tissues have healed.
- The material used for the repair may be rejected by the body and have to be removed.
- I may develop long term pain or discomfort following handling of the sensory nerves or scar tissue in the area.
- I may have numbness around the operation site that may take months to improve.
- Rarely, I may bleed during the operation due to damage to nearby major blood vessels.
- Uncommonly, the blood vessels in the spermatic cord clot as a result of the unavoidable handling during the operation. If this happens, I may develop inflammation of the testicle (ischaemic orchitis). This means my testicle on that side may swell and become painful, and although the symptoms settle in due course, the testicle may shrink and fail to produce sperm in future.

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....
.....



ROYAL PERTH HOSPITAL

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DECLARATION BY PATIENT

- I acknowledge the surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my surgeon during this operation.
- I understand that a doctor other than the specialist surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If any staff member is exposed to my blood (needlestick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as Hepatitis B, C and HIV. I understand the blood sample will not be tested until I have been informed and I have given my consent.

Signature of patient

[Signature line]

Date

[Date line]

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature

[Signature line]

Doctor's name
(please print)

[Name line]

Date

[Date line]

INTERPRETER'S DECLARATION - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.

Interpreter's
Signature

[Signature line]

Date

[Date line]