



**CONSENT FORM
FOR
HERNIA REPAIR
(FEMALE)**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

PROPOSED TREATMENT

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

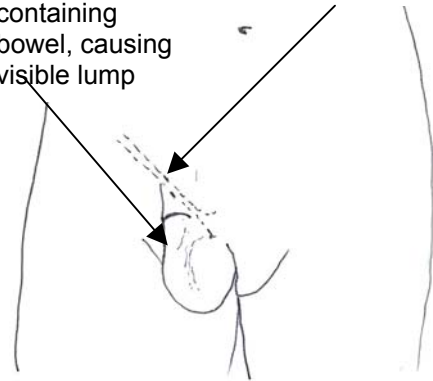
Inguinal hernia: Under a regional, general or local anaesthetic, a cut is made close to the hernia and the hernial sac identified.

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.

Any weakness in the muscle layers or deep tissues is identified. Depending on the situation and the surgeon's preference, the tissues are repaired or strengthened, often using a synthetic material that will not be absorbed. Any bleeding is stopped, and the tissues closed in layers.

Femoral hernia: in some cases, it may be easier and safer to make the incision in the lower abdomen. The hernia itself is treated as above. Your surgeon will explain what is planned for you.

Hernia containing bowel, causing visible lump
Inguinal ligament



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 **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 become infected and be rejected by the body and have to be removed at another operation.
- 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.

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:

.....
.....

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 a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

Signature of patient

Date

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

Doctor's name
(please print)

Date

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

Date

Interpreter's name
(please print)