Consent Form for neonatal circumcision

I am requesting that Dr Plaut performs a non-therapeutic circumcision

(i.e not for any medical reasons) on my son

● By signing this form, I confirm that I have given consent for this procedure

● I understand that where 2 parents have responsibility for the boy named below, both parents must give written consent for this procedure

● I confirm that the adult(s) named below are the only people with legal responsibility for the boy named below

● I understand that complications are rare, but may include the following:

|  |  |
| --- | --- |
| **Complication** | **Likelihood** |
| Significant post-operative bleeding | (1%) |
| Cosmetic issues such as: |  |
| Adhesion (attachment of skin to edge of head) | 5% |
| Baggy/redundant skin | 3% |
| Advised for repeat circumcision | 1% |
| Narrowing of the shaft skin opening over the head of penis | 0.2% |
| Infection requiring antibiotics | (0.1%) |
| Meatal stenosis (narrowing of the opening of the urine tube) | (0.1%) |
| Injury to the urethra (tube for urine) | (0.1%) |
| Damage to the head of the penis | Too rare to give accurate estimate |

Figures in brackets are estimates as they have never occurred in Dr Plaut’s practice

Name of child: Date of Birth:

Birth weight: Gestation:

Recent weight:

Feeding:

Health issues:

Name of parent: Signature

Date

Name of parent: Signature Date