

Consent To Elective Circumcision With Local Anesthetic

Patient's (Child's) Name: _____

Date of Procedure: _____

Procedure: Circumcision with local anesthesia.

Pediatrician: Joseph M Sadler Jr, MD

_____ I hereby provide consent to Dr. Sadler performing an infant circumcision with local anesthetic on my child.

_____ I understand that the most recent American Academy of Pediatrics circumcision policy statement sites "Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risk and that the procedures benefits justify access to this procedure for families who choose it."

_____ Dr. Sadler has explained to me the potential risks and benefits of newborn circumcision. I have also read and reviewed the attached Risks and Benefits.

_____ I understand that no guarantee can be made as to the final cosmetic outcome of the circumcision.

_____ I have had the opportunity to ask Dr. Sadler any questions I had prior to the procedure, and he has answered them.

Date: _____

Parent: _____
Name

Witness:

Signature

Parent: _____
Name

Witness:

Signature

In case of single signature:

_____ I am the sole guardian of the child, OR I have obtained the approval of any other parent or guardian of the child, and as such, am providing this consent on my own.

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Risks

Any surgical procedure involves some risk.

Please read the following and make sure you have your questions answered prior to proceeding.

The overall risk of complication from this procedure is between 0.2% (2/1000) and 0.6% (6/1000). More specifically:

Risk of bleeding - Most often there is little to no bleeding.

Sometimes (1 time in 100) a small amount of bleeding can happen and it can be stopped with gently applied pressure by the doctor or by yourself. More rarely (1 time in 20,000), a blood transfusion may be required.

Risk of Infection - Most often there is no infection after this procedure.

Rarely (1 time in 1000) there can be an infection that requires the application of topical antibiotics to the penis for several days. More rarely (1 time in 4000) the baby may be required to have antibiotics given either by mouth or intravenously.

Suboptimal cosmetic outcome - Most often the circumcision is a cosmetic success.

Occasionally either too much or too little skin is removed. Rarely, this can require a second surgery for a better outcome.

Trauma to the Penis - most often the circumcision is a cosmetic success.

Rarely, the penis itself can be damaged by the procedure, requiring urgent surgical consultation at the hospital. Damage can be done to the urethra (the hole where urine comes out), the glands (the head of the penis), or the shaft of the penis.

Death - In very rare cases, death has been caused by circumcision, usually due to undiagnosed medical or bleeding problems in the baby. Between 1954 and 1989, fifty million circumcisions were performed in the USA. Three deaths were reported due to circumcision. Two babies had bleeding disorders and one was a premature infant weighing only 1.9kg. Surgical complications can, of course, also be a cause for damage resulting in death.

A Baby should NOT have a circumcision if:

- There is a family history of bleeding disorder
- The baby is premature (under 37 weeks at birth)
- There is a congenital abnormality of the penis (the anatomy of the penis is not normal)
- There is a medical disorder in the newborn (ex. hypothyroid, heart disease, infectious disease)

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Benefits

Scientific researchers found several advantages to infant circumcision. These include but are not limited to:

- Less urinary tract infections, especially in the first year of life. (12 times less)
- Less local infections of the foreskin (posthitis) or the head of the penis (balanitis) (50% less)
- Reduction in the risk of sexually transmitted infections including HIV (60% less), Herpes (31% less), Human Papilloma Virus (33% less), - the cause of genital warts in anyone and cervical cancer in women - and syphilis.
- Reduction in sexually transmitted infections in female partners of circumcised men (Bacterial Vaginosis decreased 40%. Trichomonis decreased 48%)
- Eliminates phimosis, an often painful inability of the foreskin to pull back over the penis.
- Easier hygiene
- Virtually eliminates risk of cancer of the penis
- Some studies suggest less sexual dysfunction later in life
- Avoidance of need to circumcise later in life when risks are higher (10 times), costs are higher and pain is higher (some estimate between 6% and 10% of boys will require circumcision in their lifetime due to medical reasons)