

Informed Consent for Restoration of Penile Foreskin

"A second surgical procedure to a previously operated area, although low in complications, has a higher incidence of complications than the original procedure."

1. I hereby request and authorize Dr. Harold M. Reed, assisted by his designated personnel to perform the urological operation entitled "Restoration of Penile Foreskin" in an effort to recreate my foreskin.
2. Dr. Reed has discussed his case experience with me but has not made any promise of a specific performance or guaranteed either expressly or by implication a successful result.
3. Post-operative swelling of the penis is to be expected and may last from six to eight weeks.
4. Patches of induration or firmness under both the penile skin be felt for a period of time up to a few months. This itself should not interfere with sexual activity.
5. The penis is not to be used for penetrating sex for at least 3 months after stage 2 or until healing is complete after stage 2. Physical trauma to the penis including undue pressure and squeezing is also to be avoided. Such events during the first few weeks can lead to unwanted bruising.
6. I have discussed this procedure with my sexual partner or "significant other" and have gained their approval, or after careful consideration of my situation and relationship have decided to proceed. I and my partner are aware that there will be a period of sexual abstinence, and can appreciate the emotional consequences of this hiatus, as well as any unanticipated complications stemming from this procedure.
7. I have not been treated by a psychologist, psychiatrist, or physician for any emotional disorder, nor do I believe I have any significant emotional disorder presently.
8. I have abstained from smoking for 2 weeks prior to this procedure and will abstain for 2 months following this procedure.
9. Complications of this procedure include transient loss or reduction of sensitivity, pain or discomfort, a collection of blood under the skin (hematoma), a collection of serum under the skin (seroma), separation of incisional margins (dehiscence), transient black and blue bruising (ecchymosis), peno-scrotal web, and failure of flap to survive. I can appreciate that with any surgical procedure there may be unforeseen complications as well.
10. I will call Dr. Reed immediately if there are any concerns and keep my follow-up appointments with him.

11. The patient consents to medical photography before, during and after treatment, and that these photographs become the property of Dr. Harold M. Reed, and may be utilized for but not limited to publications in scientific journals, or presentation in a manner related to medical practice.

12. The administration of anesthesia is an independent function and any questions regarding anesthetic management should be addressed directly to the anesthetist. A remote complication of general anesthesia is inadequate intubation, and a remote complication of spinal anesthesia is inadequate pain control.

13. Regarding penile foreskin restoration by the above described techniques, no community or national standards have yet established.

14. I, the patient, have had an opportunity to question and discuss with Dr. Reed: any unfamiliar medical terminology, as well as any concepts mentioned in this consent; any further questions relating to this procedure; anticipated post-operative course, alternatives and risks. I have not been rushed either during my consultation or before being asked to sign this consent.

15. I am aware that Dr. Harold M. Reed has elected under the provisions of Florida State law not to carry professional liability insurance.

16. I understand the maintenance of personal hygiene, especially genital cleanliness is extremely important in preventing post-operative infection.

17. I have read and understood the above described informed consent as well as Dr. Reed's list advisories on the procedure. I have read and signed the above consent in the presence of a witness whose signature appears below, after I have had an opportunity to question Dr. Reed regarding any unfamiliar medical terminology.

PATIENT DATE

WITNESS DATE TIME

I have personally discussed with the patient the above described proposed surgery, its risks and potential complications, as well as the alternatives available.

HAROLD M. REED, M.D.