

CONSENT FOR CIRCUMCISION

I understand that circumcision is a procedure in which the foreskin (fold of skin that covers the end of the penis) is surgically removed. Many parents are interested in having circumcision done for ethnic, cultural, religious or social reasons; but there is still some medical controversy about the need for the procedure on a routine basis. The nature of a circumcision, and the benefits to be reasonably expected compared with alternative approaches have been explained to me.

I understand that there is a chance that risks or complications related to the circumcision may occur. These complications include, but are not limited to the following:

Minor problems are short-term: Slight oozing or slight bleeding may be noted at the surgical site. Rarely, infection of the circumcision site or at the tip of the penis can occur. Irritation of the exposed tip of the penis (glans) as a result of contact with stool or urine is not uncommon and usually responds to cleansing with water.

Long-term minor problems can include: The urethra, which leads from the bladder to the tip of the penis, can be damaged at its point of exit. Scarring of the penis can occur. Unintended removal of the outer skin layer (or layers) of the penis can occur. An opening that is too small for the foreskin to retract over the penis can occur if too little foreskin is removed.

Major problems are rare but can include: Complete removal of the skin covering the shaft of the penis has rarely been reported. Significant bleeding may occur, requiring stitches to stop the bleeding. Serious, life-threatening bacterial infection can occur. Partial or full removal (amputation) of the tip of the penis has also been rarely reported. There may be a need for surgical revision of the procedure.

Dr. Racquel Carranza-Chahal, MD will perform the procedure. My physician will determine when it is necessary for others to participate in the circumcision of my child.

Confirmation that there is no first-degree family history of a bleeding disorder. The procedure may not be performed if a bleeding disorder exists in a first-degree family member:

Date _____ Time _____ Signature (Parent / Legal Guardian)

Confirmation that infant received Vitamin K injection in accordance with standard practice of newborn care¹:

Date _____ Location _____ Scanned? _____

Additional comments (if any):

The above risks and benefits have been explained to me. I have had an opportunity to fully inquire about the risks and benefits of circumcision and its alternatives. All my questions were answered to my satisfaction and I consent to the circumcision of my child.

Date _____ Time _____ Signature (Parent / Legal Guardian)

Date _____ Time _____ MD

Date _____ Time _____ Signature (Witness)

¹American Academy of Pediatrics Task Force on Circumcision. Male circumcision. *Pediatrics*. 2012;130(3). Available at: <https://pediatrics.aappublications.org/content/130/3/e756>