

Informed Consent for Circumcision

My signature on this form authorizes Dr. Brian P. Despinasse, II to perform the following procedure: Circumcision-incision type with Gomco Device.

I have been informed and I understand the nature of the procedure and why it is necessary.

I have been informed and I understand the risks inherent to the performance of any surgical procedure such as loss of blood, infection, reaction to anesthesia, numbness and or/lack of sensation and the formation of thick or otherwise scars. I realize that these or other natural complications may result from the procedure.

Patient's Name: _____

Date: _____

Signature of Parent/Legal Guardian: _____
Signifying informed consent

Witness: _____

Procedure Note: After cleaning in sterile fashion with betadine, a dorsal penile nerve block was performed with 1.0 % cc of 1% Lidocaine without epinephrine. After good anesthesia was achieved, the urethral neatus was visualized and forceps applied to the foreskin. A blunt probe was used to dissect away adhesions from the glans penis. A 1.3 gomco was applied to penis between glans and foreskins was removed without hemorrhage or difficulty. Patient tolerated procedure without event. Care instructions were given and explained to parent/legal guardian who verbalized understanding. Caregiver instructed to call 225.922.8377 with problems/concerns.

Brian P. Despinasse, II M.D.