Orchidopexy - Repair of Undescended Testicle/s
Child / Young Person (under 18 years)

A. Interpreter / cultural needs
   An Interpreter Service is required?  [ ] Yes  [ ] No
   If Yes, is a qualified Interpreter present?  [ ] Yes  [ ] No
   A Cultural Support Person is required?  [ ] Yes  [ ] No
   If Yes, is a Cultural Support Person present?  [ ] Yes  [ ] No

B. Condition and treatment
   The doctor has explained that you/your child has the following condition: (Doctor to document in patient’s own words)

   This condition requires the following procedure. (Doctor to document - include site and/or side where relevant to the procedure)

   The following will be performed:
   Location and surgical repair of the undescended testicle/s to as near normal a position as possible.

C. Risks of an orchidopexy - repair of undescended testicle/s
   There are risks and complications with this procedure. They include but are not limited to the following.
   General risks:
   - Infection can occur which may require treatment including antibiotics.
   - Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin or Aspirin.
   - Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
   - Impaired circulation may occur to a limb or to an organ which may require further treatment.
   - Death or brain damage as a result of this procedure are possible.
   Specific risks:
   - The testicle may not be able to be placed in its correct position and further surgery may be necessary.
   - A hernia may be found and will need to be repaired.
   - There may be considerable swelling and bruising in the scrotum (this will go with time).
   - Rarely, the testicle may shrink in size and lose function.
   - In rare circumstances, the testicle may need to be removed.
   - If the testicle cannot be found in the groin, it may be necessary to look inside the abdomen.

D. Significant risks and procedure options
   (Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure
   (Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetics
   This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)

G. Parent / patient / substitute decision maker consent
   I acknowledge that the doctor has explained to me and/or my child:
   - the medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
   - the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me/my child.
I request that my child has the procedure
Name of parent / Substitute Decision Maker/s: ____________________________
Signature: __________________________________________________________
Date: ____________________________ PH No: ____________________________
If applicable: source of decision making authority (tick one):
☐ Court order → ☐ Court order verified
☐ Legal guardian → ☐ Documentation verified
☐ Other: → ☐ Documentation verified

AND / OR for the young person
Based on Gillick vs West Norfolk Area Health Authority [1986] 1AC 112 a minor (i.e. a patient under 18 years of age) is capable of giving informed consent when he or she achieves a sufficient understanding and intelligence to enable him or her to fully understand the nature, consequences and risks of the proposed procedure/treatment and the consequences of non-treatment.

I request to have this procedure
Name of patient: ____________________________
Signature: __________________________________________________________
Date: ____________________________

H. Doctor / delegate statement
I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.
Name of Doctor/delegate: ______________________________________________
Designation: _________________________________________________________
Signature: __________________________________________________________
Date: ____________________________

I. Interpreter’s statement
I have given a sight translation in ____________________________

(state the patient’s language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.
Name of Interpreter: __________________________________________________
Signature: __________________________________________________________
Date: ____________________________

On the basis of the above statements,
Consent Information - Patient Copy
Orchidopexy - Repair of Undescended Testicle/s
Child / Young Person (under 18 years)

1. What do I need to know about this procedure?
Location and surgical repair of the undescended testicle/s to as near normal a position as possible

2. My anaesthetic:
This procedure will require an anaesthetic.
See About Your Child’s Anaesthetic information sheet for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.
If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?
There are risks and complications with this procedure. They include but are not limited to the following.

General risks:
- Infection can occur which may require treatment including antibiotics.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin or Aspirin.
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Impaired circulation may occur to a limb or to an organ which may require further treatment.
- Death or brain damage as a result of this procedure are possible.

Specific risks:
- The testicle may not be able to be placed in its correct position and further surgery may be necessary.
- A hernia may be found and will need to be repaired.
- There may be considerable swelling and bruising in the scrotum (this will go with time).
- Rarely, the testicle may shrink in size and lose function.
- In rare circumstances, the testicle may need to be removed.
- If the testicle cannot be found in the groin, it may be necessary to look inside the abdomen.

4. Who will be performing the procedure?
A doctor other than the consultant/specialist may conduct/assist with the clinically appropriate procedure/treatment/investigation/examination.
I understand this could be a doctor undergoing further training, and that all trainees are supervised according to relevant professional guidelines.