Hernia – Inguinal Repair
Child / Young Person (under 18 years)

Facility: .................................................................

A. Interpreter / cultural needs

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>An Interpreter Service is required?</td>
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<tr>
<td>If Yes, is a qualified Interpreter present?</td>
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<tr>
<td>A Cultural Support Person is required?</td>
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<tr>
<td>If Yes, is a Cultural Support Person present?</td>
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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:

Open surgery to repair the weakness in the groin area. A small cut is made at the site of the hernia.

C. Risks of an inguinal hernia repair

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:

- Rarely the hernia may come back. The risks are about 1 in 100 children to 7 in 100 children for hernias on one or both sides, and higher for hernias that have come back.
- In male children, the testicle and also the contents of the scrotum may swell due to tissue damage or bleeding, also the penis may show bruising. This should settle in time.
- The testicle may sit a little higher in the scrotum after the operation.

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. Anaesthetic

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.
I have been given the following Patient Information

Health or ambulance students.

With the relevant professional

Under the supervision of the

Examination

Education purposes

Procedure

Student

For the purpose of undertaking professional training,

I understand that image/s or video footage may be recorded

Following a discussion with my doctor.

Any time, including

To my/our satisfaction.

Procedure and its risks, and my treatment options. Any

My child and/or I were able to ask questions and raise

Concerns with the doctor about the condition, the proposed

Procedure and its risks, and my treatment options. Any

Questions and concerns have been discussed and answered to

My/our satisfaction.

I understand that I have the right to change my/our mind at

Any time, including after I have signed this form but, preferably

Following a discussion with my doctor.

I understand that image/s or video footage may be recorded

As part of and during the procedure and that these image/s or

Video/s will assist the doctor to provide appropriate treatment.

Student examination/procedure for educational purposes

For the purpose of undertaking professional training, a

Student/s may observe the medical examination/s or

Procedure/s and may also, subject to patient consent, perform

An examination/s or assist in performing the procedure/s on a

Patient while the patient is under anaesthetic. This is for

Education purposes only. A student/s who undertakes an

Examination/s or assists in performing the procedure/s will be

Under the supervision of the treating doctor, in accordance with

The relevant professional guidelines.

For the purposes of education I consent to a student/s undergoing training to:

- Observe examination/s or procedure/s □ Yes □ No
- Assist and/or perform examination/s or procedure/s □ Yes □ No

Student - this may include medical, nursing, midwifery, allied health or ambulance students.

I have been given the following Patient Information Sheet/s:

☐ About Your Child’s Anaesthetic

☐ Hernia – Inguinal Repair – Child / Young Person

On the basis of the above statements,

I request that my child has the procedure

Name of parent /

Substitute Decision Maker/s:______________________________

Signature:________________________________________________________________________

Relationship to patient:________________________________________________________________

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:_________________________
Consent Information – Parent / Patient Copy
Hernia – Inguinal Repair
Child / Young Person (under 18 years)

1. What do I need to know about this procedure?
Open surgery to repair the weakness in the groin area. A small cut is made at the site of the hernia.

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:**
- Rarely the hernia may come back. The risks are about 1 in 100 children to 7 in 100 children for hernias on one or both sides, and higher for hernias that have come back.
- In male children, the testicle and also the contents of the scrotum may swell due to tissue damage or bleeding, also the penis may show bruising. This should settle in time.
- The testicle may sit a little higher in the scrotum after the operation.
- In some children, healing of the wound may be abnormal. The wound can be thickened and red and the wound may be painful.
- Rarely in emergency hernia repairs, there may be bowel injury due to strangulation of the bowel in the hernia. The testicle may no longer work and shrink.
- Herniae that come back are more prone to the complications as stated above.

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.
If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a student/s may observe the medical examination/s or procedure/s.
Subject to your consent, a student/s may perform an examination/s or assist in performing the procedure/s while you are under anaesthetic. This is for education purposes only. A student/s who undertakes an examination/s or assists in performing the procedure/s will be under the supervision of the treating doctor, in accordance with relevant professional guidelines.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. You are under no obligation to consent to an examination/s or a procedure/s being undertaken by a student/s for education purposes.

**Notes to talk to my doctor about:**

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