Open inguinal hernia repair
Procedure consent form

First Name:		ID:	
Last Name		Gender:	
Date of Birth:	DD/MM/YY	Age:	M F

Operation date	
Diagnosis	
Procedure	Open repair of inguinal hernia (Modified Kugel procedure)
Goal	Permanent cure of the inguinal hernia
Content	Open surgery to repair the weakness in the groin area. A cut (about 4 cm) is made at the site of the hernia. The weak area is reinforced with mesh.

Possible complications	Hematoma due to internal bleeding
	    Possible bleeding into the wound after the surgery for about 5% of patients.
	Infection to the wound and mesh area
	                    The rate of risk is estimated at about 0.1% or less.
	Ongoing pain and discomfort around the wound
	  One of the small nerves in the groin can be injured causing long-term burning and aching in the groin for about 0.1% of patients.

Recurrence	Recurrence rate is estimated at about 1 to 5 %. In some cases, a new hernia occurs on the opposite side.
Alternative treatments	The hernia can't disappear spontaneously, with the exception of infant hernia. Truss We believe that a truss can not cure the hernia. There are many other procedures. Among them, we choose the modfied Kugel procedure because it can cover all weak points of the groin region.
Privacy policy	We may disclose your medical data on the web or in medical journals without disclosing your individual information.
Doctor's statement	**I have explained** **1.the patient's condition** **2.the need for treatment** **3.the procedure and the risks** **4.relevant treatment options and their risks** **5.likely consequences if those risks occur** **6.the significant risks and problems specific to this patient.**
	Doctor's name (print) _____ Doctor's signature _____ Witness _____

Patient consent

I acknowledge that:

The doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.
The doctor has explained other relevant treatment options and their associated risks.
The doctor has explained my prognosis and the risks of not having the procedure.

On the basis of the previous statements,   Patient's name (print) _____
I REQUEST TO HAVE THE PROCEDURE.   Patient's signature _____
        If you are not the patient, what is your relationship with the patient?（   ）

Seirei Yokohama hospital