## **Desert West Surgery**

## **INGUINAL HERNIA SURGERY CONSENT**

You will be having an inguinal hernia repair. This is usually an outpatient surgical procedure, performed at a hospital or outpatient surgical center with an anesthesiologist present. There are various techniques for repair of inguinal hernias. Your surgeon can discuss specific techniques that will be used for your repair. Mesh is typically used in most repairs to strengthen the repair, reduce postoperative pain, and improve healing. The risk of reoccurrence after an inguinal hernia repair is significantly lower if mesh is used, versus a traditional repair with no mesh.

As with any surgical procedure, there are complications and risks involved. It would be impractical and possibly misleading to describe all very rare complications in detail. The risks usually associated with all inguinal hernia repairs are bleeding, infection, neuralgia (painful nerve symptoms), and ischemic orchitis in males (pain in testicles). As with all types of hernia repairs, recurrent hernia is possible. Most of these complications are temporary and time limiting in nature, however in the rare event that symptoms are prolonged this may require a referral to a pain or nerve specialist, and possibly even re-operation. Although infection of mesh in an inguinal hernia repair is very rare, it usually does require a re-operation to correct this complication.

Temporary postoperative swelling is quite common. Urinary retention can also occur in males, especially in men who have a history of previous urinary problems, prostatic hypertrophy, or history of prostate procedures.

We hope this helps clarify the risks involved with your inguinal hernia repair. If you have further questions or concerns regarding the risks of your surgery please be sure to discuss them with your surgeon or our nurse prior to signing this consent

I, Please Print Your Name, certify that I have read the above or had read to me the contents of this form, and give my consent to have the abovementioned surgery performed. I understand that in spite of every skill and prudent effort made to avoid complications during this procedure, there is no guarantee that a complication will not occur.

X	X	
Patient Signature (Guardian/Parent)	Witness	Date