

# MALE FORESKIN SURGERY OPERATIONEN AN DER MÄNNLICHEN VORHAUT

Information and medical history for parents and patients for preparation of the required pre-procedure interview with the doctor

Clinic / Doctor:



Patient data:

englisch

- Radical removal of foreskin (circumcision)** Radikale Beschneidung  
 **Cosmetic circumcision** Plastische Beschneidung  
 **Dorsal slit of the foreskin** Spaltung der Vorhaut  
 **Removal** Entfernung  
 **cutting of the frenulum** Durchtrennung des Vorhautbändchens

Procedure scheduled to take place on (date):

## Dear patient, dear parents,

you or your child are to undergo foreskin surgery.

This form will serve to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain to you the advantages and disadvantages of the scheduled procedure compared with alternative methods available, and inform you of any risks specific to your/your child's case. The doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the treatment suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview. The costs of circumcision are not always covered by health insurance. It is therefore advisable to contact your health insurer prior to the procedure to clarify whether they will meet the costs.

### REASONS FOR TREATMENT

In circumcision, the skin surrounding the glans penis, which can be pulled back behind the glans, is removed completely (radical) or partly (cosmetic). Circumcision may be medically required in cases of a tight foreskin (phimosis). The foreskin cannot be pulled back against the glans, or only with difficulty, in those cases. Typical symptoms are pain when the foreskin is pulled back (for instance during sexual intercourse) and difficulties in maintaining personal hygiene in that area with infections resulting underneath the foreskin or in the urinary tract. Other reasons may be diseases of the genital mucous membranes (for instance Lichen sclerosus et atrophicus) or unclear skin conditions (for instance suspected Bowen's disease or squamous cell carcinoma).

If the foreskin becomes trapped behind the glans penis (paraphimosis), it is considered a medical emergency. Typical symptoms are intense pain, swelling of the foreskin and its possible death (foreskin necrosis) or blood circulation problems in the glans penis. Apart from circumcision, a dorsal slit of the foreskin may also be a simpler option in those cases to make it possible for the foreskin to be retracted again. Additional surgery may then become necessary as time goes by (for instance circumcision) since a split of the foreskin can be unsatisfactory from an aesthetic point of view.

Occasionally, the frenulum may also have to be cut during a circumcision procedure. This may also be required if the frenulum is too short, causing pain during sexual intercourse. The frenulum is an elastic band of tissue under the glans penis containing a small artery. The frenulum can either be cut (frenulotomy) or removed entirely (frenulectomy). Your doctor will inform you whether this will be necessary in your case or your child's case.

### COURSE OF TREATMENT

Circumcision can be carried out under a local anaesthetic or under a general anaesthetic, regarding which you will receive a separate information sheet.



There are different surgical methods used in foreskin surgery (for instance complete or partial circumcision using a scalpel, a clamp or a special plastic ring). Your doctor will inform you which method he/she would like to use in your case or your child's case.

### ALTERNATIVE METHODS

In children with phimosis, treatment with a cortisone-containing cream can be an alternative treatment method. However, if the foreskin is tightened because of scarring or if the phimosis is the result of some other illness, the prospects for treatment with cream are dim.

### PROSPECTS OF SUCCESS

Circumcision most often leads to a good cosmetic result. In rare cases, the foreskin may tighten again, requiring further surgical treatment.

### DIRECTIONS FOR PREPARATION AND AFTERCARE

Please follow the instructions of the doctor and of the nursing personnel closely. Unless specifically instructed otherwise, please adhere to the following guidelines:

#### Preparation:

**Medication:** It is important for you to inform your doctor of any medication you or your child take or inject on a regular basis (in particular any anticoagulant agents such as Aspirin® [ASA], Marcumar®, Heparin, Plavix®, Ticlopidin, Clopidogrel, Apixaban [Eliquis®],

Edoxaban [Lixiana®], Rivaroxaban [Xarelto®], Dabigatran [Pradaxa®] etc. Please also let your doctor know if you take any over-the-counter medication and herbal remedies or pain killers such as ibuprofen, paracetamol or morphine-based medication. Your doctor will let you know if and for how long you should stop taking your medication.

#### Aftercare:

The surgical wound will sometimes cause pain during the first few days after surgery, which can be treated easily with medication. A swelling of the remaining foreskin after surgery may occur and will subside with time.

Please abstain from sexual intercourse or masturbation during the first few days after surgery until the wound has healed completely since otherwise the success of the procedure may be jeopardised and the cosmetic end result may be unsatisfactory. Please ask your doctor for the exact period of time for which you need to abstain.

Please inform your doctor immediately if you experience symptoms such as **pain, swelling, fever** or **paraesthesia**. **Numbness, bluing or paling of parts of the penis** or the **foreskin** can point to the dressing being too tight. It will then have to be removed immediately to prevent damage.

If the procedure is carried out **on an out-patient basis**, you or your child will remain under supervision in the clinic/doctor's surgery until your vital functions are stable. Afterwards, you or your child will have to be collected by an adult. Please also make sure there will be an adult at home to supervise you for 24 hours after the procedure. Since your reaction capacity may be impaired after the procedure, you/your child must not actively participate in road-traffic for a period of 24 hours (not even as a pedestrian) nor participate in any risky activities, especially activities without secure support. You should also refrain from taking any important personal or economic decisions during this period.

The day after the operation, the wound should be checked by a doctor. Your doctor will inform you whether the suture material will have to be removed or whether absorbable suture materials were used.

### RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

It is well known that **any medical procedure is accompanied by certain risks**. If complications occur, they may sometimes require additional treatment or surgery and, in extreme cases, can sometimes even be **life-threatening** or lead to permanent damage – even after some time. Please understand that, for legal reasons, any possible risks associated with this procedure must be listed, even if some of these only occur in exceptional cases. During the interview, your doctor will inform you of any risks specific to your/your child's case. You may also choose to waive a detailed explanation. In that event, please pass over this section on risks and confirm your waiver with your signature in the final section of this form.

**Infections** for instance of the surgical wound or at the site where injection needles were inserted, including syringe abscess, tissue death (necrosis) and scarring or vein inflammation (phlebitis) rarely occur. In most cases, infections can be treated successfully with antibiotics. An infection of the wound can also lead to a urethral fistula or to tissue death in rare cases, which will require further surgical procedures. In extreme and rare cases, an infection that has spread beyond control can even lead to the loss of parts of the foreskin or the penis.

With patients predisposed to delayed wound healing or wound healing disorder, **abnormal proliferation of scar tissue** (keloids) may occur, leading to pain or to repeated tightening of the remaining foreskin through shrinking of the scar tissue, sometimes making corrective surgery necessary.

**Adhesion of the remaining foreskin** to the glans penis, skin bridges or a **stricture of the urethral opening** (meatal stenosis) may also result and may require follow-up surgery.

**Bruising** (haematomata) and post-procedure bleeding sometimes occur and may lead to firm, painful swelling. In most cases, they disappear after a few days or weeks without treatment; however, they may lead to wound healing disorder. This may require follow-up surgery.

**Allergic reactions** (intolerance symptoms), e.g. to medication (antibiotics, sedatives, analgesics), disinfectants or latex involving skin rash, itching, swelling or nausea and coughing may occur. Severe reactions such as shortness of breath, spasms, tachycardia or circulatory shock, however, are rare. Due to insufficient perfusion, temporary or permanent organ damage, e.g. brain damage, paralyses or kidney failure may then occur even despite adequate intensive care.

Small nerves in the skin can be severed during surgery and lead to temporary or, in rare cases, even permanent **numbness around the surgical scar**, in rare cases also resulting in permanent sensation disturbances and pain.

**Damage to the skin, soft tissue or nerves** (for instance through injections, disinfectants or positioning during the procedure) is rare. Sensory disturbance, numbness, paralysis and pain may then result. They are usually temporary. Permanent nerve damage or scars are rare.

During the operation, small vessels are ablated (coagulated) using electric currents. In rare cases, this may lead to **burns on the penis** or other parts of the body.

As with any surgical procedure, **blood clots** (thromboses) may form, causing obstruction of a blood vessel (embolism). Such blood clots may then travel to other parts of the body and block the vessels of other organs. This may then lead to e.g. lung embolism, stroke or kidney failure resulting in permanent damage despite proper treatment. If anticoagulant agents are administered to prevent formation of blood clots, the risk of bleeding or post-procedure bleeding is increased. If Heparin is administered, the risk of severe coagulopathy (HIT) is increased. This means that the risk of thrombosis formation and thus obstruction of blood vessels is increased.

### Important Questions for Outpatients

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are discharged from the hospital/ clinic/surgeon's practise? Wer wird Sie abholen, sobald Sie aus Klinik/Praxis entlassen werden?

Name and age of the person picking you up: [Name und Alter des Abholers]

Where can you be reached within the 24 hours after surgery? Wo sind Sie in den nächsten 24 Stunden nach dem Eingriff erreichbar?

Street, house number, postcode, place: [Straße, Hausnummer, PLZ, Ort]

Telephone: [Telefonnummer]

Name and age of person looking after you: [Name und Alter der Aufsichtsperson]

Who is your physician (the one whose care you are in/who referred you/family surgeon)? Wer ist Ihr überweisender Arzt / Hausarzt / weiter betreuender Arzt?

Name: [Name]

Street, house number: [Straße, Hausnummer]

postcode, place: [PLZ, Ort]

Telephone: [Telefonnummer]

## Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

### Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days?  yes  no

Aspirin® (ASS),  Clopidogrel,  Efigent®,  Eliquis®,  Heparin,  Marcumar®,  Plavix®,  Pradaxa®,  Ticlopidin,  Xarelto®.

**Angaben zur Medikamenteneinnahme:** Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt?  Aspirin® (ASS),  Clopidogrel,  Eliquis®,  Heparin,  Marcumar®,  Plavix®,  Pradaxa®,  Ticlopidin,  Xarelto®.

Any other: \_\_\_\_\_

Sonstiges: \_\_\_\_\_

When did you take the last dose? \_\_\_\_\_

Wann war die letzte Einnahme?

Do you take any other medications?  yes  no

Werden andere Medikamente eingenommen?

If so, which ones: \_\_\_\_\_

Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.) (Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Have you ever had surgery on the foreskin?  yes  no

Wurden Sie schon einmal an der Vorhaut operiert?

Do you smoke?  yes  no

If so, what and how much daily: \_\_\_\_\_

**Rauchen Sie?** Wenn ja, was und wie viel täglich:

Do you have or have you ever had any of the following diseases or symptoms thereof:

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Blood diseases / blood clotting disorders?  yes  no

Increased bleeding tendency (e.g. frequent nose bleeds, increased post-operative bleeding, increased bleeding from minor injuries or after dentist treatment, stronger or longer menstrual bleeding),  tendency to bruise (frequent bruising possibly for no particular reason).

**Bluterkrankung/Blutgerinnungsstörung?**  Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung, verstärkte oder verlängerte Regelblutung),  Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders?  yes  no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Blood clot (thrombus) / blood vessel occlusion (embolism)?  yes  no

Blutgerinnsel (Thrombose)/Gefäßverschluss (Embolie)?

Allergies / Oversensitivity?  yes  no

Medications,  foods,  contrast media,  iodine,  sticking plaster,  latex (e.g. rubber gloves, balloons),  pollen (grass, trees),  anaesthetics,  metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

**Allergie/Überempfindlichkeit?**  Medikamente,  Lebensmittel,  Kontrastmittel,  Jod,  Pflaster,  Latex (z.B. Gummihandschuhe,

Luftballon),  Pollen (Gräser, Bäume),  Betäubungsmittel,  Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Any other: \_\_\_\_\_

Sonstiges: \_\_\_\_\_

Diseases of the respiratory tract (breathing passages) or lungs?  yes  no

Asthma,  chronic bronchitis,  inflammation of the lungs,  emphysema,  sleep apnoea (intense snoring with breathing interruptions),  vocal cord/diaphragm paralysis.

**Erkrankung der Atemwege/Lungen?**  Asthma,  chronische Bronchitis,  Lungenentzündung,  Lungenemphysem,  Schlafapnoe (starkes Schnarchen mit Atemaussetzern),  Stimmband-Zwerchfelllähmung.

Any other: \_\_\_\_\_

Sonstiges: \_\_\_\_\_

Metabolic diseases?  yes  no

Diabetes (sugar sickness),  Gout.

**Stoffwechsel-Erkrankungen?**  Diabetes (Zuckerkrankheit),  Gicht.

Any other: \_\_\_\_\_

Sonstiges: \_\_\_\_\_

Thyroid diseases?  yes  no

Underactive thyroid,  overactive thyroid.

**Schilddrüsenerkrankungen?**  Unterfunktion,  Überfunktion.

Any other: \_\_\_\_\_

Sonstiges: \_\_\_\_\_

Kidney diseases?  yes  no

kidney insufficiency,  kidney inflammation.

**Nierenerkrankungen?**  Nierenfunktionsstörung (Niereninsuffizienz),  Nierenentzündung.

Any other: \_\_\_\_\_

Sonstiges: \_\_\_\_\_

Communicable (contagious) diseases?  yes  no

Hepatitis,  tuberculosis,  HIV.

**Infektionskrankheiten?**  Hepatitis,  Tuberkulose,  HIV.

Any other: \_\_\_\_\_

Sonstiges: \_\_\_\_\_

Any other acute or chronic diseases / illnesses?  yes  no

**Nicht aufgeführte akute oder chronische Erkrankungen?**

Please describe: \_\_\_\_\_

Bitte kurz beschreiben:

\_\_\_\_\_

If certain answers are preselected, please correct them if anything has changed.)

## Medical documentation for the informative interview

Ärztl. Dokumentation zum Aufklärungsgespräch

To be completed by the doctor Wird vom Arzt ausgefüllt

Über folgende Themen (z. B. mögliche Komplikationen, die sich aus den spezifischen Risiken beim Patienten ergeben können, nähere Informationen zu den Alternativmethoden, Erfolgsaussichten) habe ich den Patienten/die Eltern im Gespräch näher aufgeklärt:

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- Radical removal of foreskin (circumcision)**  
Radikale Beschneidung
- Cosmetic circumcision** Plastische Beschneidung
- Dorsal slit of the foreskin** Spaltung der Vorhaut
- Removal** Entfernung
- cutting of the frenulum** Durchtrennung des Vorhautbändchens

### Capability to give wilful consent:

Fähigkeit der eigenständigen Einwilligung:

- The patient is **capable of making a decision** on the recommended procedure on his/her own and giving his/her consent for the procedure.  
Der/Die Patient/in besitzt die Fähigkeit, eine **eigenständige Entscheidung** über die empfohlenen Maßnahme zu treffen und seine/ihre Einwilligung in den Eingriff zu erteilen.
- The **minor's** ability to reason and power of judgement are sufficient. Therefore, his/her consent/rejection and that of the parents/legal guardian are required.  
Die/Der **Minderjährige** verfügt über hinreichende Einsichts- und Urteilsfähigkeit, weshalb ihre/seine Zustimmung/Ablehnung und die der Eltern/des Vormunds eingeholt werden.
- The patient is represented by a **custodian** with a custodian's card which states that he/she is also responsible for the patient's healthcare, or by a trusted person with a healthcare proxy. The child is represented by a parent/both **parents** or a legal guardian. These persons are capable of making a decision in the best interest of the patient/the child.  
Die Patientin/Der Patient wird von einem **Betreuer** mit einem die Gesundheitsorge umfassenden Betreuerausweis oder einer Vertrauensperson mit einer Vorsorgevollmacht bzw. das Kind von seinen **Eltern**/einem Elternteil oder einem Vormund vertreten. Diese sind in der Lage, eine Entscheidung im Sinne des Patienten/des Kindes zu treffen.
- Custodian's card  healthcare proxy
- advance healthcare directive has been submitted.
- Betreuerausweis  Vorsorgevollmacht  Patientenverfügung liegt vor.

Place, date, time [Ort, Datum, Uhrzeit]

Doctor's signature [Unterschrift der Ärztin/des Arztes]

## Patient's refusal **Ablehnung**

The doctor \_\_\_\_\_ has given me/us a full explanation of the procedure proposed and of the disadvantages that will result from my/our refusal. I/We have understood this explanation. I/We hereby refuse the procedure that has been proposed.

Die Ärztin/der Arzt hat mich/uns umfassend über die vorgeschlagene Maßnahme und über die sich aus meiner/unserer Ablehnung ergebenden Nachteile aufgeklärt. Ich/Wir habe(n) die diesbezügliche Aufklärung verstanden. Ich/Wir lehne(n) die vorgeschlagene Maßnahme ab.

Place, date, time [Ort, Datum, Uhrzeit]

Refusal of the patient /parent(s)\* / legal guardian(s)/witness, if any  
(Unterschrift Patient / Eltern\* / Betreuer / Vormund / ggf. des Kindes/ggf. des Zeugen)

## DECLARATION OF CONSENT EINWILLIGUNGSERKLÄRUNG

Please tick the appropriate boxes and confirm your statement with your signature below:

- I/We hereby confirm that I/we have understood all the parts of this explanation for patients.** I/We have read this explanatory document (4 pages) in its entirety. During the explanatory appointment the doctor \_\_\_\_\_ has given me/us a comprehensive explanation of how the procedure scheduled is carried out, its risks, complications and side effects in the specific case of me/our child, and the advantages and disadvantages of the alternative methods. **Ich/Wir bestätige(n) hiermit, dass ich/wir alle Bestandteile der Patientenaufklärung verstanden haben.** Diesen Aufklärungsbogen (4 Seiten) habe(n) ich/wir vollständig gelesen. Im Aufklärungsgespräch mit der Ärztin/dem Arzt wurde(n) ich/wir über den Ablauf der geplanten Maßnahme, deren Risiken, Komplikationen und Nebenwirkungen in einem speziellen Fall/im speziellen Fall unseres Kindes und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.
- I/We hereby deliberately waive my/our rights to more detailed explanations.** However, I/we hereby confirm that I/we have been informed by the doctor \_\_\_\_\_ of the necessity of the procedure, of its type and extent, and of the circumstance that all procedures have their risks. **Ich/Wir verzichte(n) bewusst auf eine ausführliche Aufklärung.** Ich/Wir bestätige(n) hiermit allerdings, dass ich/wir von dem behandelnden Arzt über die Erforderlichkeit der Maßnahme, deren Art und Umfang sowie über den Umstand, dass alle medizinischen Maßnahmen Risiken bergen, informiert wurde(n).

**I/We hereby confirm that I/we do not have any additional questions and do not need more time for consideration. I/We consent to the procedure proposed.** I/We have answered the questions regarding my medical history (anamnesis)/the medical history of our child fully to the best of my knowledge. **Ich/Wir versichere(n), dass ich/wir keine weiteren Fragen habe(n) und keine zusätzliche Bedenkezeit benötige(n). Ich/Wir stimme(n) der vorgeschlagenen Maßnahme zu.** Die Fragen zu meiner Krankengeschichte (Anamnese)/der Krankengeschichte unseres Kindes habe(n) ich/wir nach bestem Wissen vollständig beantwortet.

My/Our consent also applies to any necessary additional measures as well as to any required changes or additions to the procedure. Meine/Unsere Einwilligung bezieht sich auch auf alle notwendigen Neben- und Folge-maßnahmen, sowie auf erforderliche Änderungen oder Erweiterungen des Maßnahme.

I/We confirm that I am/we are capable of following the instructions given to me by my doctor. Ich/Wir versichere(n), dass ich/wir in der Lage bin/sind, die ärztlichen Verhaltenshinweise zu befolgen.

- I agree that my copy of this explanatory form may be sent to the following e-mail address: Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

e-mail address [E-Mail-Adresse]

Place, Date, Time [Ort, Datum, Uhrzeit]

Signature of the patient / parent(s)\* / legal guardian(s) [Unterschrift Patient/in / Eltern\* / Betreuer / Vormund]

Copy/Kopie:

- received/erhalten  
 waived/verzichtet

Signature Copy received/waived  
Kopieerhalt-/verzichtet

\*If only one parent signs, then by so doing this parent declares that he/she has sole rights of custody or is acting with the consent of the other parent.

