



## Informed consent form

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### **PATIENT INFORMATION AND CONSENT FORM**

### **TESTICLE IMPLANT SURGERY**

### **(replacement of the missing testicle with a silicone implant)**

PATIENT'S NAME, SURNAME:

AGE:

DATE OF INFORMATION:

ADDRESS:

This form will inform you about the risks, process and results of TESTIS IMPLANT surgery and enlighten you about alternative treatments. Please read it carefully, sign each page, and ask your doctor if you have any questions or do not understand.

- This surgery is performed by inserting a silicone testicular implant into the scrotum to compensate for the physical absence of a previously removed or non-congenital testicle. If both testicles are missing, two implants are used, right and left. The implant can be inserted through an incision in the groin or through an incision in the scrotum. If the patient does not want this operation to be visible, it is placed on the back of the scrotum. In this way, the surgical scar will remain invisible.

- There is no alternative to the operation. You can only choose not to have surgery as an alternative. There are 6-7 brands of silicone implants produced for this region in the world. Some of these implants are implants inflated with serum; some are silicone gel filled implants. Your doctor will inform you about the implant to be used in your operation. No material other than these implants is used. This surgery is not an obligation. It is completely up to the patient to have it or not. The size of the implant will be chosen to provide symmetry and the size of the intact testicle.

- The silicone implants used only compensate for the physical deficiency of the testicle. It does not have any other function. It does not provide hormone production or sperm production.

- Before the operation, your physician will perform your physical examination and listen to your medical history. If he thinks that you are a suitable case for surgery, he will inform you about silicone implants. The anaesthesiologist will see and examine you

before the operation.

- The consistency and hardness of silicone testicular implants are tried to be as close to natural testicular tissue as possible by the manufacturers. Nevertheless, it can never be guaranteed to resemble a real testicle.
- According to studies in the literature, the rate of patients who are not satisfied with the result after surgery varies between 10-20%. In some patients, it was observed that the implant came out or had to be removed due to the opening of the sutures. Patients should be aware of these risks.
- Since the surgery is performed on the genital area, the risk of infection is high. If you use the antibiotic prescribed by your doctor and follow your doctor's recommendations, the risk of infection will be very low.

## **BEFORE**

## **SURGERY**

- You must answer the questions asked by your doctor correctly before the operation. In order to reduce the risks of the operation, your doctor should know your medical history, previous operations and diseases. Your doctor will give you information about the implants and the surgery. He/she will tell you what you should and should not do after the operation. The other doctor you will see before the operation is the anaesthesiologist. Tell your anaesthesiologist about the operations and diseases you have had and if you have any discomfort.

## **ANESTHESIA**

- The operation can be performed under general anaesthesia or spinal anaesthesia. The anaesthesiologist will inform you about these types of anaesthesia. Both types of anaesthesia have their own advantages and risks. We prefer general anaesthesia for our operations. Under general anaesthesia, the patient is completely asleep. You come out of anaesthesia within one hour after awakening.

Thus, the patient can be discharged in a short time. In spinal anaesthesia, the patient is anaesthetised from the waist down. The patient is not completely asleep. The patient is conscious, but cannot feel the operation site. However, it takes hours for the numbness in the legs to wear off. The bladder is also affected by this anaesthesia. Therefore, the patient is expected to be able to stand up, walk and urinate. It may take up to 5-6 hours before you are discharged. In addition, a patient who has received spinal anaesthesia should lie in a slightly sitting position for 4-5 days and drink plenty of water. For these reasons, we prefer general anaesthesia in our clinic.

- In the operating theatre, the patient's heart rate and blood oxygen level are continuously monitored by electronic devices during the operation. Allergy or drug reactions to the materials used are rare and can be fatal. Moreover, people who are sensitive to these substances cannot be identified in advance by routine tests. However, when these

undesirable conditions occur under hospital conditions, they can be successfully treated and the possibility of harming the patient is extremely small.

## **OPERATION**

## **PROCESS**

- Before general anaesthesia, the patient will not eat or drink anything for 6-8 hours with an empty stomach. After the operation, nothing will be given by mouth for at least 4-6 hours. These periods can be changed by the patient's doctor.
- The operation is usually performed through a 4-5 centimetre incision made in the back of the scrotum. The layers of the scrotum are passed one by one and the cavity in the centre is accessed. In patients without testicles, there is usually a small amount of fatty tissue in this cavity. A silicone implant is placed in this cavity. Bleeding is stopped by burning. If the silicone implant has a handle for fixation, it can be fixed by sewing. Some brands produce their implants without handles. These implants are left only in the opened cavity without being fixed. The layers of the scrotum are sutured one by one and the operation is terminated.
- The operation is usually finished within an hour.

## **AFTER**

## **SURGERY**

- The dressing may need to be changed on the morning of the next day after the operation. The scrotum is an organ with good blood circulation. For this reason, blood may leak from the suture line after operations on the testicle. Therefore, the dressing may become dirty the day after the operation and may need to be changed. This blood leakage stops the day after the operation and does not pose a medical risk. It only causes contamination of the dressing.
- Stitches are usually sutured with self-dissolving threads. In this way, there is no need to remove the stitches.

## **POSSIBLE**

## **RISKS**

## **ASSOCIATED**

## **WITH**

## **SURGERY**

- The risks of surgery can be divided into three groups: "general risks", "risks specific to this operation" and "risks related to anaesthesia".
  - 1- General risks: bleeding, infection (you may need surgical cleaning and antibiotics again), opening of the stitches (re-stitching may be required), bruising (it passes spontaneously, no intervention is required), swelling and oedema in the operation area, haematoma (swelling as a result of blood accumulation in the operation area. This complication requires surgical evacuation of the haematoma), hospital infection (risk of infection from the hospital environment).
  - 2- Risks specific to this surgery: There may be a level difference between the two silicone implants in the scrotum or between the silicone implant on one side and the real testicle on the other side. This imbalance is completely normal. In normal people, there is always a level difference between the two testicles. This is considered completely normal. Rarely,

the body may not accept the silicone implant. Some patients have an opening in the stitches. If this opening opens again after re-stitching and the silicone implant is exposed, the implant may need to be removed. The patient should be aware of this risk. Some patients may feel the stitches to fix the implant for a few months. This suture is usually placed with a non-melting suture. If the patient feels the stitch, this feeling usually disappears in 3-6 months.

3- Anaesthesia-related risks: Anaesthesia or cardiovascular problems, medical problems that may require intensive care (chest infection, pulmonary embolism, stroke, deep vein thrombosis, heart attack and death) may occur. In order to take precautions against such complications, the anaesthetist must examine you. You must also give correct answers to the questions the anaesthetist will ask you. If you have an additional illness or are taking any medication, you must inform your anaesthetist about this.

- Smoking can interfere with the healing of the suture lines. Stitches may open. It is especially recommended not to smoke for 2 weeks after surgery. Ideally, you should quit smoking about a week before the operation and not smoke for 2 weeks after the operation.
- You should not drive on the day of surgery. You can drive the next day.
- You should not have sexual intercourse for 3 weeks after the operation. Sexual intercourse is free after three weeks.

## **PATIENT**

## **CONSENT**

My doctor told me about my problems, the type of treatment to be performed, my surgery, alternative treatments, risks and complications I might encounter. He gave me the opportunity to ask any questions I had. I understand that I can be given serum and, if necessary, blood during the operation. I know that I can be operated again under anaesthesia if complications that may require surgical procedure develop. I know that if surgical procedure is required due to complications, I know that I will have to pay the hospital costs of these additional surgical procedures.

I understand that tissues and organs may be removed from me during the operation to remove excess skin and soft tissues, to be used in another area (called graft or flap) or for pathological examination.

I understand that scars will remain after the operation and that they will not disappear for life. I agree to do what is recommended (massage with special creams, application of silicone sheets) to keep these scars as minimal and as good as possible. I authorise the taking of medical pictures and videos of me before, during and after the operation. I understand that these pictures and videos may be shown to other doctors for medical and scientific purposes. I understand that no payment will be made to me for the use of these images and videos in medical publications (articles or books).

I understand that there are also risks associated with general anaesthesia, that these are the responsibility of the anaesthesiologist, and that I will be explained separately and a form will be signed. As a result, I understand that I am not guaranteed the outcome of this operation, that there is a possibility that the expected result may not be achieved for various reasons, and that even worse results may be obtained than the current situation. This consent form may contain errors or omissions. If I have any questions about this form or the surgery, I know that I can consult my doctor via my doctor's e-mail address (oytunmd@gmail.com), mobile phone (+90 533 5690649 and +90 505 2965569) and whatsapp (+90 533 5690649).

**Information about the Covid-19 pandemic:  
I have been informed that the surgeries were performed during the covid-19 pandemic but by taking all necessary precautions. Despite all these precautions, knowing that I can get covid-19 infection outside the hospital, I agree to be operated by taking the risks into consideration.**

At the end of these, I accept the "testicular implant" surgery, which my doctor Op. Dr. Oytun idil explained to me in detail, with my own consent and without any influence.

**Date:** ..... / ..... / **2023**

**Patient's name and surname:**

**Signature: (please sign by writing "I READ, I UNDERSTOOD")**

**Relative/witness, name and surname:**

**The patient has signed the form in my presence, awake and conscious.**

**Signature:**