



What to expect in an Informed Consent Form: Inguinal Hernia Repair

Patient and family information, brought to you by the Education Committee of APSA

What is an “Informed Consent”?

This is a document that is designed by a hospital to guide the conversation between a surgeon and their patient (or their patient’s guardian or parent, as with children less than 18 years old). This document ensures that you and the surgeon have talked about the important facts, including risks of surgery. While hernia operations are some of the most common operations that surgeons do and are generally very safe, this document ensures that you have had the opportunity to discuss the details of surgery and all your questions have been answered. Informed consent must be completed before surgery can happen.

Here are the items that are generally covered in operation consent forms. There may be some minor differences specific to each hospital.

1. What is being done, and by whom:
 - a. Patient name
 - b. Operation to be performed: “inguinal hernia repair” or “laparoscopic inguinal hernia repair”
 - c. Side of the operation: “right” or “left” or both (“bilateral”)
 - d. Diagnosis: “inguinal hernia”
 - e. Surgeon’s name
 - f. If your surgeon works in a teaching hospital, there may be a description of the trainees (doctors in training for surgery, nurses in training) who might also be participating in the operation or present during the operation as a part of their education. Your surgeon will still be present and supervising the operation at all times. If you have questions about the role of education and trainees at the hospital, ask the surgeon to explain this to you.
2. If something different is found during surgery:
 - a. If during the surgery your surgeon encounters something unforeseen or unexpected, they will address this in the best way possible for your child according to their professional judgement. For example, if a hernia is not found during surgery, they would not perform a hernia repair. If something else is found instead of a hernia, they would address that issue as they think is best for your child. The surgeon will discuss this with you as soon as they can.
3. Risks of surgery and alternative treatments:
 - a. Your surgeon may discuss with you risks of inguinal hernia repair including:
 - i. Scar of the skin where the incision is made

- ii. Infection
 - iii. Bleeding
 - iv. In boys, the hernia is close to important structures of the testicle including the vas deferens (small tube that carries sperm) and the blood vessels (that bring blood supply to the testicle). Your surgeon will do everything possible to prevent damage to these important structures while repairing the hernia.
 - v. In girls, there are usually no important structures near the hernia.
 - vi. Recurrence: this is the risk of the hernia coming back after surgery. This risk is very low but your surgeon may discuss this with you.
 - vii. There are no alternative treatments to hernias that make them go away. Without surgery, they cannot be fixed.
4. Tissue or specimen removal:
- a. If there is some tissue that needs to be removed during the operation, it will be disposed of by the hospital according to professional standards. If there is educational value to the tissue (like for teaching), the hospital may keep the tissue if appropriate. Your child's identity will not be revealed.
5. Pictures or photography:
- a. If photographs are taken during surgery for the purpose of advancing medical knowledge, they can be used for scientific purposes. Your child's identity will not be revealed.
6. Blood transfusion:
- a. In the event that a blood transfusion is needed to save your child's life or prevent harm to your child, blood may be given before, during or after surgery. This is very unlikely to be needed during inguinal hernia surgery, but is often included as a standard part of informed consent form for surgeries. Your surgeon will discuss this with you.
7. Anesthesia:
- a. There may be a section describing anesthesia medications that are given during surgery. You will meet your child's anesthesiologist before surgery and they will explain how your child will be kept safely asleep during surgery.
8. Signatures and a witness:
- a. You will be asked to sign the informed consent form. It will also be signed by a witness, someone in the hospital such as a nurse who saw you sign the form and knows that you received an explanation of what the form said. Your surgeon may also sign the form as well.