



## INFORMED CONSENT FOR INTERNAL PENILE PUMP

**The patient has reviewed all of the following prior to admission:**

1. The function of all types of implants and non-surgical alternatives.
2. Printed material on the subject of erectile dysfunction, including the various available implants.
3. The possible surgical, medical, and device-related risks and complications, including but not limited to the following, have been discussed: infection, erosion of the implant through the skin, urethra, small bowel (intestine), colon, injury to artery or vein of lower extremity, temporary severe pain in the surgical area, mechanical failure of the implant, loss of remaining, spontaneous erectile capabilities and other risks of a general nature inherent in any type of surgical procedure, such as a bad reaction to anesthesia, contracting pneumonia, phlebitis, or other dangers arising from existing heart problems.
4. The patient understands the possible need for further surgery if complications or dissatisfaction occur.
5. The patient's motivation and expectations as well as those of his partner have been discussed.
6. The fact that the durability of any implant is not completely known has been stressed.
7. The fact that a penis with an inflatable implant will never be as flaccid (soft and small) as before the surgery has been explained to the patient.

I certify that I have read and fully understand the above.

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**Patient's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient's name (type or print)**

\_\_\_\_\_  
**Physician's Signature**

J. Francois Eid, M.D