



INFORMATION BOOKLET

INSERTION OF PENILE AND TESTICULAR IMPLANTS

PART A

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1. GENERAL PRESENTATION

Thank you for choosing the Complexe chirurgical CMC for your surgical experience.

This booklet was designed to support you from beginning to end of the surgical process. It is divided into three parts:

PART A: This section will provide you with information about the surgical procedure and its risks and complications.

PART B: This section will be sent to you when you schedule your surgical procedure. It contains information about the surgical procedure and how to prepare for it.

PART C: This part contains many tips on hygiene, mobility and pain relief. These recommendations will help you have a faster and easier recovery.

This booklet contains essential information for the smooth running of your preoperative care, surgical procedure, and postoperative care.

The GrS Montréal team is available to answer all your questions and any requests for additional information from you or health professionals involved in your surgical process. You will find all the contact details needed to get in touch with below.

1.1 THE COMPLEXE CHIRURGICAL CMC

The Complexe chirurgical CMC comprises three entities:

- GrS Montréal
- Centre Métropolitain de Chirurgie
- Maison de convalescence Asclépiade

1.1.1 GrS Montréal

GrS Montréal offers services exclusively to trans and non-binary patients and provides administrative services whose staff help patients complete their medical files and organize their stay in Montréal. Its services also include a team of nurses specialized in pre-operative and post-operative care, who evaluate medical record documentation to ensure that it complies with WPATH standards of care and CC-CMC standards. The pre-operative and post-operative teams work in close collaboration with the organization's surgeons, anaesthesiologists and social workers. They carry out post-operative follow-

ups, liaise with health professionals, and work with the management members of the operating room, care unit, and Maison de convalescence Asclépiade.

1.1.2 Centre Métropolitain de Chirurgie

The Centre Métropolitain de Chirurgie (CMC), accredited with honourable mention by Accreditation Canada, is the only private hospital centre in Quebec. All surgeries offered are performed at the CMC. The complex includes four operating rooms, a day surgery unit and an inpatient unit. Its priority is to ensure high-quality care and services related to surgery while meeting the highest standards regarding the continuity and safety of health services.

1.1.3 Maison de convalescence Asclépiade

The Maison de convalescence Asclépiade, adjacent to the hospital, is a place designed to provide post-operative hospitalization for patients who have had genital surgical procedure. This warm and nurturing environment helps our patients focus on their care and healing. They are accompanied by competent staff with whom they learn how to carry out their post-operative care. They are also taught self-care procedures to prepare for returning home.

1.2 FOOD SERVICES

Depending on the nature of your stay at the Complexe chirurgical CMC, meals will be provided. They are prepared onsite using fresh, quality ingredients. You will have access to a variety of beverages (juice, tea, coffee, etc.) as well as fresh fruit at all times. Food allergies, intolerances, and vegetarian or vegan diets must be mentioned in your pre-operative questionnaire.

1.3 WHAT IS ACCREDITATION?

Accreditation is an ongoing process of assessing health care and social services organizations against standards of excellence to identify what is being done well and what needs to be improved.

Accreditation is important because it helps create better health care and social services for you, your family, and your community. It allows organizations to understand how to make better use of their resources, increase efficiency, enhance quality and safety, and reduce risk.

More than 15,000 locations in over 38 countries are experiencing the rewards of being accredited by Accreditation Canada.

Source : <https://accreditation.ca/info-for-public/?acref=self>



1.4 RESOURCES

Before and during your visit to the Complexe chirurgical CMC:

| | |
|--|----------------------------|
| GrS Montréal – General information | 514 288-2097 |
| Hôtel Holiday Inn Laval | 1 888 333-3140 (toll free) |
| GrS Montréal – The day before your surgery (admission or change in your state of health) | 514 332-7091, ext. 232 |

While recovering at home:

You can contact the Maison de convalescence Asclépiade for any questions regarding your post-operative care or if your family doctor has questions about your surgical procedure. Please note that response time is normally between 24 and 48 hours. If you think it is an emergency, call 911 or go to the nearest hospital.

| | |
|--|--|
| <i>Maison de convalescence Asclépiade</i> | 514 333-1572 asclepiade@cmcmontreal.com |
| Health information service in your region | In Quebec: 811 |
| Emergency service in your area | In Canada: 911 |
| Your family doctor | |
| Your pharmacist | |
| Local community service centre (CLSC) in your region | |

Community Resources

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|--|--|
| Action santé travesti·e·s et transsexuel·le·s du Québec (ASTT(e)Q) | www.astteq.org |
| Help for trans people in Quebec | www.atq1980.org |
| 24-hour crisis and intervention line | ecoute@atq1980.org |
| Emergence Foundation | www.fondationemergence.org |
| Coalition of LGBT Families | www.famillelgbt.org |
| Interligne in English or French | www.interligne.co |
| Professional 24-hour helpline, toll-free | 1 888 505-1010 |

1.5 DISCLAIMER OF LIABILITY

The information in the booklet (comprising Parts A, B and C) should not be considered medical advice. This information is provided for educational purposes. It does not replace a consultation with a doctor, nurse or other healthcare professional. If you have any questions about your personal medical situation, please consult your healthcare professional.

2. WHAT IS PENILE IMPLANT INSERTION?

Penile implant insertion is a surgical procedure during which an implant is inserted into the phallus formed during phalloplasty (stage one). The objective of this procedure is to make penetrative sex possible thanks to the rigidity that the implant will provide in the phallus. One or two testicular implants can also be inserted into the scrotum during this surgery, depending on the type of implant chosen and if desired.

This surgery is also called stage three of phalloplasty because it is often performed last, after constructing the urethra (stage two).

We work with different models of implants. The model, mechanism and length will be chosen based on your anatomy and preferences following a consultation with a member of our team.

3. MANDATORY PREREQUISITES FOR PENILE IMPLANT INSERTION

3.1 TIME BETWEEN OTHER PROCEDURES AND PHALLOPLASTY

The surgical procedure to insert implants can be performed:

- 6 months after construction of the urethra (stage 2 of phalloplasty), if healing has followed a normal course,
Or
- 9 to 12 months after phalloplasty (stage 1) if healing has followed a normal course and you prefer to insert the implant without first constructing the urethra. The construction of the urethra can be performed subsequently.

3.2 INFORMATION ON THE VARIOUS IMPLANTS

You can view the various implant models during a consultation or via educational videos produced by the manufacturers. Afterwards, you can contact our team to ask any questions and discuss which models best suit your needs and surgical indications.

3.3 BODY MASS INDEX (BMI)

You may have been asked to achieve a weight-loss goal to be a candidate for surgery in the first stage of phalloplasty to optimize results and reduce the risk of complications. It is necessary to maintain this weight goal for surgeries following phalloplasty, including stages two and three, as well as corrective surgeries.

If your weight has changed by more than 10 kg (22 lb) since your phalloplasty, please contact us by email at asclepiade@cmcmontreal.com, attaching a photo of your abdomen to assess the distribution of your abdominal fat.

Excess weight can lead to significant complications and impact post-operative outcomes. Patients with a high BMI also experience a decrease in healing potential and satisfaction with surgical results.

Please note that if your BMI is above 40 on the morning of surgery, your surgeon may postpone the procedure.

3.4 TOBACCO

At least 6 weeks before and 8 weeks after your surgery, stop smoking cigarettes and electronic cigarettes containing nicotine. Also, stop consuming nicotine products or nicotine substitutes (Nicorette® or others) because they have the same harmful effects as cigarettes. We suggest that you quit nicotine now to increase your chances of success.

Nicotine and toxic substances contained in tobacco can constrict small blood vessels (this is called vasoconstriction) and therefore:

- slow down the healing of your wounds,
- increase the risk of infection,
- increase the risk of respiratory problems and pneumonia after the procedure,
- cause bouts of coughing when getting up, increasing the risk of post-operative bleeding.

3.5 CANNABIS

Please note that the use of non-prescription cannabis in any form is prohibited on the entire property of the Complexe chirurgical CMC. In addition, municipal laws prohibit the consumption of cannabis in any public place, indoor or outdoor. It is important to know that smoking cannabis, like smoking cigarettes, contributes to the deterioration of your respiratory system and can impair your post-operative recovery and cause complications during the anaesthesia required for your surgical procedure. No study confirms a safe threshold for cannabis consumption in the pre- and postoperative periods; the safest approach is, therefore, to avoid all consumption if possible.

If your cannabis is not prescribed by a healthcare professional:

- Please inform us during your first communications with our team to plan your surgery.
- It is recommended that you gradually reduce cannabis consumption in the months preceding the surgical procedure to be able to stop completely at least two weeks before it.
- This recommendation applies to the use of non-prescribed cannabis in any form.
- If you are not eligible to obtain a medical cannabis prescription, talk to your healthcare professionals as far in advance of your surgery date as possible to give yourself time to find an alternative treatment that will meet your needs during your stay.
- Our team is not authorized to write these prescriptions or process your orders.

If you have a medical prescription for cannabis consumption:

- Please let us know from your first communications with our team to plan your surgical procedure and give us a copy of the prescription confirming the therapeutic indication, dosage and form used.
- Inhaled cannabis should be replaced with another form in the weeks before the surgical procedure due to this form's impact on the airway during anaesthesia. Inhalation should be stopped at least 2 weeks before surgery.

We recommend that you discuss your consumption with our team as soon as possible so that we can prepare your surgical stay and ensure that it runs as smoothly as possible.

4. SURGICAL PROCEDURE

The third stage involves a surgical procedure to insert the erectile implant and testicular implants.

This procedure will enable the erection of the phallus and penetrative sex to take place.

4.1 PROCEDURE

The surgeon will make one or more incisions in the genital area, depending on the most appropriate site for insertion and fixation of the implants.

| | |
|---|-------------------------|
| Average duration of the procedure | 1.5 to 2 hours |
| Anaesthesia | Regional or general |
| Hospitalization at the CMC | 1 night postoperation |
| Convalescence at home | On average 3 weeks |
| Resuming physical and sports activities | 12 weeks post-operation |
| Sick leave | 3-4 weeks |

4.2 ANAESTHESIA

During the procedure, in addition to the surgical team, you will be under the care of an anaesthesiologist and a respiratory therapist. Various anaesthetic (to numb and put you to sleep) and analgesic (to relieve pain) techniques may be used during the surgical procedure.

For this procedure, you will typically be under regional anaesthesia with sedation after assessment by the anaesthesiologist on the morning of the procedure.

4.3 PENILE IMPLANTS

Our surgical team currently uses two types of implants: the inflatable implant and the malleable implant. When communicating with our team, you can discuss your preferences. The surgeon will also make an implant suggestion based on your anatomy and suggest what seems most appropriate for you, taking your preferences into account.

Penile implants have between one and three parts:

- the cylinder(s) placed in the phallus (1 or 2),
- the pump,
- the reservoir.

4.3.1 Implant with pump

After several quick, firm squeezes of the pump mechanism, usually located in the scrotum, the water in the reservoir moves into the cylinders inside the phallus, making the phallus firmer. At the end of use, another mechanism returns the liquid from the cylinders to the reservoir. This enables the penis to return to the flaccid state. Deactivation of the pump varies between implant models and can be achieved either by squeezing the top of the pump or by directly squeezing the penile tubes.

The pump is usually placed in the scrotum on the side of the dominant hand or according to your preference. There is, therefore, in the scrotum, a testicular implant on one side and, on the other, the activation pump, which acts as a testicular implant.

4.3.2 Malleable implant

The malleable implant consists of one or two rigid and malleable cylinders placed in the phallus, which bend and unfold by manipulating the phallus.

Since the malleable implant has no pump mechanism, 2 testicular implants can usually be inserted into the scrotum if desired.

4.2.3 Limitations of the penile implant

It should be noted that although a penile implant can give rigidity to the neophallus, patients can sometimes consider the position and stability less optimal, and it will require manual support for sexual activities.

4.2.4 Testicular implants

We use testicular implants made of 100% silicone and filled with saline solution (NaCl 0.9%). Three sizes are available, and the size placed depends on how much the soft tissues of the scrotum can be stretched. This will be discussed with your surgeon on the morning of the surgery.

5. ADDITIONAL INFORMATION ABOUT THE SURGICAL PROCESS

5.1 FOOD HABITS

If your diet is vegetarian or vegan or your body mass index is below optimal values (18.5), your surgeon may order additional blood tests. We also recommend you consult your doctor or a nutritionist to ensure your diet contains all the necessary elements. They will be able to establish a nutritional plan that will enable you to adopt a diet that promotes healing.

5.3 DRAINS

Drains may be installed during the procedure. These are tubes that prevent fluid from building up under the skin. If you leave our centre with drains, you will receive a prescription upon discharge to have them removed by your healthcare professional.

5.4 DRESSINGS

A dry dressing will be placed over the surgical site.

Furthermore, a small cluster of compresses (bolus) may be sutured to the tip of the phallus to hold the implant in place for the first few days after the surgical procedure.

Instructions for removing the dressings will be given to you upon discharge.

5.5 BRUISING AND SWELLING

The genitalia contain numerous blood vessels. Following a surgical procedure, it is normal to develop bruising, particularly around the pubic area. The bruises will disappear within a few weeks.

Edema (tissue swelling) is also a normal reaction of your body and can be observed in the genital area and the hand of the donor arm. The swelling will gradually decrease over time.

5.6 PAIN RELIEF

It is normal to feel pain after surgery. A prescription for pain medication will be given to you before you leave the CMC. In the postoperative period, it is important to manage your pain to promote rapid recovery and resume your activities.

You will find tips to help you manage your pain in Part C of this booklet.

5.7 HEALING

Healing can take between 3 and 6 months. Due to several factors that are unique to each individual, results may vary from one person to another. Our surgical team works with each patient to achieve the best possible results.

5.8 SEXUAL HEALTH

Any sensations you may have had before the implants should be preserved. Remember that during the first stage of phalloplasty, the clitoris was buried at the base of the phallus, and nerves were connected to promote the development of tactile and erogenous sensations in the phallus.

6. RISKS OF COMPLICATIONS

6.1 INFORMED CONSENT

The decision to undergo a surgical procedure must be made in an informed manner, that is, after having obtained all the information you need to understand, asked your questions, obtained answers to your satisfaction and had sufficient time to reflect before expressing your consent.

6.2 INFORMATION ON THE RISKS AND COMPLICATIONS RELATED TO INSERTING PENILE AND TESTICULAR IMPLANTS

Any surgical procedure carries risks and may give rise to complications and side effects. Our surgical team and clinical staff are trained to minimize the risks associated with the insertion of penile and testicular implants and to follow proven and rigorous protocols in the event of a complication.

It is important for you to know and accept that although our experience demonstrates a high rate of success and satisfaction, we cannot, in any way, guarantee the aesthetic and functional results of this surgical procedure. Although we take all available means and apply the highest professional standards, it is possible that the result of the procedure may not be entirely satisfactory and that it may be necessary to resort to other procedures or treatments which may then be offered to you. Corrective surgical procedures not considered medically required are not funded by third-party payers. Therefore, corrective surgeries may be at your expense, if desired.

It is important to note that certain lifestyle habits, such as an unbalanced diet, smoking, alcohol or drug use, physical inactivity and health history, can increase the risk of complications.

Your cooperation at all stages is essential. Therefore, we expect you to inform us of any medical condition or problem so that we can assess its possible impact on the surgical procedure, anaesthesia or other care that may be required. You must read this section carefully and take the time to reflect on it.

Complications may occur during the procedure but also in the weeks that follow. Some complications are common to all surgical procedures, while others are more specific to penile and testicular implants surgical procedure.

If you need further explanations of the content of this section, please discuss it with your surgeon.

6.3 GENERAL INFORMATION

The implants offered by our team must be approved by Health Canada at the time of the surgical procedure.

- No implant lasts a lifetime. You may require one or more surgical procedures in the future to replace or remove your implants.
- The risk of developing implant-related complications increases over time.
- Some complications will require further surgery.
- The risk of complications is increased if surgical recommendations are not followed.
- Refer to the manufacturer's website for more information on the risks of systemic reaction to the implant.

6.4 SMOKING

Smoking increases the risks of complications. Smokers have increased risks of infectious, pulmonary, respiratory, and cardiovascular complications. Smoking can cause delayed healing of surgical wounds and cause complications such as those mentioned in this document.

6.5 INFECTIONS

Infection is a common risk associated with many surgical procedures. Infection occurs when tissues are affected by microorganisms such as bacteria or other pathogens. An infection is treated with oral or intravenous antibiotics.

After your surgery, you will receive preventive antibiotic tablets to reduce the risk of infection.

Local infection with pus buildup (abscess) often requires drainage. An untreated infection could lead to partial or total necrosis (cell death) of the genitals.

Infection on implant generally occurs within three months of the surgical procedure. It may be necessary to remove the implant during a second surgery if the infection does not resolve with antibiotic therapy. Furthermore, infection of the implant can lead to thinning of the skin and extrusion of the implant.

6.6 EXTRUSION

Sometimes, due to wear and tear on the skin at the tip of the implant or during sexual activity, the implant may pierce the skin at the tip of the phallus. This is called extrusion of the implant. Unfortunately, in such cases, the entire implant will have to be removed, and we will have to wait for the site to heal completely before evaluating whether a new implant insertion is possible.

6.7 MALPOSITION

Sometimes, one of the parts of the implant can be poorly positioned during healing. Depending on the clinical situation, residual function and your symptoms, repositioning could be considered if deemed necessary.

6.8 BLEEDING

Bleeding risks are associated with all surgical procedures, especially when they take place in the perineum and genital area. Bleeding requiring transfusion of blood products is rare but can occur. To minimize the risk of bleeding, avoid Aspirin (ASA), anti-inflammatories, natural products and alcohol 10 days prior to the surgical procedure.

6.9 HEMATOMA AND SEROMA

A hematoma is an accumulation of blood under the skin, while a seroma is an accumulation of clear body fluid. In both cases, it may be a mild accumulation, but these complications may also result from a more serious build-up requiring drainage to remove excess blood or fluid from under the skin.

6.10 LARGE AND THICK SCARS (RAISED)

The healing process differs from one person to another, and the scars may become wider or thicker in the lower abdomen, where the incision is made to insert the penile implant, and in the scrotum. Your healing history should give you a good indication of what the outcome is likely to be for you. If your scars are wide or thick, they can be corrected with medications such as steroid injections and silicone dressings.

6.11 REOPENING (DEHISCENCE) OF WOUNDS OR SLOW HEALING

The healing process is influenced by numerous factors: edema, infection, tension on wounds, poor blood circulation, alcohol, smoking, diet, etc. These factors can cause wounds

to reopen, requiring a longer healing period. Usually, this will not affect the final appearance of the operated area.

6.12 HYPERGRANULATION

The wound healing process involves several stages, including granulation. Hypergranulation is excess granulation tissue that can slow the healing process. When visible, this tissue is bright red, bud-like, granular in appearance, and can bleed easily. This tissue can develop over surgical incisions. Treatments with silver nitrate may be necessary depending on the location of the hypergranulation.

6.13 INJURIES TO OTHER PARTS OF THE BODY

In rare cases, blood vessels, nerves and muscles may be damaged during the surgical procedure.

6.14 LOSS OF SENSATION AND PAINFUL HYPERSENSITIVITY

After surgery, you may experience numbness due to swelling and stretching of the tissues. Some parts of the genital area may not regain their sensitivity, or, on the contrary, some areas may remain hypersensitive and painful. This can affect sexual response and alter the ability to experience pleasure. This situation should return to normal after a few months. However, it is possible that numbness in certain areas may persist, and sensations may not return completely.

6.15 UROLOGICAL DISORDERS

After insertion of the penile implant, the urinary stream may be irregular and off-centre due to the altered anatomy of the phallus. Additionally, the implant may put pressure on the urethra, slowing urination time.

It is also possible to develop urethral stenosis, which is an abnormal narrowing of a portion of the urethra, preventing urine from flowing at a normal rate and creating urinary difficulties such as urinary retention or sometimes incontinence. This requires medical attention, such as dilations or surgery to remove the area with stenosis.

6.16 ALLERGIES OR SENSITIVITY TO PRODUCTS OR MATERIALS USED

In rare cases, an allergic reaction or sensitivity to soaps, ointments, adhesive tapes, or stitches may develop during or after surgery. This complication is usually treated quite easily. Severe allergic reactions are extremely rare but may sometimes require hospitalization.

6.17 BLOOD CLOTS AND PULMONARY EMBOLISM

These complications can occur during any type of surgical procedure.

Immobilization during surgery, especially in people taking hormone supplements, can increase the risk of blood stagnation in the veins of the lower limbs and pelvis, potentially leading to the formation of a blood clot that can cause a pulmonary embolism.

These problems require treatment in hospital and monitoring by a specialized doctor. Early mobilization after the procedure helps prevent complications related to blood circulation.

6.18 PARTIAL OR TOTAL LOSS OF THE PHALLUS

Following an injury to the pedicle (phallus) or in cases of severe postoperative edema, the integrity of the phallus created during the first stage of phalloplasty could be impaired, resulting in partial or complete necrosis or even the loss of the phallus.

6.19 COMPARTMENT SYNDROME

Position-related injuries to leg nerves or muscles during surgery can lead to this complication. A compartment is a group of muscles. Severe swelling can cause increased pressure in the tissues around a muscle group, requiring urgent surgery to relieve this pressure on the leg muscles. It is a very rare complication but one that requires special medical attention in a specialized centre.

6.20 UNSATISFACTORY RESULTS OR NEED FOR CORRECTION

Implants do not have a predetermined lifespan. Therefore, there is no need to change or replace them as long as there is no issues.

Each company has its own conditions for warranty and replacement. If an implant change is necessary, our team will analyze the situation and communicate with the company if needed.

The surgeon may suggest secondary corrective surgery to restore physical integrity by correcting acquired malformations if they deem it medically necessary.

Corrective surgeries for aesthetic purposes are at the patients' expense.

The decision of whether to fund corrective surgery rests with the third-party payer (most often the Ministry of Health in your province or territory).

Following any surgical procedure, thicker fibrous connective tissue (scar tissue) may develop. In the context of penile implant surgeries, the development of this tissue can make it difficult, if not impossible, to replace an implant removed for medical reasons.

6.21 PSYCHOSOCIAL SUPPORT

Gender-affirmation surgeries lead to multiple changes in patients' lives. To successfully adapt to all these changes, it may be essential to receive help from health professionals and from those around you.

You might sometimes experience feelings such as:

- discouragement about postoperative care,
- boredom or isolation during recovery,
- sadness at the reaction of certain people close to you,
- exhaustion due to pain and the desire to stop important care for your recovery,
- regrets or doubts about your decision to have surgery,
- etc.

If this is the case, do not hesitate to ask for help from local psychosocial or psychological support resources or contact a professional you trust.

7. INFORMED CONSENT

7.1 TYPE OF SURGICAL PROCEDURE

I have expressed, to the Complexe chirurgical CMC and the doctors who practise there as well as their agents and delegates (collectively the “CC-CMC”), the decision to have a genital surgery, namely the insertion of a penile implant.

Malleable penile implant

- without insertion of testicular implants
- with insertion of one testicular implant
- with insertion of two testicular implants

OR

Penile implant with pump

- without insertion of testicular implants
- with insertion of one testicular implant
- with insertion of two testicular implants

Dr. _____ agreed to proceed with this procedure.

7.2 NATURE OF THE PROPOSED SURGICAL PROCEDURE, PURPOSE AND EXPECTED RESULTS

I understand that the procedure will include inserting a penile implant into the phallus as well as if indicated, one or two testicular implants.

I understand that surgical results and cosmetic appearance following this surgery may vary from one person to another. I understand that the parts that will make up my new male anatomy may be visibly and functionally different from biological male genitalia.

7.3 ALTERNATIVES

The decision to have a “penile and testicular implant insertion” procedure is a personal choice. Choosing not to have this surgery is also possible. The selected technique was chosen in an informed manner in collaboration with my surgeon at the Complexe chirurgical CMC.

7.4 POSSIBLE RISKS AND COMPLICATIONS

I acknowledge that all surgical procedures involve risks and may lead to complications. By giving my informed consent to the surgery, I consent to the risks and complications that may result.

Before signing this consent, I have read section 6, in part A of this booklet. *Risks of complications.*

I have been informed that unforeseeable circumstances may arise during the surgical procedure, requiring a change in the surgical approach. I consent to any changes that may be necessary during surgery and for which I would not be able to express specific consent because of the anaesthesia.

In addition to the above, I fully understand the meaning and scope of the following statements, which are fundamentally linked to the procedure to which I consent:

- This is a modification of the visibly apparent genital organs so that after the procedure I will not have male genital organs capable of conceiving children.
- After implantation, spontaneous or natural erections will be impossible.

I freely assume and without any external constraint the choice I make to consent to the surgical procedure, and I confirm that neither the Complexe chirurgical CMC and its staff nor the physicians practicing therein can guarantee the aesthetic and functional results of this procedure and that they have made no representation to me of any such guarantee.

7.5 INFORMED CONSENT TO SURGICAL PROCEDURE

I certify that I have read booklets A, B and C, *Insertion of penile and testicular implants*, I have received all the information necessary for my understanding, I have asked my questions, obtained answers to my satisfaction, and had enough time to think before expressing my consent, and I have no more questions. With my signature, I certify that I voluntarily consent to the surgical procedure.

I confirm that I am of legal age and able to consent hereto.

7.6 Right of revocation

I understand that I may revoke this consent unless the CC-CMC has already performed the surgical procedure based on this consent.

PATIENT

Full name: _____
Full address: _____
Date: _____
Signature: _____


PARENT/GUARDIAN/LLEGAL REPRESENTATIVE (FOR MINOR PATIENT)


Full name: _____
Date: _____
Signature: _____

WITNESS

Full name: _____
Date: _____
Signature: _____

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