



## TRIMIX INJECTION CONSENT FORM

**Patient Name:**

**DOB:**

**Date:**

**Procedure: Trimix Penile injections**

**Indications: Erectile Dysfunction or Impotence**

### **Alternatives:**

Options for erectile dysfunction include observation; oral agents such as sildenafil, tadalafil, and yohimbine; pharmacological injection programs (alprostadil, papaverine, phentolamine and combinations); vacuum tumescence devices; intra-urethral therapy (alprostadil); and behavioral/sexual therapy. Several types of penile implants are available: malleable, semi-rigid; self contained inflatable; and multi-piece inflatable with connectors.

### **Risks/Complications:**

The risks and complications of the procedure were extensively discussed with the patient. The general risks of this procedure include, but are not limited to bleeding, infection, pain, scarring of tissues, failure of the procedure, potential injury to other surrounding structures.

The specific risks of this procedure include, but are not limited to: no long term knowledge concerning this treatment and possible untoward effects resulting from repeated injections to the penis or from such substances to be provided for injection. Although as of this date no patient has had any serious complication, the following must be considered as possibly happening: eventual loss of effect, prolonged erection (priapism), scarring or deformity of the penis, loss of sensation in the penis, loss of penile substance from severe infectious process, side effects from the injected medicines. Patients have noted: transitory pain in the head of the penis, temporary swelling of the skin on the penis due to improper placement of the needle, black and blue coloration of the penile skin, difficulty attaining ejaculation and transitory sensations (parethesias) of the penis.

You understand the procedure, general and specific risks as discussed and agree to proceed with the procedure. You also understand that not every possible complication can be listed in this counseling note and additional risks are possible, although unlikely. You were given the opportunity to ask clarifying questions and are aware that there are alternative methods of treatment, which have been explained. This document is to be kept on file and a copy was given to the patient.

I give consent to Physicians and Ancillary Providers of Bio-Functional MED perform injection and to instruct me in self-injection of the penis for the purpose of alleviating erectile dysfunction. I have been suffering from sexual dysfunction sufficient to prevent me from having normal penetration of the penis with intercourse.

**I have read and understand this consent**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_