

INFORMED CONSENT FORM FOR CASE REPORT PUBLICATION

Manuscript Title: Multimodal Management of Giant Inguinoscrotal Hernia with Loss of Domain: Postoperative Complication and Reintervention with a Successful Outcome—A Case Report and Review of the Preoperative Bimodal Approach

Institution: Hospital Nacional Edgardo Rebagliati Martins

1. Consent for the use of clinical information and images

I, Lawrence Castillo, Enrique Marcelo, hereby give my consent for the clinical information and technical details related to my medical condition (**Giant Inguinoscrotal Hernia with Loss of Domain**) to be published in a peer-reviewed medical journal. I understand that this information may include:

- Details of my medical history and prior surgical attempts.
- Diagnostic imaging, specifically **Computed Tomography (CT) scans** showing the hernia sac, internal organs, and the results of the progressive pneumoperitoneum.
- **Clinical photographs** of my external anatomy (inguinoscrotal and abdominal regions) taken before, during, and after the surgical procedure and prehabilitation phase.
- Detailed descriptions of my surgical management (including the **Nyhus technique**) and the management of the **postoperative subocclusive complication** that required a second intervention.

2. Confidentiality and Anonymity It has been explained to me and I understand that:

- Every effort will be made to ensure my anonymity. My name, identification number, or any other direct personal identifiers **will not be published**.
- I understand that because my condition is highly specific (a hernia extending below the mid-thigh), absolute anonymity cannot be 100% guaranteed, although my face will be blurred or cropped in all clinical photographs.

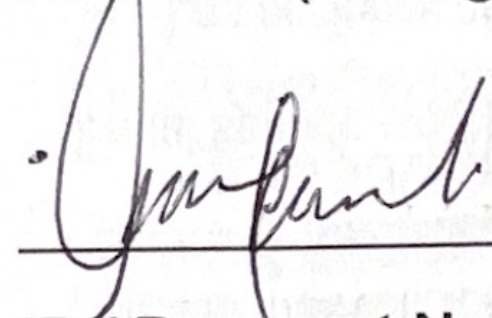
3. Purpose of Publication I understand that the purpose of publishing this case is **educational and scientific**. The goal is to share knowledge regarding the effectiveness of **Botulinum Toxin A (BTA)** and **Preoperative Progressive**

Pneumoperitoneum (PPP) in treating complex hernias to help other medical professionals manage similar cases safely.

4. Voluntary Participation I understand that my participation is entirely voluntary. My decision to sign this document will not affect the quality of medical care I receive. I may withdraw my consent at any time **before** the manuscript is finalized for publication.

5. Copyright and Compensation I acknowledge that I will not receive any financial benefit or compensation for the publication of this report. I understand that the copyright of the final article will typically belong to the scientific journal.

Patient's (or Legal Guardian's) Signature:



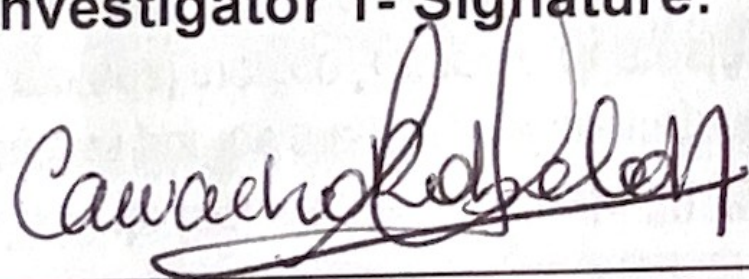


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Date: ____ / ____ / ____

Physician/Investigator 1- Signature:

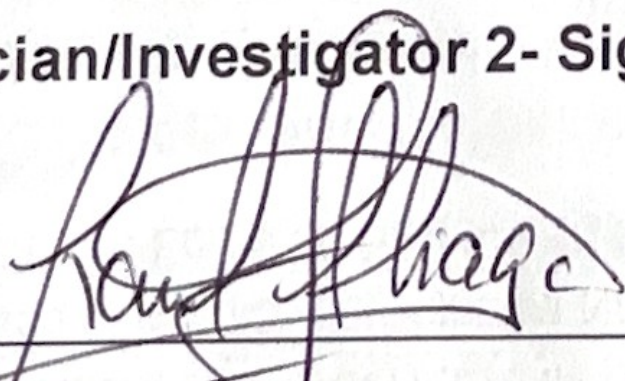




Name: CAMACHO - ROBELO, NICOLE

Date: ____ / ____ / ____

Physician/Investigator 2- Signature:





Name: DUAGA - VEGA, RAUL

Date: ____ / ____ / ____
