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, Lavarde 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 My name, identification number, or any other direct personal identifiers **will not be published**.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:

ID / Passport Number: 06983036

Date: ____ / ____ / _____

Physician/Investigator 1- Signature:

Name: CAMACHO - ROBELO, NICOLE

Date: ____ / ____ / _____

Physician/Investigator 2- Signature:

Name: AVIAGA - VEGA, RAUL

Date: ____ / ____ / _____
