



INFORMED CONSENT FOR PROCEDURE/OPERATION

FULL NAME OF PATIENT: _____

I.D. NUMBER: _____

PERSON OBTAINING CONSENT: _____

I have explained the nature, risks and possible consequences of the surgical procedure to the undersigned patient or person legally competent to give consent.

Signature: _____ Date: _____

PROPOSED PROCEDURE: (Rigid) CYSTOSCOPY AND STENT PROCEDURE SIDE.....

THIS PROCEDURE INVOLVES TELESCOPIC INSPECTION OF BLADDER AND URETHRA AND INSERTING, REMOVING OR CHANGING A SOFT PLASTIC TUBE PLACED BETWEEN THE KIDNEY AND THE BLADDER.

INTENDED BENEFITS: TO DIAGNOSE AND TREAT ABNORMALITY OF THE URETERIC TUBE

SERIOUS OR FREQUENTLY OCCURRING RISKS: Including any extra procedures which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

COMMON

Mild burning or bleeding on passing urine for short period after operation.
Temporary insertion of a catheter.
Temporary discomfort from tube causing pain, frequency and occasional blood in urine.
Further procedure to remove stent if inserted.
Use of x-ray imaging to help in the correct placement of the stent.

OCCASIONAL

Infection of bladder, requiring antibiotics.
Occasionally we cannot pass the stent requiring alternative treatment.
Permission for telescopic removal/biopsy of bladder abnormality/ stone if found.

RARE

Delayed bleeding requiring removal of clots or further surgery.
Injury to urethra causing delayed scar formation.

ALTERNATIVE TREATMENT Observation, placement of tube directly into kidney from back (called a nephrostomy), open surgical treatment.

NAME OF HEALTH PROFESSIONAL: _____

SIGNATURE: _____

STATEMENT OF PATIENT:

Please read this form carefully, particularly the previous page, which describes the benefits and risks of the proposed treatment.

I agree: PLEASE TICK

- To the procedure or course of treatment described on this form ☐
- To a blood transfusion if necessary ☐

I understand:

- That I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this.
- That any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or prevent serious harm to my health.

I have been told:

- About additional procedures which may become necessary during my treatment.

NAME OF PATIENT: _____

SIGNATURE: _____

DATE: _____