

# CONSENT FORM

for

## UROLOGICAL SURGERY

(Designed in compliance with



consent form 1)

<p style="text-align: center;"><b>Name of proposed procedure</b> (include brief explanation if medical term not clear)</p>	<b>ANAESTHETIC</b>
<p><u>(Rigid ) CYSTOSCOPY AND BLADDER DISTENSION</u></p> <p>TELESCOPIC INSPECTION OF BLADDER, OVERDISTENSION OF BLADDER AND POSSIBLY BLADDER BIOPSY OR REMOVAL OF ABNORMAL AREAS USING HEAT DIATHERMY</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> - GENERAL/REGIONAL</li> <li><input type="checkbox"/> - LOCAL</li> <li><input type="checkbox"/> - SEDATION</li> </ul>

### Serious or frequently occurring risks

<p><b>COMMON</b></p> <ul style="list-style-type: none"> <li>- MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION</li> <li>- TEMPORARY INSERTION OF A CATHETER</li> <li>- OFTEN A BIOPSY OF THE BLADDER IS PERFORMED AT THE SAME TIME</li> </ul> <p><b>OCCASIONAL</b></p> <ul style="list-style-type: none"> <li>- INFECTION OF BLADDER REQUIRING ANTIBIOTICS</li> <li>- THERE IS NO GUARANTEE OF RELIEF OF BLADDER SYMPTOMS</li> <li>- PERMISSION FOR TELESCOPIC REMOVAL/ BIOPSY OF BLADDER ABNORMALITY/STONE IF FOUND</li> </ul> <p><b>RARE</b></p> <ul style="list-style-type: none"> <li>- DELAYED BLEEDING REQUIRING REMOVAL OF CLOTS OR FURTHER SURGERY</li> <li>- INJURY TO URETHRA CAUSING DELAYED SCAR FORMATION</li> <li>- PERFORATION OF THE BLADDER REQUIRING A TEMPORARY URINARY CATHETER OR RETURN TO THEATRE FOR OPEN SURGICAL REPAIR</li> </ul> <p>ALTERNATIVE THERAPY: VARIOUS MEDICATIONS TAKEN ORALLY OR INSTALLED INTO BLADDER. AUGMENTATION (ENLARGEMENT) OF BLADDER WITH INTENSIVE EXERCISE, OBSERVATION</p>
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