

CONSENT FORM

for

UROLOGICAL SURGERY

(Designed in compliance with



consent form 1)

<p style="text-align: center;">Name of proposed procedure (include brief explanation if medical term not clear)</p>	ANAESTHETIC
<p><u>CYSTOSCOPY AND INJECTIONS OF BULKING MATERIAL AT BLADDER OPENING</u></p> <p>THIS INVOLVES TELESCOPIC EXAMINATION OF THE URETHRA AND BLADDER AND INJECTION OF COLLAGEN OR SILICONE AROUND URETHRAL SPHINCTER TO ADD BULK FOR URINARY CONTROL</p>	<p><input type="checkbox"/> - GENERAL/REGIONAL</p> <p><input type="checkbox"/> - LOCAL</p> <p><input type="checkbox"/> - SEDATION</p>

Serious or frequently occurring risks

COMMON

- MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION

OCCASIONAL

- NO GUARANTEE OF LONG TERM CONTROL AND POSSIBLY ADDITIONAL INJECTIONS IN THE FUTURE
- INFECTION OF BLADDER REQUIRING ANTIBIOTICS
- FAILURE TO IMPROVE URINARY INCONTINENCE
- RECURRENCE OF URINARY INCONTINENCE AT LATER TIME
- NEED FOR REPEAT PROCEDURE

RARE

- RARELY, INABILITY TO PASS URINE REQUIRING A CATHETER OR USE OF SELF CATHETERISATION
- SENSITIVITY REACTION TO THE INJECTABLES CAUSING IRRITATION OR INFECTION
- REACTION TO COLLAGEN OR SILICONE THAT MIGHT CAUSE UNKNOWN MEDICAL PROBLEMS

ALTERNATIVE THERAPY: OBSERVATION, PHYSIOTHERAPY, PADS, COLPOSUSPENSION AND SLINGS