

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
RADICAL CYSTECTOMY AND FORMATION OF NEW BLADDER WITH BOWEL (MALE) THIS INVOLVES REMOVAL OF ENTIRE BLADDER, PROSTATE AND PELVIC LYMPH NODES AND FORMATION OF A NEW BLADDER USING BOWEL	<input type="checkbox"/> - GENERAL/REGIONAL <input type="checkbox"/> - LOCAL <input type="checkbox"/> - SEDATION

Statement of health professional (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

TREATMENT OF BLADDER CANCER

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. Please tick the box once explained to patient

COMMON

- TEMPORARY INSERTION OF A NASAL TUBE, DRAIN, STENT
- HIGH RISK OF IMPOTENCE (LACK OF ERECTIONS)
- DRY ORGASM WITH NO SEMEN PRODUCED CAUSING INFERTILITY
- NEED TO SELF CATHETERISE IF NEW BLADDER FAILS TO FULLY EMPTY
- BLOOD TRANSFUSION REQUIRED

OCCASIONAL

- NEED TO REMOVE THE PENILE URINARY PIPE AS PART OF THE PROCEDURE
- BLOOD LOSS REQUIRING REPEAT SURGERY
- CANCER MAY NOT BE CURED WITH REMOVAL OF BLADDER ALONE
- INCONTINENCE OF URINE

RARE

- INFECTION OR HERNIA OF INCISION REQUIRING FURTHER TREATMENT
- ANAESTHETIC OR CARDIOVASCULAR PROBLEMS POSSIBLY REQUIRING INTENSIVE CARE ADMISSION (INCLUDING CHEST INFECTION, PULMONARY EMBOLUS, STROKE, DEEP VEIN THROMBOSIS, HEART ATTACK AND DEATH.)
- DECREASE RENAL FUNCTION WITH TIME

VERY RARE

- DIARRHOEA DUE TO SHORTENED BOWEL / VITAMIN DEFICIENCY REQUIRING TREATMENT
- BOWEL AND URINE LEAKAGE FROM ANASTOMOSIS REQUIRING RE-OPERATION
- SCARRING TO BOWEL OR URETERS REQUIRING OPERATION IN FUTURE
- URETHRAL RECURRENCE OF THE CANCER
- INTRAOPERATIVE RECTAL INJURY REQUIRING COLOSTOMY

ALTERNATIVE TREATMENT: RADIATION TREATMENT TO BLADDER.

A blood transfusion may be necessary during procedure and patient agrees **YES** or **NO** (Ring)

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signature of interpreter:

Print name:

Date: