

Patient identifier/label

Patient Copy

<b>Name of proposed procedure</b> (Include brief explanation if medical term not clear)	<b>ANAESTHETIC</b>
<u>(Flexible ) CYSTOSCOPY +/- BIOPSY OR STENT REMOVAL</u> THIS INVOLVES TELESCOPIC INSPECTION OF BLADDER AND URETHRA AND BLADDER BIOPSY. WE CAN ALSO REMOVE A STENT IF INDICATED WITH THIS TELESCOPE.	<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**

TO DIAGNOSE AND TREAT ABNORMAL URETHRAL AND BLADDER DISEASE

**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

- MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION
- BIOPSY OF ABNORMAL AREAS IN BLADDER
- REMOVAL OF URETERIC STENT IF REQUIRED

OCCASIONAL

- INFECTION OF BLADDER REQUIRING ANTIBIOTICS

RARE

- TEMPORARY INSERTION OF A CATHETER
- DELAYED BLEEDING REQUIRING REMOVAL OF CLOTS OR FURTHER SURGERY
- INJURY TO URETHRA CAUSING DELAYED SCAR FORMATION

ALTERNATIVE THERAPY: GENERAL ANAESTHETIC CYSTOSCOPY

**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

[Empty box for leaflet/tape reference]

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:
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