

Patient identifier/label

Patient Copy

<b>Name of proposed procedure</b> (Include brief explanation if medical term not clear)	<b>ANAESTHETIC</b>
<b>(Rigid ) CYSTOSCOPY AND EVACUATION OF CLOTS</b>  THIS INVOLVES THE INSPECTION OF THE BLADDER AND URETHRA WITH TELESCOPE AND REMOVAL OF CLOTS WITH SUCTION, OCCASIONALLY BLADDER BIOPSY OR REMOVAL OF ABNORMAL AREAS WITH THE USE OF A HEAT DIATHERMY.	<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 IDENTIFY AND TREAT THE SOURCE OF BLEEDING

**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

TEMPORARY INSERTION OF A CATHETER

OCCASIONAL

INFECTION OF BLADDER REQUIRING ANTIBIOTICS

FINDING OF CANCER OR OTHER ABNORMALITIES MAY REQUIRE FURTHER SURGERY OR OTHER THERAPIES

PERMISSION FOR TELESCOPIC REMOVAL/ BIOPSY OF BLADDER ABNORMALITY/STONE IF FOUND

RARE

FURTHER BLEEDING REQUIRING REMOVAL OF CLOTS OR FURTHER SURGERY

INJURY TO URETHRA CAUSING DELAYED SCAR FORMATION

VERY RARELY, A PERFORATION OF THE BLADDER REQUIRING A TEMPORARY URINARY CATHETER OR OPEN SURGICAL REPAIR

ALTERNATIVE THERAPY: WASHOUT OF CLOTS WITH A CATHETER AND OBSERVATION OR IRRIGATION

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

<b>Signature of Health Professional</b>	<b>Job Title</b>
<b>Printed Name</b>	<b>Date</b>

**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:**