

Patient identifier/label

This leaflet is written in the BAUS style and the information is taken from the BAUS information leaflet (13 Jan 14)

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
Meatal or urethral dilation (stretching of the urethra or the urethral opening for narrowing which has resulted in a poor flow)	<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 improve the flow of urine

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 (greater than 1 in 10)

- mild burning or bleeding on passing urine for a short period after the operation
- infection of the bladder requiring antibiotics
- temporary insertion of a catheter
- further stricture (narrowing) requiring repeated dilatation

Occasional (between 1 in 10 and 1 in 50)

- damage to the urethra resulting in a "false passage" and the need for further surgery
- infection around the urethra resulting in abscess formation

Rare (less than 1 in 50)

- Delayed bleeding requiring removal of clots or further surgery

**COPY FOR
PATIENT**

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: