

Patient identifier/label

Patient Copy

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|---|--|
| Name of proposed procedure (Include brief explanation if medical term not clear) | ANAESTHETIC |
| SUPRAPUBIC CATHETER INSERTION (CYSTOSTOMY) THIS INVOLVES THE PLACEMENT OF DRAINAGE TUBE INTO BLADDER THROUGH A TINY INCISION IN SKIN. CYSTOSCOPY IS OFTEN PERFORMED TO AID INSERTION OF THIS TUBE | <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 DRAIN URINE VIA A SMALL TUBE IN THE ABDOMEN

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 MILD BURNING OR BLEEDING AFTER PROCEDURE
- REGULAR CHANGES OF CATHETER EVERY 3 / 4 MONTHS

OCCASIONAL

- INFECTION OF BLADDER REQUIRING ANTIBIOTICS (OCCASIONALLY RECURRENT INFECTIONS)
- BLOCKING OF CATHETER REQUIRING UNBLOCKING
- BLADDER DISCOMFORT OR PAIN OR BLADDER STONE FORMATION

RARE

- BLEEDING REQUIRING IRRIGATION OR ADDITIONAL CATHETERIZATION TO REMOVE BLOOD CLOT
- VERY RARELY DAMAGE TO SURROUNDING STRUCTURES, SUCH AS BOWEL OR BLOOD VESSELS REQUIRING ADDITIONAL SURGERY

ALTERNATIVE THERAPY: CATHETER THROUGH URETHRA, PERMANENT URINARY DIVERSION

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: