

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
(Rigid) CYSTOSCOPY INCLUDING BIOPSY IF REQUIRED THIS PROCEDURE INVOLVES INSPECTION OF THE BLADDER AND URETHRA WITH A TELESCOPE AND OCCASIONALLY BLADDER BIOPSY OR REMOVAL OF ABNORMAL AREAS WITH THE USE OF 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 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
 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

- DELAYED BLEEDING REQUIRING REMOVAL OF CLOTS OR FURTHER SURGERY
 INJURY TO URETHRA CAUSING DELAYED SCAR FORMATION
 VERY RARELY, PERFORATION OF THE BLADDER REQUIRING A TEMPORARY URINARY CATHETER OR OPEN SURGICAL REPAIR

ALTERNATIVE THERAPY: MAY INCLUDE OPEN OPERATION OR OBSERVATION.

Please note - it may be necessary to perform a bimanual inspection of the bladder - this will involve a vaginal examination in a woman or a rectal examination in a man

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: