

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
CYSTOSCOPY AND INJECTIONS OF BULKING MATERIAL AT BLADDER OPENING THIS INVOLVES TELESCOPIC EXAMINATION OF THE URETHRA AND BLADDER AND INJECTION OF COLLAGEN OR SILICONE AROUND URETHRAL SPHINCTER TO ADD BULK FOR URINARY CONTROL	<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 TREAT URINARY STRESS INCONTINENCE

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

OCCASIONAL

NO GUARANTEE OF LONG TERM CONTROL AND POSSIBLY ADDITIONAL INJECTIONS IN THE FUTURE

INFECTION OF BLADDER REQUIRING ANTIBIOTICS

FAILURE TO IMPROVE URINARY INCONTINENCE

RECURRENCE OF URINARY INCONTINENCE AT LATER TIME

NEED FOR REPEAT PROCEDURE

RARE

RARELY, INABILITY TO PASS URINE REQUIRING A CATHETER OR USE OF SELF CATHETERISATION

SENSITIVITY REACTION TO THE INJECTABLES CAUSING IRRITATION OR INFECTION

REACTION TO COLLAGEN OR SILICONE THAT MIGHT CAUSE UNKNOWN MEDICAL PROBLEMS

ALTERNATIVE THERAPY: OBSERVATION, PHYSIOTHERAPY, PADS, COLPOSUSPENSION AND SLINGS

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: