Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
(Rigid) CYSTOSCOPY AND RETROGRADE PYELOGRAM SIDE..... THIS INVOLVES THE TAKING OF X-RAYS OF KIDNEY AND URETER BY INJECTION OF DYE THROUGH A TELESCOPE PLACED INTO BLADDER.	☐ - GENERAL/REGIONAL ☐ - LOCAL ☐ - 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 ABNORMALITY OF THE URETERIC TUBE AND INSIDE OF KIDNEY

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
- ❑ USE OF XRAY IMAGING TO TAKE PICTURES OF URINARY TRACT

OCCASIONAL
- ❑ INFECTION OF BLADDER REQUIRING ANTIBIOTICS
- ❑ OCCASIONALLY WE CAN NOT PASS THE TUBE INTO THE URETER REQUIRING ALTERNATIVE TREATMENT
- ❑ TEMPORARY INSERTION OF A SOFT PLASTIC TUBE PLACED BETWEEN THE KIDNEY AND THE BLADDER IF THOUGHT NECESSARY WITH THE NEED FOR SUBSEQUENT LOCAL ANAESTHETIC REMOVAL
- ❑ 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

ALTERNATIVE THERAPY: OTHER FORMS OF X-RAY, CT SCAN OR ULTRASOUND

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: