Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
(Rigid) CYSTOSCOPY AND STENT PROCEDURE SIDE THIS PROCEDURE INVOLVES TELESCOPIC INSPECTION OF BLADDER AND URETHRA AND INSERTING, REMOVING OR CHANGING A SOFT PLASTIC TUBE PLACED BETWEEN THE KIDNEY AND THE BLADDER.	☐ - GENERAL/REGIONAL☐ - LOCAL☐ - SEDATION

<u>Statement of health professional</u> (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

<u>Serious or frequently occurring risks</u> 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 TEMPORARY DISCOMFORT FROM TUBE CAUSING PAIN, FREQUENCY AND OCCASIONAL BLOOD IN URINE FURTHER PROCEDURE TO REMOVE STENT IF INSERTED USE OF XRAY IMAGING TO HELP IN THE CORRECT PLACEMENT OF THE STENT
OCCASIONAL DE INTERCTION OF BLADDED REQUIDING ANTIDIOTICS
□ INFECTION OF BLADDER REQUIRING ANTIBIOTICS □ OCCASIONALLY WE CAN NOT PASS THE STENT REQUIRING ALTERNATIVE TREATMENT
□ 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: OBSERVATION, PLACEMENT OF TUBE DIRECTLY INTO KIDNEY FROM BACK (CALLED A
NEPHROSTOMY), OPEN SURGICAL TREATMENT

A blood transfusion may be necessary during procedure and patient agrees YES or NO (Ring)

Signature of	Job Title
Health Professional	
Printed Name	Date
PL CH to L CLA/A . It also not still d	

The following leaflet/tape has been provided

<u>Contact details</u> (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	Print name:	Date
interpreter:		