

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
(Rigid) CYSTOSCOPY AND URETHRAL DILATION IN WOMEN + BIOPSY IF REQUIRED THIS PROCEDURE INVOLVES TELESCOPIC INSPECTION OF BLADDER AND URETHRA AND GENTLE DILATION OF URETHRA 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

RELIEF OF OBSTRUCTION TO FLOW OF URINE

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
- NEED FOR SELF CATHETERISATION TO KEEP THE NARROWING FROM CLOSING DOWN AGAIN

OCCASIONAL

- INFECTION OF BLADDER REQUIRING ANTIBIOTICS
- PERMISSION FOR TELESCOPIC REMOVAL/ BIOPSY OF BLADDER ABNORMALITY/STONE IF FOUND
- RECURRENCE OF NARROWING OR SYMPTOMS NECESSITATING FURTHER PROCEDURES

RARE

- VERY RARELY, PERFORATION OF BLADDER REQUIRING A TEMPORARY URINARY CATHETER OR OPEN SURGICAL REPAIR
- DELAYED BLEEDING REQUIRING REMOVAL OF CLOTS OR FURTHER SURGERY

ALTERNATIVE THERAPY: OPEN SURGERY OR OBSERVATION, INCISION OF NARROWING

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: