

CONSENT FORM for UROLOGICAL SURGERY

(Designed in compliance with  consent form 1)

PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT

Patient Details or pre-printed label

Patient's NHS Number or Hospital number	
Patient's surname/family name	
Patient's first names	
Date of birth	
Sex	
Responsible health professional	MR. N LYNN
Job Title	CONSULTANT UROLOGICAL SURGEON
Special requirements e.g. other language/other communication method	

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
LAPAROSCOPIC RADICAL RETROPUBIC PROSTATECTOMY WITH OR WITHOUT PELVIC LYMPHNODE DISSECTION	GENERAL/REGIONAL
REMOVAL OF THE WHOLE PROSTATE GLAND, SEMINAL VESICALS AND DRAINING NODES FOR CANCER, AS WELL AS TYING OF THE VAS DEFERENS VIA KEYHOLE INCISIONS.	

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 LOCALISED PROSTATE CANCER

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

- TEMPORARY INSERTION OF A BLADDER CATHETER AND WOUND DRAIN
- HIGH CHANCE OF IMPOTENCE DUE TO UNAVOIDABLE NERVE DAMAGE
- NO SEMEN IS PRODUCED DURING AN ORGASM CAUSING SUB FERTILITY

OCCASIONAL

- BLOOD LOSS REQUIRING TRANSFUSION OR REPEAT SURGERY
- URINARY INCONTINENCE TEMPORARY OR PERMANENT REQUIRING PADS OR FURTHER SURGERY DISCOVERY
- THAT CANCER CELLS ALREADY OUTSIDE PROSTATE NEEDING OBSERVATION OR FURTHER TREATMENT
- FURTHER TREATMENT AT A LATER DATE IF REQUIRED INCLUDING RADIOTHERAPY
- ANASTOMOSIS NARROWING OR URETHRAL STRICTURE (NARROWING) REQUIRING FURTHER TREATMENT OF HORMONAL THERAPY

RARE

- ANAESTHETIC OR CARDIOVASCULAR PROBLEMS POSSIBLY REQUIRING INTENSIVE CARE ADMISSION (INCLUDING CHEST INFECTION, PULMONARY EMBOLUS, STROKE, DEEP VEIN THROMBOSIS, HEART ATTACK AND DEATH.)
- PAIN, INFECTION OR HERNIA IN AREA OF INCISION
- RECTAL INJURY, VERY RARELY NEEDING TEMPORARY COLOSTOMY
- INJURY TO NERVE, BLOOD VESSELS AND URETER REQUIRING FURTHER TREATMENT/SURGERY
- CONVERSION TO OPEN PROCEDURE
- COLLECTION OF LYMPHATIC FLUID AT OPERATION SITE REQUIRING EITHER OBSERVATION OR TREATMENT

ALTERNATIVE THERAPY: WATCHFUL WAITING, RADIOTHERAPY, BRACHYTHERAPY, HORMONAL THERAPY AND PERINEAL, ROBOTIC OR OPEN REMOVAL.

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

SATH information leaflets Version 1.0

Contact details (if patient wishes to discuss options later)----- Case worker's contact number given

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 he can understand.

Signature of	Print name:	Date:
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Copy (i.e. page 3) accepted by patient: yes/no (please ring)

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- DISCOVERY THAT CANCER CELLS ALREADY OUTSIDE PROSTATE NEEDING OBSERVATION OR FURTHER TREATMENT
- FURTHER TREATMENT AT A LATER DATE IF REQUIRED INCLUDING RADIOTHERAPY OF HORMONAL THERAPY
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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

SATH patient information leaflet Version 1.0

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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:

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 2, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.
 to a blood transfusion if necessary
 that any tissue that is normally removed in this procedure could be stored and used for medical research (after the pathologist has examined it) rather than simply discarded. PLEASE TICK IF YOU AGREE

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
 that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)
 that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
 about additional procedures which may become necessary during my treatment. I have listed below any procedures which **I do not wish to be carried out** without further discussion.

Signature of Patient:		Print please:	Date
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A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here. (See DOH guidelines).

Signed:
 Date:
 Name:

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance). On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature of Health Professional	Job Title
Printed Name	Date

Important notes: (tick if applicable)

- . See also advance directive/living will (eg Jehovah’s Witness form)
- . Patient has withdrawn consent (ask patient to sign/date here)

Laparoscopic Radical Prostatectomy
(Patient information leaflet)

Laparoscopic radical prostatectomy means removal of the prostate via key hole method rather than traditional open method. This procedure is performed for prostate cancer.

The procedure is performed under general anaesthesia (i.e. you will be asleep during the procedure). Anaesthetist will also set up a pump for pain control after the operation called “patient controlled analgesia”. This means you can control the amount and timing of when you have pain killers by pressing a button.

The operation is performed via three or four small incisions. The surgeon inserts the instruments via these incisions to remove the prostate. Once the prostate is removed, one of the incisions is enlarged to take the prostate out of the body. The abdominal cavity is inflated with CO₂ gas to help with the operation.

The closure of the wounds is usually with absorbable sutures. Therefore, there is no need to have the stitches removed.

There will be a drain inserted through the abdominal wall and a catheter. The drain will come out before you go home although patients are sent home with a drain. The catheter, however, needs to stay in for three weeks.

If the catheter falls out accidentally, you must come back to Accident and Emergency department at Royal Shrewsbury Hospital. The catheter must be re-inserted by urology staff only.

Before the operation

- Patients are usually admitted on the day of operation
- You might be given an enema to clear the bowel

The followings are the possible complications with this procedure:

*** Common problems**

- Temporary insertion of a bladder catheter and a wound drain
- High chance of impotence due to unavoidable nerve damage
- No semen is going to be produced during an orgasm causing sub fertility

***Occasional**

- Blood loss requiring transfusion or repeat surgery
- Urinary incontinence temporary or permanent requiring pads or further surgery
- Discovery that the cancer cells already outside prostate needing observation or further treatment
- Further treatment at a later date if required including radiotherapy or hormonal therapy
- Risk of conversion to open surgery

***Rare**

- Anesthetic or cardiovascular problems possibly require intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
- Pain, infection or hernia of the wound
- Rectal injury, very rarely needing temporary colostomy

After the operation

- In addition to the catheter and drain, you will have an intravenous drip line in your arm
- You will have the button to press for self administration of intravenous painkiller if and when you need it
- You will also be prescribed regular oral painkillers
- You will be allowed to eat and drink freely when you wake up
- The drain is removed either the next day or on day 2
- **Most patients can go home on day 2**
- Nurses will teach you how to inject yourself with blood thinning drug to prevent deep vein thrombosis for 28 days
- You will be re-admitted in three weeks time for catheter removal
- Prostate removed is sent away for analysis and result is usually available after 8 weeks
- You will also be given a blood form for checking high sensitivity PSA at least 8 weeks after surgery
- You will therefore be seen in 8 – 10 weeks with these results

After discharge

Looking after the wound

You can have showers every day. You don't need to be concerned about getting the wound wet. Just keep the area dry afterwards.

Discomfort

You will experience some pain and discomfort around the scars, especially in the first week after the surgery. Simple painkillers should be able to relieve this effectively for you.

If the catheter falls out before this, please present yourself to Accident and Emergency department at Royal Shrewsbury Hospital. The catheter must be reinserted by a member of the Urology department only.

Pelvis floor exercise

Pelvic floor is a group of muscles responsible for keeping men dry and prevent incontinence of urine following radical prostatectomy. After the operation, it is necessary for patients to perform regular exercise to strengthen the muscles. It is important to identify these muscles before doing the exercises. You should start doing these exercises 1 week before catheter removal.

Pelvic floor muscle group (1)

This group of muscles wraps around the urethra (water pipe) and can usually be identified by "stopping the urine flow whilst passing urine".

How to do the exercise:

You can do the exercise standing, sitting or lying on the bed. Squeeze the muscle and hold it for 5 seconds. You can count from 1 to 5 during that time and then relax. Take a deep breath after each exercise. Do this 20 times in the morning, afternoon and evening.

Pelvic floor muscle group (2)

This group of muscles wraps around the rectum (back passage) and can usually be identified by "trying to prevent passing wind".

How to do the exercise:

You can do the exercise standing, sitting or lying on the bed. Squeeze the muscle and hold it for 5 seconds. You can count from 1 to 5 during that time and then relax. Take a deep breath after each exercise. Do this 20 times in the morning, afternoon and evening.

Contact numbers

Ward 21(U): 01743 261300
(24 hours)

Hospital Switchboards
Royal Shrewsbury Hospital: 01743261000

Urology secretaries
Royal Shrewsbury hospital: 01743 261187
01743 261127

Urology nurse specialists: 01743 261126

Radical Radiotherapy for Prostate Cancer



Urology Department

Shrewsbury and Telford Hospitals NHS Trust
Tel: 01743 261000

Radiotherapy is the use of high-energy radiation beams to destroy cancer cells. It is an effective form of treatment for prostate cancer as it can reduce the likelihood of the cancer returning. The treatment is given as an out-patient procedure at Royal Shrewsbury hospital for approximately 6- 8 weeks. It is unlikely to cause any side effects which would prevent patients from driving home.

Hormonal therapy

Hormonal treatment is sometimes used together with radiation treatment for prostate cancer to enhance the effect of radiation. If that is the case, the consultant oncologist might not start radiation treatment until 3 – 6 months after the beginning of hormone treatment. Hormone treatment includes regular injections every 1 – 3 months at your local GP surgery. Your specialist may ask you to take the hormone tablet orally for two weeks before and after first hormone injection. After one month of taking hormone tablets, tablets can be stopped but you need to continue with the injections. The oncologist will determine the total duration of hormone therapy after radiation treatment.

The side effects of hormone therapy include tiredness, reduced or loss of desire to have sex, hot flushes, night sweat, breast tenderness and breast enlargement. It can also affect your body shape, blood sugar control and bone health. Usually the side effects are not severe. However if you have severe symptoms you must let your doctor know so that treatment is adjusted.

What happens next?

You will be seen by a consultant oncologist to counsel you for radiation therapy. If you are suitable for radiotherapy, pre-treatment radiographers will contact you with an appointment to attend for a radiotherapy planning CT scan. This session can take up to 45 – 60 minutes and involves a CT scan of your pelvis. Radiographers will permanently mark your skin with tattoo marks so that you can be positioned accurately every day during the radiotherapy treatment. After the planning session you will be given a date for your first radiotherapy treatment.

Radiotherapy treatment takes place every day except Saturdays and Sundays for approximately 6 - 8 weeks (a total of around 37 treatments). It takes 10 – 15 minutes for each session. Most of the time in treatment room is taken to position you correctly. It is important to keep as still as possible during the treatment session. You will not feel anything but you may hear the machine buzz as it delivers a portion of the dose. The treatment dose is delivered from a number of positions – the machine delivers each portion then automatically moves around to the next position until all the planned treatment has been delivered.

Side effects of radiotherapy

Side effects may occur as radiation beam will also affect healthy cells in the body as well as the tumour cells. Side effects are categorised as **EARLY** (occurs in the latter half of treatment and may last for 6 -10 weeks) and **LATE** (occurs 1-5 years after finishing the treatment).

Early side effects

1. Tiredness

In the latter half of your treatment course, you might feel more tired than usual. Ensuring that you have adequate rest, drink plenty of fluid (reducing your caffeine intake) and eating a healthy balanced meal can help this.

2. Skin reaction

Although the skin reaction usually occurs in the latter half of the treatment course, we advise you to take care of your skin from the first day of treatment. This include using simple soap, taking showers rather than baths and using an aqueous cream to moisturise the skin. Swimming should be avoided during the treatment. There is an increased risk of sunburn in treatment area and an increased sensitivity for up to 2 years.

3. Urinary symptoms

Patients may notice an increased need to empty their bladder both during the day and at night. Along with this they may notice a reduction in the flow of urine and sometimes a burning sensation when passing urine. To minimise these effects it is important to drink plenty of fluid to reduce the concentration of the urine. If symptoms worsen please discuss with the radiographers who can advise you on methods to reduce the discomfort.

4. Bowel symptoms

Some patients may experience abdominal cramps or diarrhoea due to radiotherapy. Any change in bowel habits or pain when opening bowels should be discussed as soon as possible with the radiographers who will be able to offer advice.

5. Rectal Symptoms

A small part of the rectum is also likely to be included within the treatment area and this may result in patients experiencing a small degree of inflammation called "proctitis". This will give you severe urge to open the bowels several times even when the rectum is empty.

Towards the end of the treatment you will also notice blood and mucous in stools. This is perfectly normal treatment reaction which might require treatment with pain relief and steroid medication. If you already have haemorrhoids (piles) the radiotherapy might worsen the symptoms.

Late side effects

These side effects occur months or years after finishing radiotherapy treatment. Less than 5 – 10% of patients will experience serious late side effects.

1. Dryness and darkening of skin

2. Urinary symptoms

In a small number of patients urinary symptoms (difficulty in passing urine, dribbling and inability to hold urine) may not settle. There is a risk of developing a narrowing (scarring) of water pipe after radiotherapy and may need a surgical treatment.

3. Chronic proctitis

Persistent mucous and blood discharge may persist in a small number of patients after radiotherapy. Other problems include bowel adhesions, persistent looseness of the stools, abdominal pain, chronic discomfort when opening the bowels and blockage of the bowels.

4. Erectile dysfunction

The risk can be as high as 40-50%. If you are receiving hormone treatment, you might also lose libido (desire to have sex).

5. Rectal fistula

There is a very small risk of developing a fistula (small hole) between the rectum and the bladder.

Contact details for more information

Please do not hesitate to contact us for any additional information on 01743 261126.

Other Sources of Information

National Contact Address for

- **NHS Direct**

A nurse-led advice service run by the NHS for patients with questions about diagnosis and treatment of common conditions.

Telephone: 0845 4647

Website: www.nhsdirect.nhs.uk

- **Equip**

A West Midlands NHS website which signposts patients to quality health information and provides local information about support groups and contacts.

Website: www.equip.nhs.uk

- **Patient UK**

Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self help groups and a directory of UK health websites.

Website: www.patient.co.uk

Further information is available from;

- **Patient Advise and Liaison Service (PALS)**

PALS will act on your behalf when handling patient and family concerns, they can also help

you get support from other local or national agencies. PALS, is a confidential service.

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Princess Royal Hospital, Tel: 01952 282888

Your Information

Information about you and your healthcare is held by the NHS. You can find out more about the information we hold and how it is used in the leaflet called: **Your Information**, which is available from PALS (contact details above).

Disclaimer

This leaflet is provided for your information only. It must not be used as a substitute for professional medical care by a qualified doctor or other health care professional. Always check with your doctor if you have any concerns about your condition or treatment. This leaflet aims to direct you to quality websites: these are correct and active at the time of production. The Shrewsbury and Telford Hospital NHS Trust is not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information contained in this leaflet or found on web pages linked to by this leaflet.

Website: www.sath.nhs.uk

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Version 1.0

Date of Publication: Jan 2013

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CONSENT FORM

for

UROLOGICAL SURGERY

(Designed in compliance with  consent form 1)

<p align="center">Name of proposed procedure (include brief explanation if medical term not clear)</p>	<p align="center">ANAESTHETIC</p>
<p>BRACHYTHERAPY TREATMENT FOR PROSTATE CANCER</p> <p>INSERTION OF RADIOACTIVE SEEDS INTO THE PROSTATE GLAND WITH NEEDLES PLACED IN THE SKIN BENEATH THE SCROTUM. THIS PROCEDURE MAY REQUIRE CYSTOSCOPY.</p>	<p>- GENERAL/REGIONAL - LOCAL - SEDATION</p>

Serious or frequently occurring risks

COMMON

- TEMPORARY INSERTION OF A BLADDER CATHETER
- DIFFICULTY PASSING URINE AFTER THE PROCEDURE USUALLY TEMPORARY
- FREQUENCY AND URGENCY OF URINATION
- NEED TO SELF CATHETERISE TEMPORARILY WHILE SWELLING SETTLES

OCCASIONAL

- CHANCE OF IMPOTENCE DUE TO UNAVOIDABLE NERVE DAMAGE FROM THE SEEDS
- FURTHER TREATMENT AT A LATER DATE IF REQUIRED INCLUDING SURGERY AND / OR HORMONAL THERAPY

RARE

- INFECTION OF BLADDER REQUIRING ANTIBIOTICS
- BLEEDING AND SWELLING OF PROSTATE PREVENTING URINATION
- URINARY INCONTINENCE TEMPORARY OR PERMANENT
- PASSAGE OF SEED IN URINE OR MIGRATION OF SEEDS OUT OF PROSTATE
- OCCASIONAL NEED FOR SURGERY TO PROSTATE IF DIFFICULTY PASSING URINE
- RECTAL DAMAGE REQUIRING TEMPORARY COLOSTOMY

ALTERNATIVE THERAPY: WATCHFUL WAITING, EXTERNAL BEAM RADIOTHERAPY, RADICAL PROSTATECTOMY (OPEN OR LAPAROSCOPIC) AND HORMONAL THERAPY.