

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 | |
| Job Title | |
| Special requirements <i>e.g. other language/other communication method</i> | |

Patient identifier/label

| | |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Name of proposed procedure (Include brief explanation if medical term not clear) | ANAESTHETIC |
| TRANSURETHRAL RESECTION OF BLADDER TUMOUR THIS INVOLVES THE TELESCOPIC REMOVAL OF BLADDER TUMOUR WITH HEAT DIATHERMY | - 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 LESION IN BLADDER SUSPICIOUS FOR MALIGNANCY

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 FOR BLADDER IRRIGATION
- ☐ NEED FOR ADDITIONAL TREATMENTS TO BLADDER IN ATTEMPT TO PREVENT RECURRENCE OF TUMOURS INCLUDING DRUGS INSTALLED INTO THE BLADDER

OCCASIONAL

- ☐ INFECTION OF BLADDER REQUIRING ANTIBIOTICS
- ☐ NO GUARANTEE OF CANCER CURE BY THIS OPERATION ALONE
- ☐ RECURRENCE OF BLADDER TUMOUR AND/OR INCOMPLETE REMOVAL

RARE

- ☐ DELAYED BLEEDING REQUIRING REMOVAL OF CLOTS OR FURTHER SURGERY
- ☐ DAMAGE TO DRAINAGE TUBES FROM KIDNEY (URETERS) REQUIRING ADDITIONAL THERAPY
- ☐ INJURY TO URETHRA CAUSING DELAYED SCAR FORMATION
- ☐ PERFORATION OF THE BLADDER REQUIRING A TEMPORARY URINARY CATHETER OR OPEN SURGICAL REPAIR

ALTERNATIVE THERAPY: OPEN SURGICAL REMOVAL OF BLADDER, CHEMOTHERAPY OR RADIATION THERAPY

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)

Contact details (if patient wishes to discuss options later) **CASE WORKER**

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:

Copy (i.e. page 3) accepted by patient: yes/no (please ring)

Patient identifier/label

Patient Copy

| | |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Name of proposed procedure (Include brief explanation if medical term not clear) | ANAESTHETIC |
| TRANSURETHRAL RESECTION OF BLADDER TUMOUR THIS INVOLVES THE TELESCOPIC REMOVAL OF BLADDER TUMOUR WITH HEAT DIATHERMY | - 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 LESION IN BLADDER SUSPICIOUS FOR MALIGNANCY

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 FOR BLADDER IRRIGATION
- ☐ NEED FOR ADDITIONAL TREATMENTS TO BLADDER IN ATTEMPT TO PREVENT RECURRENCE OF TUMOURS INCLUDING DRUGS INSTALLED INTO THE BLADDER

OCCASIONAL

- ☐ INFECTION OF BLADDER REQUIRING ANTIBIOTICS
- ☐ NO GUARANTEE OF CANCER CURE BY THIS OPERATION ALONE
- ☐ RECURRENCE OF BLADDER TUMOUR AND/OR INCOMPLETE REMOVAL

RARE

- ☐ DELAYED BLEEDING REQUIRING REMOVAL OF CLOTS OR FURTHER SURGERY
- ☐ DAMAGE TO DRAINAGE TUBES FROM KIDNEY (URETERS) REQUIRING ADDITIONAL THERAPY
- ☐ INJURY TO URETHRA CAUSING DELAYED SCAR FORMATION
- ☐ PERFORATION OF THE BLADDER REQUIRING A TEMPORARY URINARY CATHETER OR OPEN SURGICAL REPAIR

ALTERNATIVE THERAPY: OPEN SURGICAL REMOVAL OF BLADDER, CHEMOTHERAPY OR RADIATION THERAPY

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)

Contact details (if patient wishes to discuss options later) CASE WORKER

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:

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: |
|--------------------------|--|------------------|-------|

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 (PRINT) _____

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)

**Transurethral resection of bladder tumour
(Bladder tumour removal)**



Urology Department

Shrewsbury and Telford Hospitals NHS Trust
Tel: 01743 261126



Background

Bladder tumours are ***malignant (cancerous)*** growths inside the bladder. These tumours should be removed by performing the transurethral resection of bladder tumour (telescopic or key hole removal of bladder tumour through the water pipe).

What does the procedure involve?

Either a full general anaesthetics (where you will be asleep) or a spinal anaesthetics (where you are unable to feel anything from the waist down) will be used. All methods reduce the level of pain afterwards. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

A telescope is inserted into the bladder through the urethra (water pipe) and the surgeon will remove your tumour (pictured) bit by bit, using diathermy or a laser.

The tumour fragments are removed using suction and sent for pathology analysis. A bladder catheter is usually put in after the procedure. Sometimes, the bladder is irrigated via the catheter wash out blood clots.

What are the alternatives to this procedure?

Small tumours can be kept under surveillance, chemotherapy and burning with diathermy

What should I expect before the procedure?

You will usually be admitted on the day of surgery. You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be given an injection under the skin of a drug (Clexane), that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator

- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- a high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

Common

Mild burning or bleeding on passing urine for short period after operation.

Need for additional treatments to the bladder to prevent later recurrence of tumours.

Occasional

Infection of the bladder needing antibiotics.

No guarantee of cancer cure by this operation alone.

Recurrence of the bladder tumour and/or incomplete removal

Rare

Delayed bleeding needing removal of clots or further surgery

Damage to drainage tubes from kidney (ureters) needing additional therapy.

Injury to the urethra causing delayed scar formation.


Perforation of the bladder needing a temporary urinary catheter or open surgical repair

What happens immediately after the procedure?

You might have a catheter put into your bladder after this procedure. Before the catheter is removed, we usually instil a chemotherapy drug (Mitomycin C or Epirubicin) into the bladder in some patients which reduces the risk of tumour recurrence in the bladder at a later date. This is left in the bladder for one hour, usually on the day of surgery. The consultant will decide whether you are suitable to have chemotherapy treatment into bladder.

Once your urine is clear, we will remove your catheter and you will be allowed home once you have passed urine satisfactorily. Most patients are discharged home the same day but some might be kept in hospital for observation.

When you leave hospital, you will be given a copy of discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the



staff at GP surgery can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

You should also have the contact number for your case worker. If it is not provided, please remind the staff.

When you get home, you should drink twice as much fluid as you would normally for the first 24 to 48 hours. This helps to flush your system through and reduce any bleeding. You may notice some burning or pain in your lower abdomen initially, but this usually settles over a few days.

What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

Are there any other important points?

It will be 14 to 21 days before the biopsy results on the tissue removed are available. All biopsies are discussed in detail at a **multi-disciplinary team meeting** before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

Depending on the biopsy results, further investigations (e.g. X-ray, CT scan, MRI scan or bone) may be necessary. Your consultant or case worker will explain the details of this to you in hospital. Sometime we write to the patients to explain.


In some patients, this operation alone is sufficient. However, most patients need to have regular check ups afterwards to make sure the cancerous tumours have not recurred. This may be in way of regular bladder inspection (cystoscopy) either under local anaesthetics or general/ regional anaesthetics. Some patients will require further instillation of chemotherapy drugs or BCG into your bladder (chemotherapy or immunotherapy). In some patients, consultant might recommend further major surgery, chemotherapy or radiation therapy depending on the type of cancer.

Driving after surgery

It is your responsibility to make sure you are fit to drive following your surgery. You do not normally need to tell the DVLA that you have had surgery, unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to give you advice on this.

Is there any research being carried out in this area?

Before your operation, your surgeon or Specialist Nurse will inform you about any relevant research studies taking place, and, in particular, if any surgically-removed tissue may be stored for future study. If this is the case, you will be asked if you wish to participate and, if you agree, to sign a special form to consent to this.



All surgical procedures, even those not currently the subject of active research, are subjected to rigorous clinical audit so that we can analyse our results and compare them with those of other surgeons. In this way, we can learn how to improve our techniques and our results; this means that our patients will get the best treatment available.

Who can I contact for more help or information?

For further information on the internet, here are some useful sites to explore:

[Best Health](#) (prepared by the British Medical Association)
[NHS Clinical Knowledge Summaries](#) (formerly known as Prodigy)
[NHS Direct](#)
[Patient UK](#)
[Royal College of Anaesthetists](#) (for information about anaesthetics)
[Royal College of Surgeons](#) (patient information section)

What should I do with this information?

Thank you for taking the trouble to read this publication. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this publication to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. However, if you do agree to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital record. You will, if you wish, be provided with a copy of this consent form.



Contact details for more information

Please do not hesitate to contact us for any additional information on 01743 261000.

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

Information Produced by: N Lynn

Version 1

Date of Publication: July 2016

Due for Review on: July 2021

© SaTH NHS Trust