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Before completing consent please read "Guidance For Health Professionals" for consent form 1 provided on the CD

Click here to read Guidelines (under the section called New Department of Health "Guidelines to Consent" page 40)

CONSENT FORM

for

UROLOGICAL SURGERY

(Designed in compliance with DH Department of Health 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 *e.g. other language/other communication method*	

To be retained in patient's notes

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
TRANSURETHRAL INCISION OR RESECTION OF THE PROSTATE THIS OPERATION INVOLVES THE TELESCOPIC REMOVAL OF OBSTRUCTING PARTS OF THE PROSTATE WITH A HEAT DIATHERMY OR LASER. TEMPORARY INSERTION OF A CATHETER FOR BLADDER IRRIGATION	- **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 RELIEF OF URINARY OBSTRUCTION AND IMPROVEMENT IN URINARY FLOW

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 MILD BURNING, BLEEDING AND FREQUENCY OF URINATION AFTER PROCEDURE
- ❑ NO SEMEN IS PRODUCED DURING AN ORGASM IN APPROX: 20%if INCISION or 75% if RESECTION
- ❑ MAY NOT RELIEVE ALL PROSTATIC SYMPTOMS

OCCASIONAL
- ❑ POOR ERECTIONS POSSIBLE (IMPOTENCE IN APPROX 5-10%)
- ❑ INFECTION OF BLADDER OR KIDNEY REQUIRING ANTIBIOTICS
- ❑ BLEEDING REQUIRING RETURN TO THEATRE AND/OR BLOOD TRANSFUSION.
- ❑ POSSIBLE NEED TO REPEAT TREATMENT LATER DUE TO REOBSTRUCTION (APPROX 10%)
- ❑ MAY NEED SELF CATHETERISATION TO EMPTY BLADDER FULLY IF BLADDER WEAK
- ❑ FAILURE TO PASS URINE AFTER SURGERY REQUIRING A NEW CATHETER

RARE
- ❑ FINDING UNSUSPECTED CANCER IN THE REMOVED TISSUE AND THIS MAY NEED FURTHER TREATMENT
- ❑ INJURY TO URETHRA CAUSING DELAYED SCAR FORMATION
- ❑ LOSS OF URINARY CONTROL (INCONTINENCE), TEMPORARY OR PERMANENT
- ❑ ABSORPTION OF IRRIGATING FLUIDS CAUSING CONFUSION, HEART FAILURE (TUR SYNDROME)
- ❑ VERY RARELY, PERFORATION OF THE BLADDER REQUIRING A TEMPORARY URINARY CATHETER OR OPEN SURGICAL REPAIR

ALTERNATIVE THERAPY: DRUGS, USE OF A CATHETER OR STENT, OBSERVATION OR OPEN OPERATION

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 Patient information leaflet Version 1.0

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:**

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

Patient identifier/label

Patient Copy

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Printed Name	**Date**

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Patient identifier/label

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.

I have been told

- 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) ...../.....

The Shrewsbury and Telford Hospital NHS
NHS Trust

Transurethral resection of prostate for benign disease

Urology Department

Shrewsbury and Telford Hospitals NHS Trust
Tel: 01743 261000

What is the evidence base for this information?

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your consultant, specialist nurses, GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

This operation involves the telescopic removal or incision of the obstructing, central part of the prostate with heat diathermy and temporary insertion of a catheter for bladder irrigation

What are the alternatives to this procedure?

Drugs, use of a catheter/stent, observation or open operation, laser operation of prostate.

What should I expect before the procedure?

If you are taking Aspirin or Clopidogrel on a regular basis, you must discuss this with your urologist because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will usually be admitted on the day before your surgery although some hospitals now prefer to admit patients 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.

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.

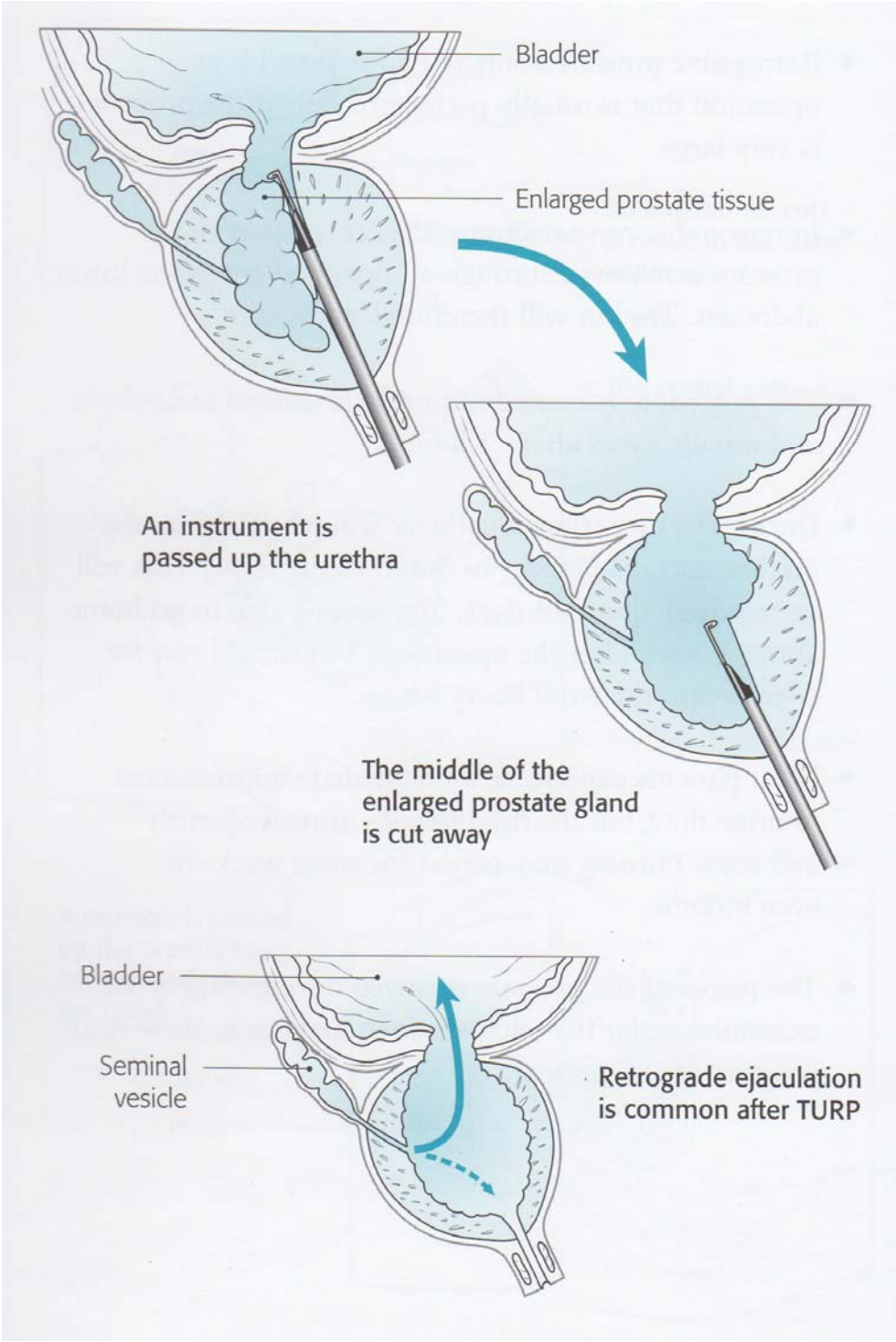
What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

A telescope is passed into the bladder and the central part of the prostate removed piecemeal using heat diathermy. The prostate fragments are evacuated using suction and sent for pathological analysis. A catheter is usually inserted after the procedure.

The procedure takes 45-60 minutes.

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


Bladder
Enlarged prostate tissue
An instrument is passed up the urethra
The middle of the enlarged prostate gland is cut away
Bladder
Seminal vesicle
Retrograde ejaculation is common after TURP

What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- ask if what was planned to be done was achieved
- let the medical staff know if you are in any discomfort
- ask what you can and cannot do
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- ensure that you are clear about what has been done and what is the next step in management your care

There is always some bleeding from the prostate area after the operation. The urine is usually clear of blood after 48 hours, although some patients lose more blood for longer. If the loss is moderate, you may require a blood transfusion to prevent you from becoming anaemic. You will be able to eat and drink the morning after the operation although this may be allowed earlier after a spinal anaesthetic.

The catheter is generally removed after 1-4 days, following which urine can be passed in the normal way. At first, it may be painful to pass your urine and it may come more frequently than normal. Any initial discomfort can be relieved by pain killers and the frequency usually improves within a few days.

It is not unusual for your urine to turn bloody again for the first 24-48 hours after catheter removal. A few patients are unable to pass urine at all after the operation. If this should happen, we normally pass a catheter again to allow the bladder to regain its function before trying again without the catheter.

The average hospital stay is 1- 2 days for a routine admission. However, if you are suitable for day case surgery, medical team may send you home after the operation. Sometimes, patients might be discharged with a catheter with an arrangement for removal at a later date.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)

- Temporary mild burning, bleeding and frequency of urination after the procedure
- No semen is produced during an orgasm in approximately 75%. This must not be used as a form of contraception.
- Treatment may not relieve all the prostatic symptoms

- Poor erections (impotence in approx approximately 14%)
- Infection of the bladder, testes or kidney requiring antibiotics
- Bleeding requiring return to theatre and/or blood transfusion (5%)
- Possible need to repeat treatment later due to re-obstruction (approx 10%)
- Injury to the urethra causing delayed scar formation

Occasional (between 1 in 10 and 1 in 50)

- Finding unsuspected cancer in the removed tissue which may need further treatment
- May need self catheterisation to empty bladder fully if the bladder is weak
- Failure to pass urine after surgery requiring a new catheter
- Loss of urinary control (incontinence) which may be temporary or permanent (2-4%)

Rare (less than 1 in 50)

- Absorption of irrigating fluids causing confusion, heart failure (TUR syndrome)
- Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- be given advice about your recovery at home
- ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- ask for a contact number if you have any concerns once you return home
- ask when your follow-up will be and who will do this (the hospital or your GP)
- ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

Most patients feel tired and below par for a week or two because this is surgery. Over this period, frequency of mictuation usually settles gradually. If not, it might be a sign of urine infection and you might want to consult your GP.

What else should I look out for?

If you experience increasing frequency, burning or difficulty on passing urine or worrying bleeding, contact your GP.

About 1 man in 5 experiences bleeding some 10-14 days after getting home; this is due to scabs separating from the cavity of the prostate. Increasing your fluid intake should stop this bleeding quickly but, if it does not, you should contact your GP who will prescribe some antibiotics for you. In the event of severe bleeding, passage of clots or sudden difficulty in passing urine, you should contact your GP immediately since it may be necessary for you to be re-admitted to hospital.

Are there any other important points?

Removal of your prostate should not adversely affect your sex life in majority of men provided you are getting normal erections before the surgery. Sexual activity can be resumed as soon as you are comfortable, usually after 3-4 weeks. Remember that you might not produce any semen when you ejaculate. However, in a small portion of patient operation can affect the erection.

It is often helpful to start pelvic floor exercises as soon as possible after the operation since this can improve your control when you get home. The symptoms of an overactive bladder (frequency, urgency and getting up at night) may take 3 months or longer to resolve whereas the flow is improved immediately.

If you need any specific information on these exercises, please contact the ward staff or the Specialist Nurses. The symptoms of an overactive bladder may take 3 months to resolve whereas the flow is improved immediately.

It will be at least a few weeks before the pathology results on the tissue removed are available. It is normal practice for the results of all biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

Most patients require a recovery period of 2-3 weeks at home before they feel ready for work. We recommend 3-4 weeks' rest before resuming any job, especially if it is physically strenuous and you should avoid any heavy lifting during this time.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 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 provide you with advice on request.

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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