

Informed Consent for Cystoscopy

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

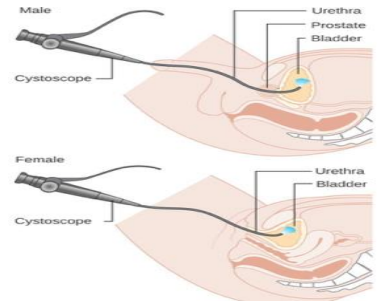
Medical Condition
 The doctor has explained that I/my child/myhave the following medical condition:

 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction

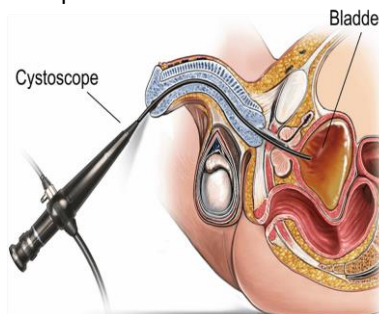
A cystoscopy is an interventional procedure that provides an immediate view of the interior of the bladder and/or urethra, the tube that carries urine from the bladder to outside the body. The test is used for diagnosis and treatment of medical conditions that affect these organs. During cystoscopy, a thin tube (cystoscope) will be inserted into your urinary opening, threaded through the urethra and into the bladder. A small camera attached to the cystoscope will relay live video feed to a monitor which can be viewed by the doctor.



Types of cystoscopy (The doctor should "tick" the type of procedure offered)

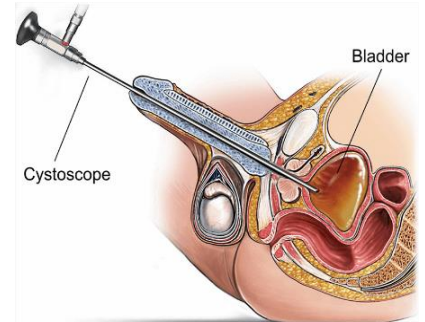
Flexible cystoscopy

- You will be taken to the operating theatre and would be positioned to lie on the back with the knees raised and apart.
- The doctor carrying out the procedure will clean your genital area with a mild antiseptic solution and then cover you with a sterile paper sheet.
- A local anaesthetic gel will be used to numb and lubricate the urethra. The tip of the flexible cystoscope will then be inserted into the bladder via the urethra.
- Sterile water will be run into the bladder through the cystoscope to fill the bladder and give a clearer picture.
- The examination will only take a few minutes to complete and you may feel slight discomfort or an urge to urinate.
- If necessary, the doctor will take a biopsy (sample of body tissue) using special instruments passed through the cystoscope.



Rigid cystoscopy

- It will be done under general anaesthesia. This means you will be asleep during the procedure.
- The doctor will carry out the same procedure as flexible cystoscopy and, if necessary, take a biopsy.



Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

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Potential Benefits (To be documented by doctor)	Risks and Complications (To be documented by doctor)	Patient Specific Risks (To be documented by doctor)	Alternatives (To be documented by doctor)
<ul style="list-style-type: none"> ▪ To identify the cause of symptoms. ▪ To prevent the need for surgery. ▪ Others, if any specify: 	<ul style="list-style-type: none"> ▪ Rarely can cause damage to the urethra ▪ Damage the bladder by puncturing the bladder wall ▪ Swelling at the exit of the bladder which may stop the passage of urine ▪ Infection ▪ Septicaemia ▪ Bleeding which may stain the urine colour and sometimes cause blockage of urine flow ▪ Burning and scalding of urine for a few days after the procedure ▪ Possibility of cardiac arrest or stroke ▪ Blood clot in the leg (Deep Vein Thrombosis) causing pain and swelling ▪ Death ▪ Others, if any specify: 	1) 2) 3) 4)	Cystoscopy is the best way for the doctor to see inside your bladder and urethra. <ul style="list-style-type: none"> • The alternative, an X-ray, is less effective. • Others, if any specify:
Specific Notes Related to Procedure (Strike out if not required)		Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)	
Patient's Authorisation <ul style="list-style-type: none"> • The doctor has explained my/patient's medical condition and proposed treatment/procedure. I have been explained and have understood the intended benefits/risks known to be attached with the planned treatment/procedure including the risks that are specific to me/ patient and their likely outcomes. • The doctor has explained other relevant/alternate treatment options and their associated benefits/risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion. • I was able to ask questions and raise concerns with the doctor about the procedure and its benefits/risks and my/patient's treatment options. My queries and concerns have been discussed and answered to my full satisfaction. • I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained). • The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken). • I understand that if organs or tissues are removed during the surgery that these may be retained for prescribed tests and shall be disposed of sensitively by the hospital as per the regulatory provisions. • The doctor has explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above-named physician/surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants. • I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained. • I understand that I have the right to refuse treatment before the procedure. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital and I shall be solely responsible for the outcome of such refusal. 			
<ul style="list-style-type: none"> ▪ I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ For purposes of advancing medical education, I consent to the admittance of observers to the operating room. <input type="checkbox"/> Yes <input type="checkbox"/> No 			

Hospital Logo

Patient Identification Label

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Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:
Declaration by the Doctor I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.				
Name and Signature of the Doctor with Reg No:			Date and Time:	