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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)

RADICAL ORCHIDECTOMY +/- INSERTION OF TESTICULAR PROSTHESIS

Covid 19 Version

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	MR N LYNN
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
RADICAL ORCHIDECTOMY (+/- SILICONE IMPLANT) **SIDE……** REMOVAL OF THE TESTIS FOR SUSPECTED TESTICULAR CANCER VIA A GROIN INCISION	- 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 TREAT TESTICULAR 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

OCCASIONAL
- ❑ CANCER, IF FOUND, MAY NOT BE CURED BY THIS ALONE
- ❑ NEED FOR ADDITIONAL PROCEDURES OR TREATMENTS SUCH AS SURGERY, RADIATION OR CHEMOTHERAPY
- ❑ LOSS OF FUTURE FERTILITY (PLEASE ASK THE DOCOTR IF YOU WANT SPERM STORED FOR FUTURE USE)
- ❑ PERMISSION TO BIOPSY OTHER SIDE IF SMALL, ABNORMAL OR HISTORY OF MALDESCENT

RARE
- ❑ REMOVAL OF TESTES ONLY TO FIND THAT CANCER WAS NOT PRESENT
- ❑ POSSIBILITY THAT PATHOLOGIC DIAGNOSIS WILL BE UNCERTAIN
- ❑ INFECTION OF INCISION REQUIRING FURTHER TREATMENT (&POSSIBLE REMOVAL OF IMPLANT)
- ❑ BLEEDING REQUIRING FURTHER SURGERY (&POSSIBLE REMOVAL OF IMPLANT)
- ❑ RISK OF ANAESTHESIA

IF INSERTION OF TESTICULAR PROSTHESIS
- ❑ PAIN, INFECTION OR LEAKING REQUIRING REMOVAL OF IMPLANT.
- ❑ PATIENT COSMETIC EXPECTATIONS NOT ALWAYS MET
- ❑ IMPLANT MAY LIE HIGHER IN SCROTUM THAN NORMAL TESTIS
- ❑ PALPABLE STITCH AT ONE END WHICH YOU MAY BE ABLE TO FEEL
- ❑ LONG TERM RISKS FROM USE OF SILICONE PRODUCTS UNKNOWN

Covid 19
- it is not possible to give an accurate estimate of contracting Covid 19 while in hospital
- Elective patients who develop hospital-acquired Covid-19 have a postoperative 30 day mortality of 16.2%, with the two-thirds who experience pulmonary complications having a mortality rate of 23.8%

(Source - https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/tool-5/#3)

ALTERNATIVE TREATMENT: LEAVING IT ALONE/ ULTRASOUND MONITORING

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 BAUS INFORMATION LEAFLET (20/129)

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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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)……/……

RADICAL ORCHIDECTOMY (REMOVAL OF THE TESTIS) ± INSERTION OF TESTICULAR PROSTHESIS (IMPLANT)

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Radical orchidectomy.pdf

Key Points

- Radical removal of the testicle is usually performed for suspected testicular cancer
- Taking small biopsies of a growth in a testicle may miss a cancer, whereas complete removal allows an accurate assessment of any suspicious area
- Removal of the testis may be all that is required if cancer is found, but chemotherapy or radiotherapy are sometimes needed
- Testicular cancer and its treatment can affect your fertility, so you should bank your sperm before treatment
- A testicular prosthesis (implant) can be put in at the time of your operation, if you wish

What does this procedure involve?

The procedure involves removal of your testicle, through a groin incision, for suspected testicular cancer. Removal of the entire testicle allows full examination of the growth, and accurate assessment of a possible cancer, whereas a small biopsy of the growth may miss, or underestimate, a cancer.

Testicular cancer and its treatments (especially chemotherapy) can affect fertility. You will, therefore, be given the opportunity to produce semen samples for storage. These can be used in the future for assisted conception if your fertility does not recover after treatment.

Sperm storage must be done before any treatment which may affect your fertility (e.g. chemotherapy). It is best done before your operation because, if there is no sperm present in your ejaculation, some can be extracted from your testicle at the time of surgery.

We can put in a testicular prosthesis (implant), if you wish, at the same time as your testicle is removed.

What are the alternatives?

There are, in effect, no alternatives to this procedure but, in very selected cases, the surgeon may feel partial removal of the testis is an option.

What happens on the day of the procedure?

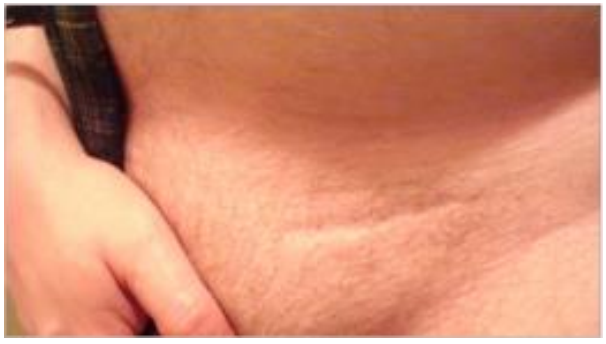
Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent, and confirm the side of the testicle being removed.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

- we normally carry out the procedure under a general anaesthetic
- we may give you an injection of antibiotics into a vein, after a careful check for allergies
- we remove your testicle through an incision in your groin (pictured, after full healing)
- we may also take biopsies from the other testicle but this will be discussed with you before the procedure



- if you wish to have a prosthesis (implant) inserted, we normally do this through the same incision
- it may not be appropriate to put in an implant if there has been a lot of bleeding or any difficulty during the operation (because of the

increased risk of infection); in this case, a prosthesis can be implanted later in a second procedure.
- we close your wound with absorbable stitches which do not require removal, and normally disappear within two to three weeks

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have listed some very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Swelling and bruising of your scrotum	 Almost all patients
Dissatisfaction with the final cosmetic result (if a testicular prosthesis has been put in)	 1 in 5 patients (20%)
The implant may lie at a higher level and be a slightly different size and consistency from the other testicle	 Between 1 in 2 & 1 in 10 patients
Feeling the fixation stitch for the implant through your scrotal skin	 Between 1 in 2 & 1 in 10 patients
Testicular cancer, if found, may not be cured by removal of the testicle alone	 Between 1 in 10 & 1 in 50 patients
Additional procedures including radiation, chemotherapy, and even further surgery, may be needed	 Between 1 in 10 & 1 in 50 patients
Permission to biopsy the other testicle at the time of surgery, especially if it is small or looks abnormal on ultrasound	 Between 1 in 10 & 1 in 50 patients

The pathology tests on your testicle may not show any evidence of cancer		Between 1 in 10 & 1 in 50 patients
Infection of the incision requiring further treatment (and possible removal of the testicular prosthesis)		Between 1 in 10 & 1 in 50 patients
As a result of the surgery and any further treatment (e.g. chemotherapy), you may lose your fertility		Between 1 in 10 & 1 in 50 patients
Dissatisfaction with the final cosmetic result, with or without a testicular implant		Between 1 in 10 & 1 in 50 patients
Pain, infection, bleeding or leakage of the implant requiring further treatment		Between 1 in 50 & 1 in 250 patients
Unknown long-term risks from the use of silicone products		Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)		Less than 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will get some swelling and bruising of the scrotum which may last several days

- you may be uncomfortable at first, but simple painkillers such as paracetamol should help this
- you may be given a scrotal support, unless you have had a testicular prosthesis inserted
- you should avoid heavy lifting and strenuous exercise for at least a month
- your stitches are absorbable and usually disappear afer two to three weeks
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- a follow-up appointment will be made for you to attend the clinic within two weeks of the procedure, to discuss the pathology results and any further treatment required

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;

- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery
Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the free NHS Smoking Helpline on **0300 123 1044**.

Driving after surgery
It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Information Standard;
- the Patient Information Forum; and
- the Plain English Campaign.

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.