

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	
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
SUPRAPUBIC CATHETER INSERTION (CYSTOSTOMY) THIS INVOLVES THE PLACEMENT OF DRAINAGE TUBE INTO BLADDER THROUGH A TINY INCISION IN SKIN. CYSTOSCOPY IS OFTEN PERFORMED TO AID INSERTION OF THIS TUBE	- 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 DRAIN URINE VIA A SMALL TUBE IN THE ABDOMEN

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 OR BLEEDING AFTER PROCEDURE
- REGULAR CHANGES OF CATHETER EVERY 3 / 4 MONTHS

OCCASIONAL

- INFECTION OF BLADDER REQUIRING ANTIBIOTICS (OCCASIONALLY RECURRENT INFECTIONS)
- BLOCKING OF CATHETER REQUIRING UNBLOCKING
- BLADDER DISCOMFORT OR PAIN OR BLADDER STONE FORMATION

RARE

- BLEEDING REQUIRING IRRIGATION OR ADDITIONAL CATHETERIZATION TO REMOVE BLOOD CLOT
- VERY RARELY DAMAGE TO SURROUNDING STRUCTURES, SUCH AS BOWEL OR BLOOD VESSELS REQUIRING ADDITIONAL SURGERY
- RISK OF ANAESTHESIA

ALTERNATIVE THERAPY: CATHETER THROUGH URETHRA, PERMANENT URINARY DIVERSION

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>)

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 (20/035)

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:

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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:
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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 (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)



INSERTION OF A SUPRAPUBIC CATHETER

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/Suprapubic.pdf

Key Points

- A suprapubic catheter is a tube put into your bladder through your lower abdomen (tummy)
- A suprapubic catheter is often easier to manage than a catheter through your urethra (waterpipe)
- The procedure often requires an operation under a general or spinal anaesthetic
- There is a risk of recurrent urine infections, debris in your urine, blocked catheter and bladder spasms
- Some patients continue to leak urine from the urethra and may require a further procedure to treat this
- There is a risk of damaging your bowel during the procedure; this is uncommon but very serious, and needs an emergency operation to treat it

What does this procedure involve?

If you cannot empty your bladder normally, you may need to have a catheter put in. Sometimes, we use a catheter to manage incontinence. The catheter is a small tube, made from latex or silicone, which stays in the bladder and allows urine to drain out. It has a balloon at the end which is filled with fluid and prevents it from falling out. Catheters are usually changed every three months.

We usually put catheters in through your urethra (waterpipe). Sometimes, we put them in through the lower part of your abdomen (tummy); this is called a **suprapubic catheter**.

The suprapubic catheter procedure involves putting a catheter into your bladder through your lower abdomen (tummy), usually through a small puncture in the skin. We often put a telescope into your bladder, along your urethra, to be sure that the catheter is in the right position. We may use an ultrasound scanner to help position the catheter. Sometimes, we need to make an incision (cut) in your lower abdomen to put the catheter in.

What are the alternatives?

- **Urethral catheter** – a permanent catheter passed through your urethra (waterpipe) into your bladder
- **Intermittent self-catheterisation** – either in [men](#) or in [women](#); this means passing a disposable catheter into your bladder when it is full, and then removing the catheter once your bladder is empty
- **Condom drainage device** – sometimes men can use a drainage sheath attached to the penis which collects urine in a drainage bag
- **Incontinence pads** - to catch any urine leakage
- **Urostomy** – diversion of your urine on to the surface of your abdomen so that it drains into a bag

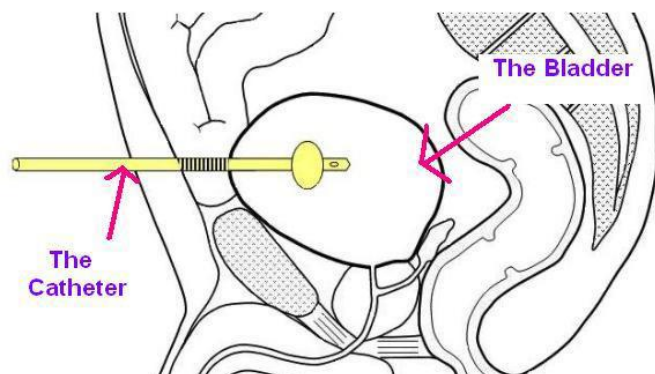
What happens on the day of the procedure?

You will be seen by the surgeon and the anaesthetist who will go through the plans for your operation with you.

We may provide you with a pair of TED stockings to wear, and we may give you an 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 usually carry out the procedure under a general or spinal anaesthetic; sometimes it can be done under local anaesthetic
- we fill your bladder with fluid and then use a special kit to pass the catheter through your skin into the bladder
- the catheter comes out through your lower abdomen (tummy)



- sometimes, we need to make a cut in your lower abdomen to insert the catheter
- you may need to stay in hospital overnight; a longer stay is needed if you have had a bigger cut in your abdomen

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 not listed 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
Mild burning or bleeding when you pass urine, lasting for a few days	 Almost all patients
Recurrent urinary infection requiring antibiotics	 Between 1 in 2 & 1 in 10 patients
Blocking of your catheter by debris or blood clots requiring irrigation and unblocking	 Between 1 in 2 & 1 in 10 patients
Bladder spasms or bladder pain	 Between 1 in 2 & 1 in 10 patients
Persistent leakage from your urethra which may need a further procedure to treat it	 Around 1 in 10 patients (10%)
Development of stones in your bladder, causing catheter blockage, and requiring a further procedure to remove or crush them	 Between 1 in 10 & 1 in 50 patients
Inadvertent damage to adjacent structures (e.g. bowel, blood vessels) requiring further surgery	 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)



Between 1 in 50 & 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. Individual hospitals may have different rates, and the medical staff can tell you the risk for your hospital. You have a higher risk if you 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?

- it is normal to have some discharge around your catheter; this does not usually need treatment but, if you are concerned, contact your GP or specialist nurse
- if you develop a fever, redness in the wound, pus from the catheter site or worsening bleeding, you should seek medical advice
- you will need the catheter changing after six to 12 weeks; we often arrange the first catheter change at the hospital
- after that, catheter changes can be performed by your District Nurse or GP every three months

For further information about living with a suprapubic catheter, leaflets are available on the BAUS website for suprapubic catheter care [in men](#) and [in women](#).

What if my catheter falls out or gets blocked?

You need to take immediate action, because the track into your bladder will close off quickly if the catheter is removed.

- **if your catheter falls out** it must be replaced immediately or the track into your bladder will close and it will not be possible to put another catheter in. You should contact your GP for immediate advice or go to your local Accident & Emergency Department as an emergency.

- **if your catheter blocks** within the first four to six weeks after surgery, it may be difficult to change it easily because the track into your bladder will not have matured (healed). Your GP or District Nurse should put in a urethral catheter (through your waterpipe) as well, leave your blocked suprapubic catheter in place, and refer you urgently to your urologist or urology specialist nurse.

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.