

**Transurethral resection of the PROSTATE for Cancer (TURP)  
Covid 19 Version**

# CONSENT FORM for UROLOGICAL SURGERY

(Designed in compliance with  consent form 1)

## PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT

### Patient Details or pre-printed label

<b>Patient's NHS Number or Hospital number</b>	
<b>Patient's surname/family name</b>	
<b>Patient's first names</b>	
<b>Date of birth</b>	
<b>Sex</b>	
<b>Responsible health professional</b>	MR N LYNN
<b>Job Title</b>	
<b>Special requirements</b> <i>e.g. other language/other communication method</i>	

Patient identifier/label

<b>Name of proposed procedure</b> (Include brief explanation if medical term not clear)	<b>ANAESTHETIC</b>
<b>TRANSURETHRAL INCISION OR RESECTION OF THE PROSTATE (CANCER)</b>  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
- LOSS OF URINARY CONTROL (INCONTINENCE), TEMPORARY OR PERMANENT
- 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**

- INJURY TO URETHRA CAUSING DELAYED SCAR FORMATION
- 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
- RISK OF ANAESTHESIA

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

**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)**

<b>Signature of Health Professional</b>	<b>Job Title</b>
<b>Printed Name</b>	<b>Date</b>

The following leaflet/tape has been provided

**BAUS information leaflet (21/110)**

**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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Signature of interpreter:

Print name:

Date:

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:
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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) .....



# TRANSURETHRAL PROSTATECTOMY (TURP) FOR PROSTATE CANCER

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/TURP for cancer.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/TURP%20for%20cancer.pdf)

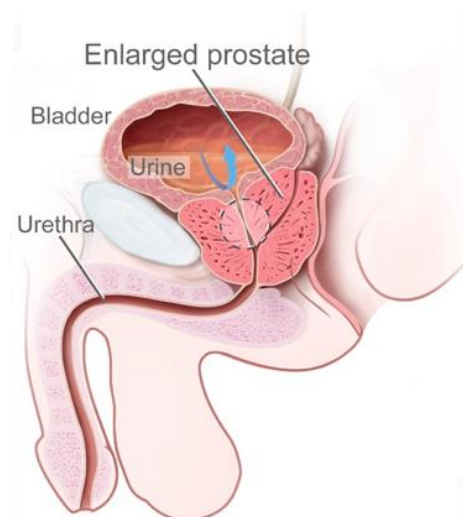
## Key Points

- TURP involves coring out a channel through a malignant (cancerous) prostate gland
- TURP can improve symptoms, or help you get rid of a bladder catheter, but it will not improve prostate cancer survival
- A catheter is placed temporarily after the operation to wash out blood clots
- The most common after-effects are loss of semen emission during ejaculation and temporary bleeding, burning or urinary frequency

## What does this procedure involve?

The prostate gland sits around the water pipe as it leaves the bladder and, when it enlarges, it may block the flow of urine (pictured right).

TURP involves telescopic removal of the obstructing, central part of the prostate with diathermy (electric current), creating a wide channel to allow urine to flow more easily. We usually insert a temporary bladder catheter at the end of the operation.



The operation will help you pass urine more easily but will not improve your prostate cancer survival.

## What are the alternatives?

- **Observation** – no treatment, but monitoring of any change in your symptoms over a period of time
- **Drugs to improve urine flow** – e.g. tamsulosin, doxazosin, terazosin, finasteride, dutasteride (all of which have only limited success in obstruction due to prostate cancer)
- **Permanent catheterisation** – especially in patients who, for any reason, are not considered suitable for surgery
- **Hormone treatment** – injections and/or tablets to shrink the prostate and reduce the obstruction
- **Radiotherapy** – given with a catheter in place which prevents retention of urine (due to radiation-induced prostate swelling)

**Other surgical procedures** – including **holmium laser enucleation of the prostate (HoLEP)** or green-light laser prostatectomy

## What happens on the day of the procedure?

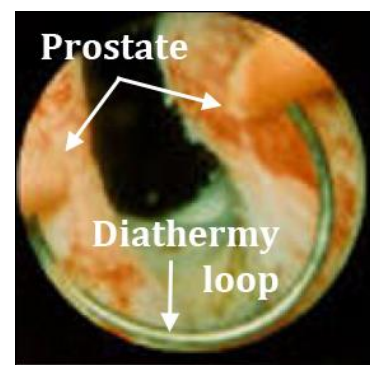
Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

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 we may 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 use a general anaesthetic (where you are asleep) or spinal anaesthetic (where you are unable to feel anything from your waist down).
- we usually give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we put a telescope into your bladder through the urethra (water pipe) and resect the central part of the prostate a piece at a time using a diathermy (electric) loop (pictured)



- the prostate is resected as small pieces (chippings) which are evacuated from the bladder by suction and sent for pathology analysis
- once the prostate has been removed, we carefully cauterise (burn) any bleeding points in the cavity left by the surgery
- we put a catheter into your bladder at the end of the procedure
- we normally use bladder irrigation through the catheter to flush through any clots or bleeding
- on average, the procedure takes 45 to 60 minutes to complete
- you should expect to be in hospital for one to three nights



We normally remove your bladder catheter within one week after the operation. You may find it painful to pass urine at first and it may come more frequently than normal. Tablets or injections can help with this, and it usually improves within a few days.











Your urine may turn bloody for 24 to 48 hours after removal of your catheter and some patients cannot pass urine at this stage. If this happens, we put another catheter in, before removing it again 48 hours later.

Further information and a [short video of TURP](#) are available on the BAUS website. You can also learn more about [the history of TURP](#) on the website.

### 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
Temporary mild burning, bleeding and frequent urination	 Almost all patients
No semen is produced because it passes back into your bladder on ejaculation (retrograde ejaculation)	 Between 2 in 3 & 3 in 4 patients (65% to 75%)

Treatment may not relieve all your symptoms		Between 1 in 2 & 1 in 10 patients
Future recurrence of symptoms due to regrowth of your prostate cancer		Between 1 in 2 & 1 in 10 patients
Infection of the bladder, testicles or kidneys requiring treatment with antibiotics		Between 1 in 10 & 1 in 50 patients
Poor erections (in men with previously normal erections)		Between 1 in 10 & 1 in 50 patients
Bleeding requiring a blood transfusion or re-operation		Between 1 in 10 & 1 in 50 patients
Injury to the urethra causing delayed scar formation		Between 1 in 10 & 1 in 50 patients
Inability to pass urine after surgery requiring a catheter or intermittent self-catheterisation		Between 1 in 10 & 1 in 50 patients
Loss of urinary control which may be temporary or permanent		Between 1 in 10 & 1 in 50 patients
Irrigating fluids getting into the bloodstream & causing confusion or heart problems		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. 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);
- long hospital stays; or
- multiple hospital admissions.

## What can I expect when I get home?

- 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
- you should drink twice as much fluid as you would normally for the first 24 to 48 hours, to flush your system through and reduce the risk of infection
- you may return to work when you are comfortable enough and when your GP is satisfied with your progress
- one patient in five (20%) gets some bleeding 10 to 14 days after getting home, due to scabs separating from the cavity of the prostate. If this happens, you should increase your drinking; if it does not settle, you should contact your GP who may need to prescribe antibiotics for you
- if you have severe bleeding, pass blood clots or have sudden difficulty passing urine, you should contact your GP immediately; this may need re-admission as an emergency

Some loss of control is common in the early days, so it is helpful to start [pelvic floor exercises](#) as soon as possible; these can improve your control when you get home. Click the link for further information on these exercises, or contact your urology Specialist Nurse. The symptoms of an overactive bladder (frequent & urgent urination) can take up to three months to settle, whereas the flow of urine is usually improved immediately.

It will be 14 to 21 days before the final biopsy results on the tissue removed are available. All biopsies are 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 need two to three weeks at home before they feel ready for work. We recommend three to four weeks' rest before you go back to work, especially if your job is physically demanding; you should avoid any heavy lifting during the recovery period.

## **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.