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)

Rigid Cystoscopy and Cystolitholopaxy / Bladder stone removal

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*	

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
CYSTOLITHOPAXY OR (Rigid) CYSTOSCOPY AND BLADDER STONE REMOVAL THIS INVOLVES REMOVAL OF BLADDER STONE USING TELESCOPIC INSTRUMENTS OR LASER **Pictures may be taken of the bladder lining**	- 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 REMOVE A BLADDER STONE

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
- ❑ MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION
- ❑ TEMPORARY INSERTION OF A CATHETER

OCCASIONAL
- ❑ INFECTION OF BLADDER REQUIRING ANTIBIOTICS
- ❑ PERMISSION FOR TELESCOPIC REMOVAL/ BIOPSY OF BLADDER ABNORMALITY/STONE IF FOUND
- ❑ RECURRENCE OF STONES OR RESIDUAL STONE FRAGMENTS

RARE
- ❑ DELAYED BLEEDING REQUIRING REMOVAL OF CLOTS OR FURTHER SURGERY
- ❑ INJURY TO URETHRA CAUSING DELAYED SCAR FORMATION
- ❑ VERY RARELY, PERFORATION OF THE BLADDER REQUIRING A TEMPORARY URINARY CATHETER OR RETURN TO THEATRE FOR OPEN SURGICAL REPAIR
- ❑ RISK OF ANAESTHESIA

COPY FOR NOTES

ALTERNATIVE THERAPY: OPEN SURGERY, OBSERVATION

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 (21/113)

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

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
CYSTOLITHOPAXY OR (Rigid) CYSTOSCOPY AND BLADDER STONE REMOVAL THIS INVOLVES REMOVAL OF BLADDER STONE USING TELESCOPIC INSTRUMENTS OR LASER **Pictures may be taken of the bladder lining**	- 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 REMOVE A BLADDER STONE

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
- ❑ MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION
- ❑ TEMPORARY INSERTION OF A CATHETER

OCCASIONAL
- ❑ INFECTION OF BLADDER REQUIRING ANTIBIOTICS
- ❑ PERMISSION FOR TELESCOPIC REMOVAL/ BIOPSY OF BLADDER ABNORMALITY/STONE IF FOUND
- ❑ RECURRENCE OF STONES OR RESIDUAL STONE FRAGMENTS

RARE
- ❑ DELAYED BLEEDING REQUIRING REMOVAL OF CLOTS OR FURTHER SURGERY
- ❑ INJURY TO URETHRA CAUSING DELAYED SCAR FORMATION
- ❑ VERY RARELY, PERFORATION OF THE BLADDER REQUIRING A TEMPORARY URINARY CATHETER OR RETURN TO THEATRE FOR OPEN SURGICAL REPAIR
- ❑ RISK OF ANAESTHESIA

COPY FOR PATIENTS

ALTERNATIVE THERAPY: OPEN SURGERY, OBSERVATION

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 (21/113)

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:

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.

Pictures may be taken of the bladder lining

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) ..../..................

CYSTOSCOPY & BLADDER STONE CRUSHING (ENDOSCOPIC LITHOLAPAXY)

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/Endoscopic litholapaxy.pdf

Key Points

- Bladder stones can usually be removed using a telescope passed into your bladder through the urethra (waterpipe)
- Your stone may be washed out (if small) or, if larger, broken up using a crushing tool, a laser or a mechanical fragmenting device
- The likelihood of all the stone being cleared in one procedure is very high
- You will probably have a catheter in your bladder for a day or two after the procedure

What does this procedure involve?

Litholapaxy involves crushing or disintegrating bladder stone(s) using telescopic fragmentation devices or a laser passed through your urethra (waterpipe). Once the stone has been broken up, the small fragments produced can be removed using suction.

What are the alternatives?

- **Observation** - "doing nothing"
- **Open surgery** - cutting into the abdomen and opening the bladder directly to remove the stone
- **Laparoscopic or percutaneous surgery** - using keyhole surgery to put a telescope directly into the bladder, through the skin of your abdomen (tummy), and remove your stone

© British Association of Urological Surgeons (BAUS) Limited

What happens on the day of the procedure?

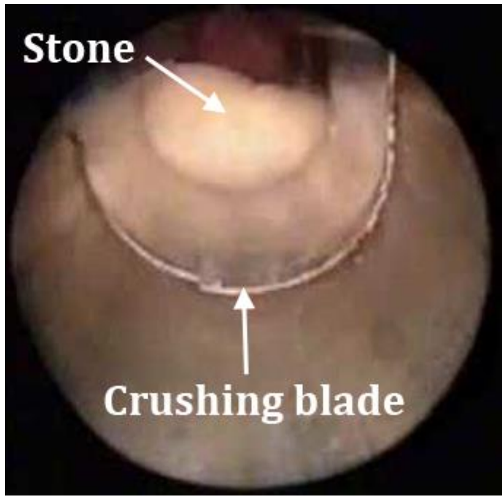
Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

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 use either a general anaesthetic (where you will be asleep) or a spinal anaesthetic (where you will be unable to feel anything from the 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) to inspect the urethra and the interior of your bladder.
- we wash out small stones through the telescope
- we break up larger stones using a crushing instrument (pictured), laser energy or a mechanical disintegration device



- the stone fragments are then removed using simple suction
- we usually put in a bladder catheter which is removed after one to three nights
- the procedure takes 15 to 60 minutes to perform
- you can expect to be in hospital for two to three days

Further information and a video of telescopic crushing of a bladder stone are available on the BAUS website.

 © British Association of Urological Surgeons (BAUS) Limited

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 on passing urine for a short time after the procedure	Almost all patients
Infection of the bladder requiring antibiotic treatment	Between 1 in 2 & 1 in 10 patients
Bleeding for a few days after the procedure	Between 1 in 10 & 1 in 50 patients
Failure to remove all the stones (or stone fragments)	Between 1 in 10 & 1 in 50 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)
Injury to the urethra resulting in scarring which may require further surgery	Between 1 in 100 & 1 in 250 patients
Perforation of the bladder requiring open surgical exploration and repair	Between 1 in 100 & 1 in 250 patients

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:

© British Association of Urological Surgeons (BAUS) Limited

- 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
- passing urine may be painful at first and the urine you pass may be slightly bloodstained; this should settle within a few days
- you may return to work when you are comfortable enough and when your GP is satisfied with your progress
- if you develop a fever, frequent passage of urine, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately
- a follow-up outpatient appointment will normally be made to see you at an appropriate time

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.

© British Association of Urological Surgeons (BAUS) Limited

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:

 © British Association of Urological Surgeons (BAUS) Limited

- 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.

 © British Association of Urological Surgeons (BAUS) Limited