

CONSENT FORM

for

UROLOGICAL SURGERY

(Designed in compliance with



consent form 1)

<p style="text-align: center;">Name of proposed procedure (include brief explanation if medical term not clear)</p>	ANAESTHETIC
<p><u>CYSTOLITHOPAXY OR (Rigid) CYSTOSCOPY AND BLADDER STONE REMOVAL</u></p> <p>THIS INVOLVES REMOVAL OF BLADDER STONE USING TELESCOPIC INSTRUMENTS OR LASER</p>	<p><input type="checkbox"/> - GENERAL/REGIONAL</p> <p><input type="checkbox"/> - LOCAL</p> <p><input type="checkbox"/> - SEDATION</p>

Serious or frequently occurring risks

<p>COMMON</p> <ul style="list-style-type: none"> - MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION - TEMPORARY INSERTION OF A CATHETER <p>OCCASIONAL</p> <ul style="list-style-type: none"> - INFECTION OF BLADDER REQUIRING ANTIBIOTICS - PERMISSION FOR TELESCOPIC REMOVAL/ BIOPSY OF BLADDER ABNORMALITY/STONE IF FOUND - RECURRENCE OF STONES OR RESIDUAL STONE FRAGMENTS <p>RARE</p> <ul style="list-style-type: none"> - 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 <p>ALTERNATIVE THERAPY: OPEN SURGERY, OBSERVATION</p>
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