

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>FORMATION OF ILEAL CONDUIT</u> DIVERSION OF URINE TO SKIN WITH INTESTINAL STOMA</p>	<p><input checked="" type="checkbox"/> - GENERAL/REGIONAL <input checked="" type="checkbox"/> - LOCAL <input checked="" type="checkbox"/> - SEDATION</p>

Serious or frequently occurring risks

COMMON

- TEMPORARY DRAIN, STENTS OR NASAL TUBE
- URINARY INFECTIONS OCCASIONALLY NEEDING ANTIBIOTICS

OCCASIONAL

- DIARRHOEA DUE TO SHORTENED BOWEL
- BLOOD LOSS REQUIRING TRANSFUSIONS OR REPEAT SURGERY
- INFECTION OR HERNIA OF INCISION REQUIRING FURTHER TREATMENT

VERY RARE

- BOWEL AND URINE LEAKAGE FROM ANASTOMOSIS REQUIRING RE-OPERATION
- SCARRING TO BOWEL OR URETERS REQUIRING OPERATION IN FUTURE
- SCARRING, NARROWING OR HERNIA FORMATION AROUND URINE OPENING REQUIRING REVISION
- DECREASE RENAL FUNCTION WITH TIME

ALTERNATIVE TREATMENT: CATHETERS, CONTINENT DIVERSION OF URINE WAS DISCUSSED.