

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>BRACHYTHERAPY PLANNING FOR PROSTATE CANCER</u></p> <p>INSERTION OF ULTRASOUND PROBE INTO RECTUM TO ASSESS SUITABILITY OF PROSTATE FOR BRACHYTHERAPY TREATMENT. THIS PROCEDURE MAY REQUIRE CYSTOSCOPY.</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

COMMON

- THIS IS NOT A TREATMENT PROCEDURE
- MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION

RARE

- INFECTION OF BLADDER REQUIRING ANTIBIOTICS
- TEMPORARY INSERTION OF A CATHETER