

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>TELESCOPIC RESECTION OF POSTERIOR URETHRAL VALVES</u></p> <p>THIS INVOLVES ABLATION OF THE VALVES USING ELECTRIC HEAT WITH A TELESCOPE IN THE URETHRA</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

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

OCCASIONAL

- INFECTION OF BLADDER REQUIRING ANTIBIOTICS
- DIFFICULTIES VOIDING OR RECURRENT INFECTIONS NEEDING FURTHER TREATMENT

VERY RARE

- SCARRING TO URETHRA CAUSING DELAYED STRICTURE FORMATION
- THE PROCEDURE HAS TO BE REPEATED

ALTERNATIVE THERAPY: OPEN OPERATION OR OBSERVATION.