Queensland Government

Transurethral Prostatectomy (TURP) & Open

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

A. Interpreter / cultural needs

An Interpreter Service is required?	☐ Yes	☐ No
If *Yes*, is a qualified Interpreter present?	☐ Yes	☐ No
A Cultural Support Person is required?	☐ Yes	☐ No
If *Yes*, is a Cultural Support Person present?	☐ Yes	☐ No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....

This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

.....

.....

The following will be performed:

A telescope about the thickness of a pen is passed into the urethra and bladder. This telescope contains an electrical loop that cuts tissue and seals blood vessels.

The obstructing part of the prostate gland, which is causing the blockage around the urethra, is cut away with the electrical loop to clear the channel. The prostate is NOT entirely removed.

C. Risks of a transurethral prostatectomy (TURP) & open

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death because of this procedure is rare.

Specific risks:

- Bleeding is common during the operation and occasionally may require a blood transfusion.
- Late bleeding can occur up to six weeks after the operation from the raw surface where the prostate tissue was removed. This results in blood in the urine and, rarely, blockage of the urine flow needing insertion of a catheter.
- Mild to moderate difficulty with getting an erection may occur due to nerve damage from the surgery.
- The semen is likely to pass into the bladder during sex rather than down the urethra. This may result in difficulty with fertility and may affect sexual activity.
- When the catheter is removed, inability to pass urine may occur due to bladder muscle weakness. The catheter may need to be replaced for a few days to allow the bladder muscles to recover.
- Swelling and pain can occur in the testicles due to inflammation or infection. Treatment is usually rest and antibiotics.
- A stricture (scar causing narrowing) can form in the urethra or at the bladder neck. This may need to be repaired with a further operation.
- Some urinary incontinence may happen after surgery.
- Injury to the rectum during the operation. Further surgery may be needed to repair the injury. This may need a bigger cut and a longer stay in hospital. If the bowel needs surgery, there is a possibility of a temporary or permanent stoma bag.
- A small number of patients do not feel their symptoms improve following the surgery.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

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G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.

DO NOT WRITE IN THIS BINDING MARGIN

PROCEDURAL CONSENT FORM

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SW9304

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Queensland Government

Transurethral Prostatectomy (TURP) & Open

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the consultant/specialist may conduct/assist with the clinically appropriate procedure/treatment/investigation/examination. I understand this could be a doctor undergoing further training. I understand that all surgical trainees are supervised according to relevant professional guidelines.

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

Student examination/procedure for educational purposes

For the purpose of undertaking professional training, a student/s may observe the medical examination/s or procedure/s and may also, subject to patient consent, perform an examination/s or assist in performing the procedure/s on a patient while the patient is under anaesthetic. This is for education purposes only. A student/s who undertakes an examination/s or assists in performing the procedure/s will be under the supervision of the treating doctor, in accordance with the relevant professional guidelines.

For the purposes of education I consent to a student/s undergoing training to:

- observe examination/s or procedure/s ☐ Yes ☐ No
- assist and/or perform examination/s or procedure/s ☐ Yes ☐ No

Student - this may include medical, nursing, midwifery, allied health or ambulance students.

I have been given the following Patient Information Sheet/s:

☐ **About Your Anaesthetic** *OR*

☐ **Epidural & Spinal Anaesthesia**

☐ **Transurethral Prostatectomy (TURP) & Open**

☐ **Blood & Blood Products Transfusion**

On the basis of the above statements,

I request to have the procedure

Name of Patient:

Signature:

Date:

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ▶ Location of the original or certified copy of the AHD:

☐ No ▶ Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: PH No:

Source of decision making authority (tick one):

☐ Tribunal-appointed Guardian

☐ Attorney/s for health matters under Enduring Power of Attorney or AHD

☐ Statutory Health Attorney

☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor / delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

Signature:

Date:

I. Interpreter's statement

I have given a sight translation in

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

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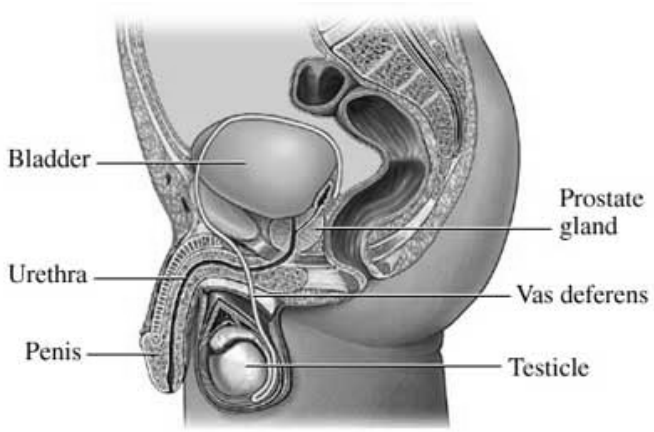
Consent Information - Patient Copy
Transurethral Prostatectomy (TURP) & Open

1. What do I need to know about this condition?

The prostate gland is only found in males, and is situated below the bladder. The tube through which the urine passes from the bladder (the urethra), runs through the prostate, and then through the penis.

Urine leaves the body through the urethra as does the semen during sexual intercourse. The main “valve” is a ring of muscle called the external sphincter which lies below the prostate gland. It controls the urinary flow.



The position of the prostate gland

The prostate gland produces a milky fluid, which helps make up semen. It does not produce any hormones and there are no changes to a man's nature or secondary sexual characteristics (such as deep voice, libido etc.) following removal of the prostate.

In most men, beginning around the age of 40, there is a gradual enlargement of the prostate.

This happens in varying amounts to different men. In some men, the enlarged prostate squeezes on the urethra to such an extent that it can slow the urinary stream.

When this happens, the man may have difficulty starting the urine flow and a less strength of the urinary stream.

2. What are the effects of an enlarged prostate?

Although enlargement of the prostate happens to all men, only some men will have problems needing surgery. These problems are:

Urinary stream

A weakening stream and difficulty in starting the urine flow. The bladder may fail to completely empty and may not feel empty even after passing urine.

Sometimes a complete blockage of the urine occurs and a tube (catheter) has to be placed through the penis into the bladder to drain the urine away. This may happen with little warning but the patient has usually had previous problems with urine flow.

Bladder effects

The effect of urinary blockage by enlarging the prostate varies between men. In some men, the bladder muscle enlarges due to the increased force needed to empty the bladder.

This causes bladder irritability and the man has to go to the toilet more frequently and may have to get up several times during sleeping hours to pass urine.

An overactive bladder may also create the feeling of being unable to hold on to the urine and may cause leakage before getting to the toilet.

In other men, the bladder muscle does not enlarge but becomes stretched and under-active. The bladder does not empty completely and urine remains in the bladder even after passing urine. This can go on to cause bladder infection and stones.

In a small number of men, there may also be kidney damage and possibly kidney failure because of backpressure on the kidneys.

3. What do I need to know about the procedure?

One or more of the above problems may require the removal of the part of the prostate gland, which is causing the blockage.

Most men who have this operation do so because of the problems passing urine rather than for any medical complications.

The aim of the operation is to remove the inner part of the prostate, which is pressing on the urethra. The whole prostate is not removed and a shell of prostatic tissue will remain.

A cystoscopy (telescopic examination of the urethra, prostate and bladder) is usually performed just before the operation to help the surgeon decide which is the best operation for the patient. If the cystoscopy fails to find anything wrong with the prostate, the operation will not go ahead.

Transurethral resection of prostate (TURP)

Most prostate operations are performed using a resectoscope, an instrument that is passed along the penis into the bladder. It has a telescope and an electrical cutting attachment that enables the doctor to view the prostate and remove in small pieces the part that is causing the blockage.

Open prostatectomy

Rarely, in some patients, a TURP may not be the best surgical method to treat their enlarged prostate because the prostate gland is too large or because their urethra or bladder is too small to be able to use the resectoscope. In these cases, an open prostatectomy operation may be done through a cut in the lower part of the abdomen to remove the prostate.

Medications before surgery

It is important to check with your doctor if any prescription, herbal or over- the -counter drugs you are taking are known to cause thinning of the blood as this can increase the risk of bleeding.

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Staff will notify you beforehand if you are required to stop taking any blood-thinning medicine. List or bring all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements to show the doctor/clinician what you are taking.

4. My anaesthetic:

This procedure will require an anaesthetic.

See **About Your Anaesthetic information sheet** *OR* **Epidural & Spinal Anaesthesia information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

5. What are the benefits of having this procedure?

Most men find the problems caused by the enlarged prostate are relieved.

6. What are the risks of not having this procedure?

Some men find that the symptoms may get worse and emergency treatment may be required if the prostate blocks the urine flow completely.

7. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death because of this procedure is rare.

7. What are the risks of having this specific procedure? *(continued)*

Specific risks:

The risk	What happens	What can be done about it
Excessive bleeding	Blood loss during the operation.	This may require a blood transfusion.
Not being able to pass water (urinary retention)	Blood clots or swelling of the bladder neck stops the flow of urine following removal of the catheter in a small number of men.	The catheter may be replaced until the swelling has gone down and the bleeding has stopped. Most men will then be able to urinate normally.
Late bleeding	Late bleeding up to six weeks after surgery from the operation site can occur. This results in blood in the urine and may block urine flow.	The catheter may need to be reinserted to wash out any blood clots. A transfusion may be required. If the bleeding does not stop a further operation may be needed.
Bladder muscle weakness	Bladder muscle weakness may cause inability to pass urine.	The catheter may need to be replaced after removal for a few days to allow the bladder muscles to recover.
Pain in the testicles	Swelling and pain in the testicles can occur due to inflammation.	Treatment with rest and antibiotics.
Infection	Infection in the operation site or urinary tract can occur.	Treatment will be with antibiotics.
Scarring of the bladder or urethra	A stricture (scar) can develop in the urethra or the bladder. This can slow or block the urinary flow.	The scar may need stretching or cutting to allow the urine to flow freely. This scar tissue can reform and need ongoing treatment.
Difficulty getting an erection	A small number of men find mild to moderate difficulty with getting an erection after the operation.	Professional counselling, advice and medications are available.

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The risk	What happens	What can be done about it
Retrograde ejaculation	The semen passes backwards into the bladder during sex rather than down the urethra in most men. This will result in reduced fertility and may affect sexual activity.	There is no treatment for this. If this is an issue alternate forms of therapy should be considered.
Incontinence (loss of bladder control)	Poor bladder control with urine leakage can occur following TURP. It usually improves in a few weeks but can rarely be permanent.	Bladder control will usually improve with professional advice on continence management. Rarely a second operation may be necessary.
Injury to rectum	Very rarely, injury to the rectum can occur during the operation.	Surgery to repair the injury may need a bigger cut and a longer stay in hospital. There is a possibility of temporary or permanent stoma bag to divert the faeces.
Increased risks in obese patients	Obesity increases the risk of wound infection, chest infection, heart and lung complications and thrombosis.	Weight loss before surgery is beneficial.
Increased risk in smokers	Smoking slows wound healing and affects the heart, lungs and circulation.	Giving up smoking before operation will help reduce the risk.

8. What are the alternative treatments to this procedure?

Enlarged prostate - watchful waiting

This is suitable for men who have mild or moderate symptoms who feel that they can manage. They may do well for years and not need surgery.

Drug therapy

There are a number of drugs and natural therapies that can be used to help relax or shrink the prostate. However side effects including dizziness and tiredness can occur depending on the type of drug.

Trans-urethral incision of the prostate

This minor procedure is for people who have a small prostate. A small cut is made in the prostate through the urethra to enlarge the opening and improve urine flow.

Laser Prostatectomy

This is a new treatment that is currently under study and not readily available.

9. Who will be performing the procedure?

A doctor other than the consultant/specialist may conduct/assist with the clinically appropriate procedure/treatment/investigation/examination.

I understand this could be a doctor undergoing further training, and that all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a student/s may observe the medical examination/s or procedure/s.

Subject to your consent, a student/s may perform an examination/s or assist in performing the procedure/s while you are under anaesthetic. This is for education purposes only. A student/s who undertakes an examination/s or assists in performing the procedure/s will be under the supervision of the treating doctor, in accordance with relevant professional guidelines.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. You are under no obligation to consent to an examination/s or a procedure/s being undertaken by a student/s for education purposes.

10. What do I need to know about my recovery from the procedure?

After the operation, the nursing staff will closely watch you until you have recovered from the anaesthetic. You will then go back to the ward where you will recover until you are well enough to go home. If you have any side effects from the anaesthetic, such as headache, nausea, vomiting, you should tell the nurse looking after you, who will be able to give you some medication to help. Your stay in hospital will probably be about 3-5 days, if you do not have any complications.

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a. Pain

You can expect to have pain in the operation site. There are a number of ways in managing your pain. You may have:

i. a drip with painkillers into the spine, which deadens the area below your waist
ii. a drip with painkillers that you can give to yourself when you feel pain
iii. tablets and injections.

It is important that you tell the nursing staff if you are having pain. Your pain should wear off within 7-10 days. If it does not, you must tell your Doctor.

b. Diet

You will have a drip in your arm when you come back from surgery. This will be removed when you are able to eat and drink normally and you are no longer feeling sick. It is not unusual to feel sick for a day or two after surgery. Tell the nurse if this happens to you so that you can have drugs to stop it. To begin with, you can have small sips of water, then slowly take more until you are eating normally - this may be the evening of surgery for TURP patients but may be 1 or 2 days after surgery for men who have had open surgery.

c. Bladder and urine

A tube (known as a catheter) is passed into the bladder during the operation and will remain there after surgery until any heavy bleeding has stopped. The catheter may stimulate the inside of the bladder giving a sensation of a full bladder. It may also cause spasms, which make the bladder contract and urine to leak around the catheter.

The nursing staff will check to make sure a blocked catheter is not the cause of these problems. The spasms usually go away once the catheter is removed. Irrigation may be attached to the catheter to flush the bladder and remove any clots or shreds of tissue that could otherwise block the catheter. The urine will be very bloody for 24-48 hours after the operation.

When the catheter is removed, the urine may flow with little warning and there may be some scalding. You should pass urine when you need to and not try to hold on at this stage. Most patients will regain bladder control by the time they leave hospital. Some men may however, have some urine leakage and frequency. This usually settles after a few months but there are a few men for whom this may become a long-term problem.

Some men, who have difficulty passing urine once the catheter is removed, may have the tube replaced for a few days to a week. This usually settles although there will be a few men who will continue to have problems. If so, they will be taught how to put a tube into their bladder to empty it until the bladder muscle regains its strength. This can be done at home and may continue for several weeks.

d. Bowels

You may experience some difficulty with opening your bowels in the early days after surgery. This is usually treated with drugs to loosen the bowel motion. It is important to keep the bowel motions soft and regular as straining may cause bleeding.

e. Sex

After prostatectomy, the semen does not come out of the penis immediately after ejaculation. Instead, it passes into the bladder and then is passed out with the next flow of urine. Because of this, most men will be sterile although contraception should be used with a partner who is still able to have children, as some semen may leak.

Most men, who were not having difficulty with normal orgasm and erections before surgery, should still be able to have normal orgasm and erections after surgery. Sexual intercourse should be avoided for six weeks after the surgery.

f. Avoiding chest infections and blood clots

It is very important after surgery to start moving as soon as possible. This is to prevent blood clots forming in your legs and possibly travelling to your lungs. This can be fatal.

Also, you need to do your deep breathing exercises, ten deep breaths every hour, to get the secretions in your lungs moving and help prevent a chest infection. At all costs, avoid smoking after surgery as this increases your risk of chest infection which causes coughing - a painful experience after surgery.

g. Exercise

It usually takes about 8 weeks to recover.

You should avoid driving for four weeks after surgery. Do not lift heavy weights for at least 8 weeks after surgery. This is to allow healing to take place inside.

11. What do I need to tell my doctor?

Tell your doctor if you have;

- large amounts of bloody discharge from the penis.
- fever and chills.
- difficulty or inability to pass urine.
- pain that is not relieved by prescribed painkillers.
- swollen abdomen.

Notes to talk to my doctor about:

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