



SW9389



Queensland Government

Flexible Cystoscopy under Local Anaesthetic

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)*

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

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The following will be performed:

Flexible cystoscopy involves an examination of the bladder using a telescope-like instrument which is passed into the bladder. This allows the doctor to look inside the bladder and the passage where the urine comes out (Urethra).

This is done under local anaesthetic using an application of a cream or gel, which temporarily numbs the lining of the urethra. You will still feel the cystoscope being inserted but it should not be painful.

If on inspection of your bladder it is found you require a further procedure, e.g. biopsy, this will be arranged at another time. Your doctor will discuss your operative findings and follow up.

This is a day only procedure.

C. Risks of a flexible cystoscopy under local anaesthetic

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

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Urinary blockage
- Allergic reaction to the local anaesthetic
- Death as a result of this procedure is very rare.

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.



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- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- 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
- Flexible Cystoscopy under Local Anaesthetic

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



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

Flexible cystoscopy involves an examination of the bladder using a telescope-like instrument which is passed into the bladder. This allows the doctor to look inside the bladder and the passage where the urine comes out (Urethra).

This is done under local anaesthetic using an application of a cream or gel, which temporarily numbs the lining of the urethra. You will still feel the cystoscope being inserted but it should not be painful.

If on inspection of your bladder it is found you require a further procedure, e.g. biopsy, this will be arranged at another time. Your doctor will discuss your operative findings and follow up.

This is a day only procedure.

2. My anaesthetic:

This procedure will require an anaesthetic.

See **About Your Anaesthetic 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.

3. 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.

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Urinary blockage
- Allergic reaction to the local anaesthetic
- Death as a result of this procedure is very rare.

4. How to prepare for the procedure?

One week before procedure

You must have a urine test/s performed **one week** prior to your procedure.

This can be done either at the pathology department or your local hospital (please take your pathology form with you) **OR** by your local doctor (GP). If you have any queries please contact the Urology Nurse at the hospital.

Day of the procedure

- Shower or bathe at home and put on clean clothes
- You can eat or drink normally
- Take your usual medication

- Present to the Urology Department at your given time
- Bring with you:
 - All your medication due for the day of your procedure
 - This form signed. It is to be given to the Urology Nurse.

5. What to expect after the procedure?

After the procedure

- You can go home after the procedure
- You may experience some burning and blood stained urine when you do pass urine. This is normal and should settle in a few days
- Increase your fluid intake
- The Urologist or Urology Nurse will inform you of your follow up requirements.

At home

Should you develop fevers, shivering/shakes, continuing heavy bleeding, difficulty passing urine or offensive smelling urine please contact:

- Urology Nurse at the hospital **OR**
- Your local doctor (GP) **OR**
- Present to an Emergency Department for help.

6. 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.

Notes to talk to my doctor about:

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