



SW9301



Queensland Government

Prostatectomy (Radical)

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 Prostatectomy is the surgical removal of all or part of the prostate gland.

A vasectomy is routinely done because the vas tube drains into the prostate.

C. Risks of a prostatectomy (radical)

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 as a result of this procedure is possible.

Specific risks:

- Bleeding during the operation, which may require a blood transfusion.
- It is likely you will have difficulty with getting an erection due to nerve damage from the surgery. This may recover and can usually be treated with medications if the problem persists. Sexual activity will feel different after the operation.
- Some urinary incontinence is common after surgery. You will probably need to use a pad after catheter removal though urinary control usually improves with time.

- You will not ejaculate. The operation will result in infertility.
- Injury to the rectum or ureters may occur during the operation. Further surgery may be needed to repair the injury. There is a small possibility of a temporary or permanent stoma bag.
- Late bleeding can occur up to three weeks after the operation from where the prostate was removed. This may result in blood in the urine and even blockage of the urine flow.
- Bladder muscle weakness can rarely result in the inability to pass urine. The catheter may need to be re-inserted to allow the bladder muscles to recover.
- Swelling and pain in the testicles can occur due to inflammation. Treatment is usually rest and supportive underwear.
- A urinary leak can occur at the join between the bladder and the urethra. This will often seal itself but may require a further operation.
- A stricture (scar causing narrowing) can develop between the urethra and the bladder. This may need to be repaired by another operation.
- Despite visual clearance, the cancer may recur locally or elsewhere in your body.
- Death due to complications after radical prostatectomy is about 1 in 200 cases.

D. Significant risks and procedure options

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

E. Risks of not having this procedure

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

F. Anaesthetic

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

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.



Prostatectomy (Radical)

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- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- 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
- Prostatectomy (Radical)
- 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:

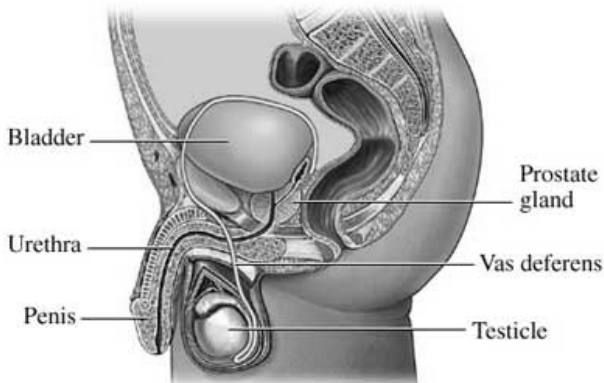
Date:

DO NOT WRITE IN THIS BINDING MARGIN



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

Prostate cancer develops in one in seventeen Australian men over their lifetime. One in thirty Australian men will die of prostate cancer. Prostate cancer is usually diagnosed by a needle biopsy, after a man has been found to have a lump in their prostate or an elevated prostate blood test. Some men are found to have prostate cancer following prostate "rebores" operations. Although "rebores" are performed for difficulty passing urine, cancer is seldom the cause for the symptoms.

Prostate cancer tends to grow slowly in most men and often does not cause any symptoms. It usually takes over ten years for cancer restricted to the prostate to threaten a man's life though a few patients can get more aggressive cancers which grow quickly.

Options for treatment of prostate cancer

Although prostate cancer is very common many men will die from other causes (heart attacks, strokes, infections) before the prostate cancer becomes dangerous. If a man is not likely to live longer than 10 years, therapy for localised prostate cancer may not be needed. This is called "Watchful Waiting" with regular blood tests and scans to check the cancer is not causing problems.

For men with a life expectancy longer than 10 years treatment of the cancer may be worthwhile. The two main treatments are surgery and radiotherapy. Your doctor will have discussed these options with you. Both treatments have side effects and what is best for

you will depend on the type of cancer, your age, other illnesses you may have and your own views about the different side effects.

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

The operation is performed through a 15-20cm cut in the lower abdomen. The lymph glands on both sides of the pelvis may be removed first. If they are removed, the lymph glands will be sent for pathology tests. If the tests show cancer in the lymph glands, the prostate may not be removed.

The prostate gland is then removed and sent for pathology tests. A vasectomy is routinely done because the vas tube drains into the prostate. The bladder is then re-joined onto the urethra and a catheter (plastic tube) is put through the penis into the bladder to drain the urine. This will usually stay in your bladder for a week or two until the join has sealed. You may have to look after the catheter at home and you will be taught how to do this before leaving hospital.

When the catheter is removed you may find it difficult to stop urine leaking from the bladder. You will probably have to wear incontinence pads for a period. You will be taught how to do exercises to improve your urinary control. Most people regain reasonable control though some have to wear pads forever.

After the operation the cut will usually take six weeks to heal before it is strong enough for full activity. While the wound is healing you need to gradually increase your activity. Regular walking is a good start slowly increasing the distance over time. Gentle stretching exercises can start after four weeks. Strenuous activity should not be performed until six weeks after the operation.

3. 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.

4. What drug do I take before the procedure?

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.

These drugs should not be taken for 2 weeks prior to surgery. If these drugs have been taken within the 2-week period, it may be safer to postpone the operation to avoid the increased risk of bleeding.

5. What are the benefits of having this procedure?

If the prostate cancer is contained within the prostate gland (has not spread elsewhere) and is removed entirely, the cancer will be cured.

6. 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).
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- Injury to the rectum or ureters may occur during the operation. Further surgery may be needed to repair the injury. There is a small possibility of a temporary or permanent stoma bag.
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- A stricture (scar causing narrowing) can develop between the urethra and the bladder. This may need to be repaired by another operation.
- Despite visual clearance, the cancer may recur locally or elsewhere in your body.
- Death due to complications after radical prostatectomy is about 1 in 200 cases.

7. 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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