Cystoscopy and Optical Urethrotomy

Covid 19 Version

CONSENT FORM
for
UROLOGICAL SURGERY

(Designed in compliance with DH Department of Health consent form 1)

PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT

Patient Details or pre-printed label

Patient's NHS Number or Hospital number	
Patient's surname/family name	
Patient's first names	
Date of birth	
Sex	
Responsible health professional	MR N LYNN
Job Title	
Special requirements *e.g. other language/other communication method*	

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
(Rigid) CYSTOSCOPY AND OPTICAL INTERNAL URETHROTOMY THIS PROCEDURE INVOLVES TELESCOPIC INSPECTION OF URETHRA AND BLADDER AND TO INCISE A STRICTURE WITH A TELESCOPIC KNIFE OR LASER. **Pictures may be taken of the bladder lining**	- GENERAL/REGIONAL - LOCAL - SEDATION

Statement of health professional (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained:

The intended benefits RELIEF OF OBSTRUCTION TO FLOW OF URINE

Serious or frequently occurring risks including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. Please tick the box once explained to patient

COMMON
- ❑ MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION
- ❑ TEMPORARY INSERTION OF A CATHETER
- ❑ NEED FOR SELF CATHETERISATION TO KEEP THE NARROWING FROM CLOSING DOWN AGAIN

OCCASIONAL
- ❑ INFECTION OF BLADDER REQUIRING ANTIBIOTICS
- ❑ PERMISSION FOR TELESCOPIC REMOVAL/ BIOPSY OF BLADDER ABNORMALITY/STONE IF FOUND
- ❑ RECURRENCE OF STRICTURE NECESSITATING FURTHER PROCEDURES OR REPEAT INCISION

RARE
- ❑ RARELY, DECREASE IN QUALITY OF ERECTIONS REQUIRING TREATMENT
- ❑ RISK OF ANAESTHESIA

Covid 19
- it is not possible to give an accurate estimate of contracting Covid 19 while in hospital
- Elective patients who develop hospital-acquired Covid-19 have a postoperative 30 day mortality of 16.2%, with the two-thirds who experience pulmonary complications having a mortality rate of 23.8%

(Source - https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/tool-5/#3)

ALTERNATIVE THERAPY: OBSERVATION, URETHRAL DILATION, OPEN (NON-TELESCOPIC) REPAIR OF STRICTURE

A blood transfusion may be necessary during procedure and patient agrees **YES or NO (Ring)**

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided **BAUS INFORMATION LEAFLET (20/152)**

Contact details (if patient wishes to discuss options later) _____

Statement of interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signature of interpreter: Print name: Date:

Copy (i.e. page 3) accepted by patient: yes/no (please ring)

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
(Rigid) CYSTOSCOPY AND OPTICAL INTERNAL URETHROTOMY THIS PROCEDURE INVOLVES TELESCOPIC INSPECTION OF URETHRA AND BLADDER AND TO INCISE A STRICTURE WITH A TELESCOPIC KNIFE OR LASER. **Pictures may be taken of the bladder lining**	- GENERAL/REGIONAL - LOCAL - SEDATION

Statement of health professional (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained:

The intended benefits RELIEF OF OBSTRUCTION TO FLOW OF URINE

Serious or frequently occurring risks including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. Please tick the box once explained to patient

COMMON
- ❑ MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION
- ❑ TEMPORARY INSERTION OF A CATHETER
- ❑ NEED FOR SELF CATHETERISATION TO KEEP THE NARROWING FROM CLOSING DOWN AGAIN

OCCASIONAL
- ❑ INFECTION OF BLADDER REQUIRING ANTIBIOTICS
- ❑ PERMISSION FOR TELESCOPIC REMOVAL/ BIOPSY OF BLADDER ABNORMALITY/STONE IF FOUND
- ❑ RECURRENCE OF STRICTURE NECESSITATING FURTHER PROCEDURES OR REPEAT INCISION

RARE
- ❑ RARELY, DECREASE IN QUALITY OF ERECTIONS REQUIRING TREATMENT
- ❑ RISK OF ANAESTHESIA

Covid 19
- it is not possible to give an accurate estimate of contracting Covid 19 while in hospital
- Elective patients who develop hospital-acquired Covid-19 have a postoperative 30 day mortality of 16.2%, with the two-thirds who experience pulmonary complications having a mortality rate of 23.8%

(Source - https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/tool-5/#3)

ALTERNATIVE THERAPY: OBSERVATION, URETHRAL DILATION, OPEN (NON-TELESCOPIC) REPAIR OF STRICTURE

A blood transfusion may be necessary during procedure and patient agrees **YES or NO (Ring)**

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided **BAUS INFORMATION LEAFLET (20/152)**

Contact details (if patient wishes to discuss options later) _____

Statement of interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signature of interpreter: Print name: Date:

Patient identifier/label

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 2, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree

- to the procedure or course of treatment described on this form.
- to a blood transfusion if necessary
- That any tissue that is normally removed in this procedure could be stored and used for medical research (after the pathologist has examined it) rather than simply discarded. PLEASE TICK IF YOU AGREE ☐

I understand

- that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

Pictures may be taken of the bladder lining

- that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)
- that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told

- about additional procedures which may become necessary during my treatment. I have listed below any procedures which **I do not wish to be carried out** without further discussion.

_____

_____

Signature of Patient:		**Print please:**	**Date:**

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here. (See DOH guidelines).

Signed_____
Date_____
Name (PRINT) _____

Confirmation of consent

(to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance). On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature of Health Professional	**Job Title**
Printed Name	**Date**

Important notes: (tick if applicable)

☐ See also advance directive/living will (eg Jehovah's Witness form)

☐ Patient has withdrawn consent (ask patient to sign/date here) ...../.....

ENDOSCOPIC (TELESCOPIC) TREATMENT OF AN URETHRAL STRICTURE

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

Further, general information about strictures can be found in the leaflet Urethral Stricture Disease.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Endoscopic stricture treatment .pdf

Key Points

- Endoscopic procedures to treat urethral stricture disease rarely result in permanent cure of the condition
- The two main techniques are internal optical urethrotomy and urethral dilatation
- They are often used as an initial treatment for a stricture because they are less invasive than reconstructive surgery
- They are well-established techniques, available at every urological unit in the UK

What does this procedure involve?

Endoscopic (keyhole) procedures do not involve any cuts in your skin. They are usually performed on a day-case basis. You may require a temporary bladder catheter for one to ten days afterwards, and you may need to learn to dilate (stretch) your own urethra with a catheter after the procedure.

What are the alternatives?

- **Observation** - "doing nothing"
- **Open surgery** - reconstructive surgery i.e. urethroplasty or meatoplasty

What happens on the day of the procedure?

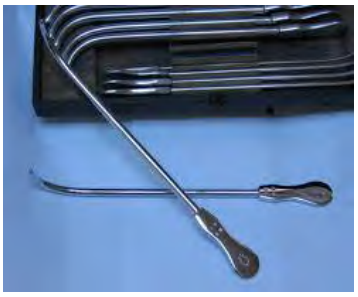
Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

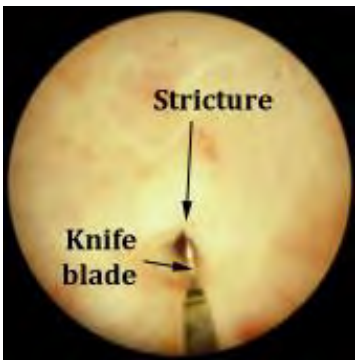
Meatal/urethral dilatation



Dilatation is where the urethra or the meatus (external opening) are stretched under local or general anaesthetic. After lubricating the urethra with local anaesthetic gel, we stretch the urethra using dilators (plastic or metal, pictured) of increasing size. We may also perform telescopic inspection of your urethra (urethroscopy) as part of the procedure.

We can usually do a dilatation on a day-case basis. If you have had a catheter put in afterwards, we normally remove this in outpatients one to ten days later.

Optical urethrotomy



This begins with an antibiotic injection into a vein, after we have checked carefully for any allergies. We then cut through the stricture using a small knife (pictured). All the cutting is internal so there is no need for external stitches.

Most patients need to have a bladder catheter put in the urethra after this procedure. You will go home with this catheter in place, and return to the hospital for it to be removed a few days later.

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually.

The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Mild burning or bleeding for a short time after the procedure when passing urine	 Between 1 in 2 & 1 in 10 patients
Urinary tract infection requiring treatment with antibiotics	 Between 1 in 2 & 1 in 10 patients
Recurrence of the stricture requiring repeat or alternative treatments	 Between 1 in 2 & 1 in 10 patients
Damage to the urethra resulting in a "false passage" requiring further surgery or insertion of a suprapubic catheter	 Between 1 in 10 & 1 in 50 patients
Infection around the urethra resulting in formation of an abscess	 Between 1 in 10 & 1 in 50 patients
Permission for telescopic removal/biopsy of a bladder abnormality or stone (if found)	 Between 1 in 10 & 1 in 50 patients
Delayed bleeding requiring removal of clots or further surgery	 Between 1 in 50 & 1 in 250 patients
Decrease in the quality of erections requiring treatment	 Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	 Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

Penile bending on erection due to the formation of scar tissue		Between 1 in 50 & 1 in 250 patients

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- we will give you advice about your recovery at home
- we will show you how to manage your catheter (if one has been inserted)
- we will arrange for catheter supplies to be delivered to you, if required
- we will also arrange a date and venue for removal of your catheter
- if post-operative self-dilatation is needed, we will send you an appointment to teach you how to do this
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- we will arrange a follow-up appointment for you

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or

- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You can check the results of operations for urethral stricture surgery from individual hospitals & surgeons in the Patients' section of the BAUS website. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the free NHS Smoking Helpline on **0300 123 1044**.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Information Standard;
- the Patient Information Forum; and
- the Plain English Campaign.

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.