

# CONSENT FORM for UROLOGICAL SURGERY

(Designed in compliance with  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	CONSULTANT UROLOGICAL SURGEON
Special requirements e.g. other language/other communication method	

<b>Name of proposed procedure</b> (Include brief explanation if medical term not clear)	<b>ANAESTHETIC</b>
Transrectal ultrasound and prostate biopsy (taking samples of prostate via rectum using ultrasound probe)	GENERAL/REGIONAL LOCAL

**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: To find out whether the patient has prostate cancer/ determine if prostate cancer grade has increased in men with known prostate cancer**

**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.

- Blood in urine/ stools
- Blood in the semen (many last for a long time but is perfectly harmless and poses no harm to you or your partner)
- Urine infection. (10%)
- Sensation. Of discomfort from prostate due to bruising
- Bleeding causing inability to pass urine due to clot blockage requiring catheter insertion
- Septicemia (blood infection) 2%
- Bleeding causing hospitalization
- Failure to detect significant cancer requiring repeat biopsy
- Inability to pass urine (retention) due to prostate swelling requiring a catheter
- Risk of anaesthesia (heart problems, lungs problems, deep vein thrombosis, clots in the lungs, stroke, death)

**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 treatment discussed: PSA monitoring/ non curative treatment without biopsy/ Transperineal biopsy**

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

Signature of Health Professional:	Job Title:
Name:	Date:

The following tape/leaflet has been given: **BAUS information leaflet (21/108 expires 2024)**

**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 he can understand.

**Signature of interpreter:**

**Print name:**

**Date:**

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**PATIENT'S COPY**

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Transrectal ultrasound and prostate biopsy

Patient's 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 and also to a blood transfusion if necessary**

**I understand**

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

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

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.

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. ....  
.....

<b>Signature of Patient:</b>		<b>Print please:</b>		<b>Date</b>	
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**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: .....

**Confirmation of consent**

<b>Signature of Health Professional</b>	<b>Job Title</b>
<b>Printed Name</b>	<b>Date</b>

(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.

**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)



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# TRANSRECTAL ULTRASOUND-GUIDED BIOPSIES OF THE PROSTATE GLAND

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

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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.

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/TRUSP biopsies.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/TRUSP%20biopsies.pdf)

## Key Points

- Transrectal ultrasound-guided biopsy of your prostate is done to check for prostate cancer
- There is, at present, no more reliable way than biopsy for checking your prostate
- The commonest side-effects are bleeding and infection
- Many of the prostate cancers diagnosed are not life-threatening; they may require no active treatment, only careful monitoring

## What does this procedure involve?

Putting an ultrasound probe into your rectum (back passage) to scan your prostate. Guided by ultrasound, biopsies are taken from your prostate through your rectum (back passage). This is usually performed using local anaesthetic, as an outpatient procedure. Sometimes, we do it under a spinal or general anaesthetic in theatre.

You will often have an MRI scan first, to see if you need a biopsy, and to guide where we need to take samples from if biopsies are needed.

## What are the alternatives?

- **Observation with repeat blood tests** – repeating your blood test and only investigating further if your prostate specific antigen (PSA) blood test level rises
- **Transperineal ultrasound-guided prostatic biopsies** – taking multiple biopsies under either local or general anaesthetic, using a

biopsy needle passed through your perineum (the skin between your scrotum and anus) guided by ultrasound

## What happens on the day of the procedure?

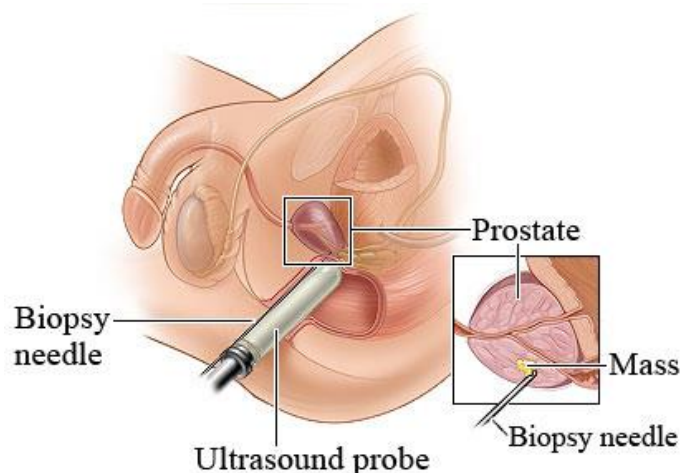
Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

We do almost all transrectal prostatic biopsies under local anaesthetic. If, for any reason, your procedure needs to be done under a general anaesthetic, an anaesthetist will see you to discuss the type of 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 while you are anaesthetised, and passing into your lungs. Your medical team will decide whether you need to continue with these after you go home.

## Details of the procedure







- we normally carry out the procedure under local anaesthetic although, occasionally, we do it under a brief general anaesthetic
- before the procedure, we will give you either an antibiotic tablet or an injection (depending on local infection control policy), after we have checked carefully for any allergies
- we ask you to undress, change into a gown and lie on a couch on your left side, with your knees drawn up to your chest
- we normally examine your prostate first, by rectal examination, before inserting the ultrasound probe
- the probe is as wide as a man's thumb and approximately 10 cm (four inches) long
- you may feel some vibration from the probe whilst it is scanning
- in most patients, we take biopsies from the prostate by passing a special biopsy needle through the ultrasound probe (pictured)
- before we take any biopsies, we inject local anaesthetic around your prostate to reduce any discomfort








- the biopsy needle is a spring-loaded device which makes an audible “click” each time it is activated
- we normally take 10 to 18 biopsy samples
- at the end of the procedure, your prostate may feel “bruised”
- the procedure takes 20 to 30 minutes to perform
- you should expect to go home on the same day as your biopsies, or within 24 hours if you have a general anaesthetic

## 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
Blood in your urine	 Almost all patients
Blood in your semen which can last for up to six weeks (this poses no problem for you or your sexual partner)	 Almost all patients
Blood in your stools (from your bowel)	 Almost all patients
Discomfort in your prostate from bruising due to the biopsies	 Between 1 in 2 & 1 in 10 patients
Infection in your urine requiring antibiotics	 1 in 10 patients (10%)
Temporary problems with erections caused by bruising from the biopsies	 1 in 20 patients (5%)

Bleeding which makes you unable to pass urine (clot retention)	 1 in 50 patients (2%)
Septicaemia (blood infection) requiring emergency admission for treatment	 Between 1 in 50 and 1 in 100 patients (1-2%)
Failure to detect a significant cancer in your prostate	 Between 1 in 10 & 1 in 50 patients
Bleeding in your urine or bowel requiring emergency admission for treatment	 1 in 100 patients (1%)
Need for a repeat procedure if biopsies are inconclusive or your PSA level rises further	 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. The risk is lower for “outpatient” procedures but higher if you are in a “high-risk” group of patients such as patients who have had:

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

## What can I expect when I get home?

- you will get some blood in your urine which may last several days
- we advise you to drink plenty of fluid to help stop this bleeding
- the bleeding from your back passage may go on for several days, but if you have continual dripping of blood, you need to come and see us urgently
- you often see blood in your semen for up to six weeks
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- you will normally be given antibiotics; any other tablets you may need will be arranged & dispensed from the hospital pharmacy



- if the bleeding in your urine or bowel does not stop, you should contact your GP or specialist nurse for further advice
- if you are unable to pass urine at all, you should contact your GP immediately or go to your local Emergency Department
- if you have a temperature, feel unwell with flu-like symptoms or shivers/shaking, you should go straight to your local Emergency Department
- we will review the results of your biopsies in a multidisciplinary team (MDT) meeting within seven to 10 days
- we will let you and your GP know the results as soon as possible, and arrange an outpatient appointment for you to discuss what action is needed

## **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, dipyridamole, 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 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.