

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	

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
LAPAROSCOPIC RADICAL RETROPUBIC PROSTATECTOMY WITH OR WITHOUT PELVIC LYMPHNODE DISSECTION	GENERAL/REGIONAL
REMOVAL OF THE WHOLE PROSTATE GLAND, SEMINAL VESICALS AND DRAINING NODES FOR CANCER, AS WELL AS TYING OF THE VAS DEFERENS VIA KEYHOLE INCISIONS.	

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 TREAT LOCALISED 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. Please tick the box once explained to patient

COMMON

- ☐ TEMPORARY INSERTION OF A BLADDER CATHETER AND WOUND DRAIN
- ☐ HIGH CHANCE OF IMPOTENCE DUE TO UNAVOIDABLE NERVE DAMAGE
- ☐ NO SEMEN IS PRODUCED DURING AN ORGASM CAUSING SUB FERTILITY

OCCASIONAL

- ☐ URINARY INCONTINENCE TEMPORARY OR PERMANENT REQUIRING PADS OR FURTHER SURGERY
- ☐ DISCOVERY THAT CANCER CELLS ALREADY OUTSIDE PROSTATE OR POSITIVE SURGICAL MARGIN NEEDING OBSERVATION OR FURTHER TREATMENT
- ☐ FURTHER TREATMENT AT A LATER DATE IF REQUIRED INCLUDING RADIOTHERAPY OR HORMONAL THERAPY
- ☐ ANASTOMOSIS NARROWING OR URETHRAL STRICTURE (NARROWING) REQUIRING FURTHER TREATMENT

RARE

- ☐ BLOOD LOSS REQUIRING TRANSFUSION OR REPEAT SURGERY
- ☐ ANAESTHETIC OR CARDIOVASCULAR PROBLEMS POSSIBLY REQUIRING INTENSIVE CARE ADMISSION (INCLUDING CHEST INFECTION, PULMONARY EMBOLUS, STROKE, DEEP VEIN THROMBOSIS, HEART ATTACK AND DEATH).
- ☐ PAIN, INFECTION OR HERNIA IN AREA OF INCISION
- ☐ RECTAL INJURY, VERY RARELY NEEDING TEMPORARY COLOSTOMY
- ☐ INJURY TO NERVE, BLOOD VESSELS AND URETER REQUIRING FURTHER TREATMENT/SURGERY
- ☐ CONVERSION TO OPEN PROCEDURE
- ☐ COLLECTION OF LYMPHATIC FLUID AT OPERATION SITE REQUIRING EITHER OBSERVATION OR TREATMENT

ALTERNATIVE THERAPY: WATCHFUL WAITING, RADIOTHERAPY, BRACHYTHERAPY, HORMONAL THERAPY AND PERINEAL, ROBOTIC OR OPEN REMOVAL.

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

SATH information leaflets Version 1.0

Contact details (if patient wishes to discuss options later)----- Case worker's contact number given

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

Print name:

Date:

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

2

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
LAPAROSCOPIC RADICAL RETROPUBIC PROSTATECTOMY WITH OR WITHOUT PELVIC LYMPHNODE DISSECTION	GENERAL/REGIONAL
REMOVAL OF THE WHOLE PROSTATE GLAND, SEMINAL VESICLES AND DRAINING NODES FOR CANCER, AS WELL AS TYING OF THE VAS DEFERENS VIA KEYHOLE INCISIONS.	

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 TREAT LOCALISED 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. Please tick the box once explained to patient

COMMON

- ☐ TEMPORARY INSERTION OF A BLADDER CATHETER AND WOUND DRAIN
- ☐ HIGH CHANCE OF IMPOTENCE DUE TO UNAVOIDABLE NERVE DAMAGE
- ☐ NO SEMEN IS PRODUCED DURING AN ORGASM CAUSING SUB FERTILITY

OCCASIONAL

- ☐ URINARY INCONTINENCE TEMPORARY OR PERMANENT REQUIRING PADS OR FURTHER SURGERY
- ☐ DISCOVERY THAT CANCER CELLS ALREADY OUTSIDE PROSTATE OR POSITIVE SURGICAL MARGIN NEEDING OBSERVATION OR FURTHER TREATMENT
- ☐ FURTHER TREATMENT AT A LATER DATE IF REQUIRED INCLUDING RADIOTHERAPY OF HORMONAL THERAPY
- ☐ ANASTOMOSIS NARROWING OR URETHRAL STRICTURE (NARROWING) REQUIRING FURTHER TREATMENT

RARE

- ☐ BLOOD LOSS REQUIRING TRANSFUSION OR REPEAT SURGERY
- ☐ ANAESTHETIC OR CARDIOVASCULAR PROBLEMS POSSIBLY REQUIRING INTENSIVE CARE ADMISSION (INCLUDING CHEST INFECTION, PULMONARY EMBOLUS, STROKE, DEEP VEIN THROMBOSIS, HEART ATTACK AND DEATH).
- ☐ PAIN, INFECTION OR HERNIA IN AREA OF INCISION
- ☐ RECTAL INJURY, VERY RARELY NEEDING TEMPORARY COLOSTOMY
- ☐ INJURY TO NERVE, BLOOD VESSELS AND URETER REQUIRING FURTHER TREATMENT/SURGERY
- ☐ CONVERSION TO OPEN PROCEDURE
- ☐ COLLECTION OF LYMPHATIC FLUID AT OPERATION SITE REQUIRING EITHER OBSERVATION OR TREATMENT

ALTERNATIVE THERAPY: WATCHFUL WAITING, RADIOTHERAPY, BRACHYTHERAPY, HORMONAL THERAPY AND PERINEAL, ROBOTIC OR OPEN REMOVAL.

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

SATH patient information leaflet Version 1.0

Contact details (if patient wishes to discuss options later)----- Case worker's contact number given

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

Print name:

Date:

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

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.
.....

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:

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)

Laparoscopic Radical Prostatectomy
(Patient information leaflet)

Laparoscopic radical prostatectomy means removal of the prostate via key hole method rather than traditional open method. This procedure is performed for prostate cancer.

The procedure is performed under general anaesthesia (i.e. you will be asleep during the procedure). Anaesthetist will also set up a pump for pain control after the operation called “patient controlled analgesia”. This means you can control the amount and timing of when you have pain killers by pressing a button.

The operation is performed via three or four small incisions. The surgeon inserts the instruments via these incisions to remove the prostate. Once the prostate is removed, one of the incisions is enlarged to take the prostate out of the body. The abdominal cavity is inflated with CO2 gas to help with the operation.

The closure of the wounds is usually with absorbable sutures. Therefore, there is no need to have the stitches removed.

There will be a drain inserted through the abdominal wall and a catheter. The drain will come out before you go home although patients are sent home with a drain. The catheter, however, needs to stay in for three weeks.

If the catheter falls out accidentally, you must come back to Accident and Emergency department at Royal Shrewsbury Hospital. The catheter must be re-inserted by urology staff only.

Before the operation

- Patients are usually admitted on the day of operation
- You might be given an enema to clear the bowel

The followings are the possible complications with this procedure:

*** Common problems**

- Temporary insertion of a bladder catheter and a wound drain
- High chance of impotence due to unavoidable nerve damage
- No semen is going to be produced during an orgasm causing sub fertility

*** Occasional**

- Urinary incontinence temporary or permanent requiring pads or further surgery
- Discovery that the cancer cells already outside prostate or presence of cancer cells at surgical margin needing observation or further treatment
- Further treatment at a later date if required including radiotherapy or hormonal therapy
- Risk of conversion to open surgery

*** Rare**

- Blood loss requiring transfusion or repeat surgery
- Anesthetic or cardiovascular problems possibly require intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
- Pain, infection or hernia of the wound
- Rectal injury, very rarely needing temporary colostomy
- Risk of conversion to open operation
- Risk of injury to surrounding organs (nerves, bowels, vessels etc)
- Lymphatic fluid collection requiring either observation or treatment

After the operation

- In addition to the catheter and drain, you will have an intravenous drip line in your arm
- You will have the button to press for self administration of intravenous painkiller if and when you need it
- You will also be prescribed regular oral painkillers
- You will be allowed to eat and drink freely when you wake up
- The drain is removed either the next day or on day 2
- **Most patients can go home on day 2**
- Nurses will teach you how to inject yourself with blood thinning drug to prevent deep vein thrombosis for 28 days
- You will be re-admitted in three weeks time for catheter removal
- Prostate removed is sent away for analysis and result is usually available after 8 weeks
- You will also be given a blood form for checking high sensitivity PSA at least 8 weeks after surgery
- You will therefore be seen in 8 – 10 weeks with these results

After discharge

Looking after the wound

You can have showers every day. You don't need to be concerned about getting the wound wet. Just keep the area dry afterwards.

Discomfort

You will experience some pain and discomfort around the scars, especially in the first week after the surgery. Simple painkillers should be able to relieve this effectively for you.

If the catheter falls out before this, please present yourself to Accident and Emergency department at Royal Shrewsbury Hospital. The catheter must be reinserted by a member of the Urology department only.

Pelvis floor exercise

Pelvic floor is a group of muscles responsible for keeping men dry and prevent incontinence of urine following radical prostatectomy. After the operation, it is necessary for patients to perform regular exercise to strengthen the muscles. It is important to identify these muscles before doing the exercises. You should start doing these exercises 1 week before catheter removal.

Pelvic floor muscle group (1)

This group of muscles wraps around the urethra (water pipe) and can usually be identified by "stopping the urine flow whilst passing urine".

How to do the exercise:

You can do the exercise standing, sitting or lying on the bed. Squeeze the muscle and hold it for 5 seconds. You can count from 1 to 5 during that time and then relax. Take a deep breath after each exercise. Do this 20 times in the morning, afternoon and evening.

Pelvic floor muscle group (2)

This group of muscles wraps around the rectum (back passage) and can usually be identified by "trying to prevent passing wind".

How to do the exercise:

You can do the exercise standing, sitting or lying on the bed. Squeeze the muscle and hold it for 5 seconds. You can count from 1 to 5 during that time and then relax. Take a deep breath after each exercise. Do this 20 times in the morning, afternoon and evening.

Contact numbers

Ward 21(U): 01743 261300
(24 hours)

Hospital Switchboards
Royal Shrewsbury Hospital: 01743261000

Urology secretaries
Royal Shrewsbury hospital: 01743261127

Urology nurse specialists: 01743 261126