

Date: _____

CONSENT FOR TRANSURETHRAL RESECTION OF PROSTATE

Patient's Name : _____ s/o _____ Age/Sex-----

Address ----- h/o major illness & co-morbidities----- .

1. I request to have Transurethral Resection of Prostate (TURP), operation to be performed under overall supervision of Dr. _____ (Name of Urologist) & his team.
2. I have been explained about the kind of procedure he /she will perform and has answered my questions about my condition, disease process, nature and purpose of the procedure, expenditure, likelihood of success, benefits, its effect on my body, risks involved in it, possible complications, sequelae etc. in detail to my satisfaction in my language.
3. I have been explained that chances of improvement of symptoms after TURP is 70% to 96%. I have been explained that in this procedure entire Prostate Gland is not to be removed.
4. I have been explained about the risks involved and/ or likely complications and sequelae in Transurethral Resection of Prostate (TURP), i.e.
(A) Sequelae: retrograde ejaculation, infertility
(B) Complications: Urinary tract infection, Failure to void (6%) needing further management, bleeding needing blood transfusion (1%), clot retention needing clot evacuation, stricture urethra (<5%), bladder neck contracture (4%), incontinence (<0.5%), mortality (0.2%), erectile impotency (4%). re-resection in about 8% over 10 years period of time.
(C) I have been explained that, there is possibility of other rare complications .
5. I have also been explained about the alternative methods of treatment i.e. medical management, Catheter/stent, TUIP, other methods of surgical treatment like open prostatectomy, laser Prostatectomy etc. I have also been explained about likely consequences, if I do not agree to undergo above mentioned operation, like retention of urine, infection, septicaemia, pain and damage to the kidneys due to long standing obstruction etc.
6. I understand that during the course of the procedure, doctor may find other associated pathology in me that need correction at the same time, like stricture urethra (narrowing of urinary passage), bladder stone or suspicious bladder cancer etc. I authorise the doctor to perform such other procedure needed for my own benefit.
7. I have been explained about the complications related to surgery and/or anaesthesia, which may be life threatening in very few cases.
8. I have been explained that the procedure will be performed under spinal/epidural/general anaesthesia. However, sometimes change in plan may be needed, and I authorise the surgeon and anaesthetist to do so in my benefit.
9. I have been explained that sonography/other imaging and laboratory tests may not always correlate with clinical judgement.
10. I have been explained and understand that blood transfusion may be needed occasionally. I give consent for the same. I understand that there may be blood transfusion related complications.

11. No guarantee can be given about the outcome of the procedure as every patient has a different physiology and body response. But I have been assured of best humanly possible medicare.
12. I agree to co-operate with my doctor and his team, and to follow his/her instructions and recommendations about my care and treatment. I have been advised for regular follow-up examination, not lift heavy weight, avoid sexual relations for 4-5 weeks.
13. I have also been explained that any other procedure will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
14. I have understood the aforesaid and I am giving my consent willingly with sound mental state without any coercion.
15. I have been explained and advised to send my prostate tissues for the biopsy. If it turns out to be malignant in nature, then I would need to undergo further treatment to prevent further spread of the cancer. I have also been explained about possibility of developing prostatic cancer later on also, hence regular follow up must be done at least once a year.
16. I have been explained about the disease, operative procedure Transurethral Resection of Prostate (TURP) and anaesthesia in details in my language to my satisfactions.(To be written by patient in his handwriting)_____

Patient

Sign : Date

Name :Age:

Address : Mobile No.

Witness

Sign : Date

Name : Address Mobile No.....

CONFIRMATION OF CONSENT

On behalf of the treating team, we have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

Urologist

Sign : Date

Name : Address