



Queensland
Government

Cystoscopy (Flexible) Under Local Anaesthetic Consent

Adult (18 years and over)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

A. Does the patient have capacity?

☐ Yes → **GO TO section B**

☐ No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

B. Is an interpreter required?

If yes, the interpreter has:

☐ provided a sight translation of the informed consent form in person

☐ translated the informed consent form over the telephone

Name of interpreter:

Interpreter code:

Language:

C. Patient/substitute decision-maker requests the following procedure(s)

Cystoscopy (flexible) under local anaesthetic

D. Risks specific to the patient in having a cystoscopy (flexible) under local anaesthetic

(Doctor/clinician to document additional risks not included in the patient information sheet):

E. Risks specific to the patient in *not* having a cystoscopy (flexible) under local anaesthetic

(Doctor/clinician to document specific risks in not having a cystoscopy (flexible) under local anaesthetic):

F. Alternative treatment options

(Doctor/clinician to document alternative treatment not included in the patient information sheet):

G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient/substitute decision-maker.

I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

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SW9389

CYSTOSCOPY (FLEXIBLE) UNDER LOCAL ANAESTHETIC CONSENT



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H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the "Cystoscopy (flexible) under local anaesthetic" patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative treatment options
- that there is no guarantee the procedure will improve the medical condition
- that the procedure may involve a blood transfusion
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if a life-threatening event occurs during the procedure, I will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

I/substitute decision-maker have received the following consent and patient information sheet(s):

- ☐ "Cystoscopy (flexible) under local anaesthetic"
- ☐ "About your anaesthetic"

On the basis of the above statements,

1) I/substitute decision-maker consent to having a cystoscopy (flexible) under local anaesthetic.

Name of patient/substitute decision-maker:

Signature:

Date:

2) Student examination/procedure for professional training purposes:

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient/substitute decision-maker consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s) ☐ Yes ☐ No
- assist with examination(s)/procedure(s) ☐ Yes ☐ No
- conduct examination(s)/procedure(s) ☐ Yes ☐ No

Cystoscopy (flexible) under local anaesthetic

Adult (18 years and over) | Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.



1. What is a flexible cystoscopy under local anaesthetic and how will it help me/the patient?

Flexible cystoscopy involves an examination of the bladder and urethra (waterpipe) using a telescope-like thin and flexible instrument which is passed into the bladder. It is about as thick as a pencil. This allows the doctor/clinician to look inside the bladder and the passage where the urine comes out (urethra).

This is done under local anaesthetic using an application of a cream or gel, which temporarily numbs the lining of the urethra. You will still feel the cystoscope being inserted but it should not be painful.

If on inspection of your bladder it is found you require a further procedure, such as a biopsy, this will be arranged at another time. Your doctor/clinician will discuss your operative findings and follow-up.

This is a day only procedure.

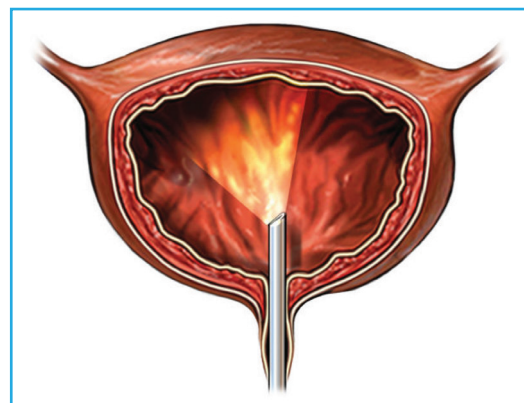


Image 1: Cystoscopy.
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Preparing for the procedure

One week before the procedure

You must have a urine test(s) performed one week prior to your procedure. This can be done either at the pathology department or your local hospital (please take your pathology form with you) OR by your local doctor (GP). If you have any queries please contact the urology nurse at the hospital.

Day of the procedure

- shower or bathe at home and put on clean clothes
- you can eat or drink normally
- take your usual medication
- present to the urology department at your given time
- bring with you:
 - » all your medication due for the day of your procedure
 - » this form signed. It is to be given to the urology nurse.



2. What are the risks?

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it.

Risks include but are not limited to the following:

Common risks and complications

- infections, especially urinary tract or urosepsis, may occur, requiring antibiotics and further treatment
- mild burning when passing urine for a short period after the cystoscopy
- bleeding could occur and is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric.

Uncommon risks and complications

- blood clot in the leg causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs
- allergic reaction to the local anaesthetic.

Rare risks and complications

- damage to the urethra causing delayed scar formation and/or urinary blockage
- major cardiovascular complications (e.g. heart attack or stroke and death) are extremely rare.

This procedure will require a local anaesthetic.

For more information about the anaesthetic and the risks involved, please refer to the anaesthetic information sheet that has been provided to you. Discuss any concerns with the doctor/clinician.

If you have not been given an anaesthetic information sheet, please ask for one.

What are the risks of not having a flexible cystoscopy under local anaesthetic?

There may be health consequences if you choose not to have the proposed procedure. Please discuss these with the doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure. Please contact the doctor/clinician to discuss.



3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician before signing the consent form.



4. What should I expect after the procedure?

After the procedure

- you can go home after the procedure
- you may experience some burning and blood stained urine when you do pass urine. This is normal and should settle in a few days
- increase your fluid intake
- the urologist or urology nurse will inform you of your follow-up requirements.

At home

- should you develop fevers, shivering/shakes, continuing heavy bleeding, difficulty passing urine or offensive smelling urine please contact:
 - » the urology nurse at the hospital OR
 - » your local doctor (GP) OR
 - » present to an emergency department for help.



5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure. This could be a doctor/clinician undergoing further training, 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 clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/ conduct an examination or procedure on a patient while the patient is under anaesthetic.

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 clinical student(s) for training purposes.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.