



Affix Patient Label

Patient Name: _____ Date of Birth: _____

This information is given to you so that you can make an informed decision about having a **Transrectal Ultrasound-Guided Prostate Biopsy**.

Reason and Purpose of the Procedure:

A Prostate Biopsy takes several small tissue samples from different areas of the prostate for assessment by a pathologist. An ultrasound probe is inserted into the rectum to guide the biopsy needle through into the prostate. The procedure usually takes 10 - 15 minutes.

Prostate biopsies do not always detect prostate cancer. However, there is no other way to tell between benign (non-cancerous) or malignant (cancerous) tissue in a patient with a suspicious PSA (prostate specific antigen) level or digital rectal examination.

Benefits of this procedure:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- To find out if prostate cancer is present.

Risks of this procedure:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

- **Abscess of the Prostate:** You may need antibiotics or surgical (needle) drainage.
- **Bleeding From the Anus:** This usually stops on its own. If excessive, you may need further surgery.
- **Blood Clots in the Urine:** Clots can form and block the urine flow. A catheter may need to be placed to flush out the clots.
- **Urinary Retention:** The prostate can become swollen from the biopsy or from infection. You may need a catheter and medication. Patients who have a hard time urinating before the procedure due to BPH (Benign Prostatic Hyperplasia) are at greater risk.
- **Urinary Tract Infection:** You may need antibiotics.
- **Urosepsis:** If an infection enters the bloodstream, you may need to be hospitalized and receive antibiotics. If you are diabetic, have been on long-term steroids, or have a disorder of the immune system, your risk is greater.

Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

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Risks associated with obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks specific to you:

Alternative Treatments:

- Do nothing. You can decide not to have the procedure.

If you choose not to have this treatment:

- Cancer may go undetected and untreated.

General Information:

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **Transrectal Ultrasound-Guided Prostate Biopsy** _____
- I understand that my doctor may ask a partner to do the procedure.
- I understand that other doctors, including medical residents or other staff may help with the procedure. The tasks will be based on their skill level. My doctor will supervise them.

Patient

Signature _____ **Date** _____ **Time** _____

Relationship Patient Closest relative (relationship) Guardian

Interpreter’s Statement: I have translated this consent form and the doctor’s explanation to the patient, a parent, closest relative or legal guardian.

_____ *Interpreter (if applicable)* _____ *Date* _____ *Time*

For provider use only:
 I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options and possibility of complications and side effects of the intended intervention. I have answered questions and patient has agreed to procedure.

Provider Signature: _____ Date: _____ Time: _____

Teach Back
 Patient shows understanding by stating in his or her own words:
 ___ Reason(s) for the treatment/procedure: _____
 ___ Area(s) of the body that will be affected: _____
 ___ Benefit(s) of the procedure: _____
 ___ Risk(s) of the procedure: _____
 ___ Alternative(s) to the procedure: _____
or
 ___ Patient elects not to proceed: _____ (patient signature)

Validated/Witness: _____ Date: _____ Time: _____