BRONSON

Affix Patient Label

Name_____ Date of Birth_____

Informed Consent:

Suprapubic Cystostomy

This information is given to you so that you can make an informed decision about having **Suprapubic Cystostomy**

Reason and Purpose of the Procedure:

Suprapubic cystostomy is the surgical creation of an opening into the bladder. This procedure is performed for patients who are unable to empty their bladder, and urethral catheterization is undesirable or impossible.

Benefits of this surgery:

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.

- Bladder will be emptied
- Discomfort will go away

Risks of Surgery:

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.

General risks of surgery:

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal
- A strain on the heart or a stroke may occur
- Bleeding may occur. If bleeding is excessive, you may need a transfusion
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you

Risks of this surgery:

- Infection: You may need antibiotics
- Bladder Stones: As a result of this procedure bladder stones may develop
- Hematuria: Bleeding, particularly blood in the urine is possible
- Chronic pain: As with all procedures it is possible to experience pain in the area of the procedure

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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.

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:

Other choices:

- Urethral Catheterization if possible
- Do nothing. You can decide not to have the procedure

If you choose not to have this treatment:

- Continued discomfort
- Increased risk of Urosepsis (severe infection from retained and absorbed urinary substances)
- Damage to the bladder or kidneys

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. My doctor will supervise them.

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.
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.

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I want to have this procedure: Suprapubic Cystostomy

- _____.
- I understand that my doctor may ask a partner to do the surgery.
- I understand that other doctors, including medical residents, or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient Signature _____

Relationship ☐ Patient ☐ Closest relative (relationship) ☐ Guardian Date/Time

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:_____