Affix Patient Label

Informed Consent:

Name______________________ Date of Birth__________

Excision of Urethral Diverticulum

This information is given to you so that you can make an informed decision about having **Excision of Urethral Diverticulum**

Reason and Purpose of the Procedure:

Urethral diverticulum is a condition where a "pocket" forms next to the urethra (the tube that carries the urine out.) Because this pocket is usually attached to the urethra, urine continually fills this area causing urinary tract infections, painful intercourse, discharge from the urethra or after urination dribbling of urine.

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.

- Eliminate burning sensation during urination
- Eliminate symptoms that resemble infection
- Decrease urinary frequency

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:

- Urinary Incontinence: Although rare, you may be unable to hold your urine.
- Urinary Tract infection or Sepsis: You may need further antibiotics or treatment.
- Wound Infection: The incision site can become infected.
- Recurrent Diverticulum: A second pocket may occur.
- Vesicovaginal Fistula: A fistula is an abnormal communication between two areas that are normally separated by tissue. You may need further surgery.
- Urethral Stricture or Stenosis: A portion of the urethra can scar and become narrowed. You may need further surgery.

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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:

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

If you choose not to have this treatment:

- Continued urge to urinate
- Continued burning sensation during urination
- Increased chance of infection

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.

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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: **Excision of Urethral Diverticulum**
- ____
- I understand that my doctor may ask a partner to do the surgery.
- I understand that other doctors, including medical residents; 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:________________