



Affix Patient Label

Informed Consent:

Name _____ Date of Birth _____

Radical Prostatectomy

This information is given to you so that you can make an informed decision about having a **Radical Prostatectomy**

Reason and Purpose of the Procedure:

A Radical Prostatectomy is an operation that removes the entire prostate gland, both seminal vesicles, and a portion of both vas deferens, in order to try to cure the patient of prostate cancer.

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.

- Cancerous organs will be removed

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:

- Erectile Dysfunction: The inability to get an erection, and sexual problems are possible as a result of the procedure.
- Urinary Incontinence or leakage: The inability to hold urine, or urine leakage is possible.
- Urinary Tract infection or Urosepsis: You may need further antibiotics or more invasive treatments to treat the infection.
- Wound Infection: As with any incision, infection can occur. You may need antibiotics or drainage at the infection site.
- Bladder Neck Contracture: Sometimes the area of the repair can scar and block proper urine flow. This may require further surgery.
- Lymphocele: Lymphocele is a collection of lymphatic fluid that can accumulate. You may need further surgery to drain the fluid.

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- Injury to the Rectum: Rectal injuries may occur. You may need further surgery to repair. Rarely, this may include a colostomy (bag in the abdomen where the stool drains.)
- Ureteral Injury: An injury to the ureter can occur. You may need further surgery to repair.
- Blood vessel injury: You may need further surgery to repair.
- Inability to remove the prostate or all of the cancer: The prostate or cancer may not be fully removable.
- Chronic pain: As with all procedures it is possible to experience pain in the area of the procedure.
- Nerve Injury: There is a possibility of damage to nerves that can affect leg movement. This is rare.
- Death: Death from this procedure occurs in less than 1% of all cases.

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
- Other options such as observation, radiation therapy and cryotherapy may be a possibility depending on the type of cancer. Your doctor can discuss these options with you.
- _____
- _____

If you choose not to have this treatment:

- Cancer can spread throughout the body
- You may have multiple problems including but not limited to:
 - Kidney or urinary blockage
 - Blood in your urine
 - Bone fractures
 - Paralysis
 - Death

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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: **Radical Prostatectomy**
- _____
- 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: _____