



Affix Patient Label

Informed Consent:

Name _____ Date of Birth _____

Transurethral Resection of Bladder Tumor (TURBT)

This information is given to you so that you can make an informed decision about having **Transurethral Resection of Bladder Tumor (TURBT)**.

Reason and Purpose of the Procedure:

A special scope called a cystoscope is placed in your urethra and guided up into the bladder. The bladder tumor is cut away completely or may be just biopsied. This will be sent to a pathologist

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.

- Procedure may result in the complete removal of the cancerous mass.
- If a biopsy is taken, the procedure will identify what type of cancer you may have to determine further treatment options.

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:

- Ureteral Injury: The ureter can be injured from the scope. You may need further surgery.
- Urinary Retention: The prostate in males may become swollen due to the procedure. This may cause difficulty or inability to urinate. You may need a urethral catheter tube.
- Urinary Tract infection or Urosepsis: You may need antibiotics, or more invasive treatment to treat the infection.
- Hematuria /Clot Retention: Small blood vessels may continue to bleed. This should eventually stop. If not, you may need further treatment.
- Urethral Stricture/ Bladder Neck Contracture: Scar tissue can form anywhere in the urethra. You may need further surgery.
- Perforation: The wall of the bladder can be punctured. You may need to have a catheter in for a period of time to allow healing. You may need further surgery to repair.

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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:

- Cancerous tissue may continue to grow and spread throughout the body. Death can occur.
- The tumor can block the kidney or urinary tract.
- Significant bleeding can occur requiring blood transfusions.

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: **Transurethral Resection of Bladder Tumor (TURBT)**
- _____
- 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: _____