

Affix Patient Label

Informed Consent:	Name_	Date of Birth
Radical Cystectomy		

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

Reason and Purpose of the Procedure:

Radical cystectomy is the surgical removal of the urinary bladder. This is done through an incision in the abdomen. In almost all cases this is due to the diagnosis of bladder cancer. In some cases lymph nodes have to be removed in addition to the bladder to determine the stage of the 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 organ will be removed.
- Your doctor will be able to determine the proper course of treatment.

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 Tract infection or Urosepsis: You may need antibiotics.
- Inability to remove the Bladder: Although uncommon, a patient's anatomy among other complications may prevent the removal of the bladder.
- Ileus or Bowel Obstruction: Because we operate on the intestines, they can become blocked. You may need medication or further surgery.
- Strictures and Stenosis: Any opening in tissue can scar and become blocked. You may need further surgery.
- Erectile Dysfunction: Erectile dysfunction or impotence is possible as a result of the procedures.

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- Bladder Neck Contracture: Scar tissue can form anywhere in the urethra. You may need further surgery to open.
- Wound Infection: An infection can occur
- Anastomosis: There are many new connections (anastomoses) in this operation. Sometimes it is possible for these connections to leak. You may need further surgery.
- Bowel or Colon Infarction: Blood supply may change for a variety of reasons and may cause the tissue to die. You may need further surgery.
- Obturator Nerve Injury: This nerve is located in the same area as some of the lymph nodes that are removed in this operation. Injury to this nerve is possible. This may cause pain in the groin, thigh and knee, and weakness or instability of the leg. You may need further treatment.
- Lymphocele: This is a collection of lymphatic fluid that can accumulate in patients that undergo removal of lymph nodes. You may need further surgery to drain the fluid.
- Injury to the Rectum: Rectal injuries may occur. You may need further surgery to repair.
- Chronic pain: As with all procedures it is possible to experience pain in the area of the procedure.
- 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.
- Your provider can discuss treatment of symptoms such as medication with you.

If you choose not to have this treatment:

Cancer will most likely progress.

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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.

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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 I understand its contents. I have had time to speak with the	explained to me in words I can understand the doctor. My questions have been answered Cystectomy	vered.
 I understand that other doctors, 	y ask a partner to do the surgery. including medical residents, or other starskill level. My doctor will supervise the	
Provider: This patient may red If so, please obtain consent for	quire a type and screen or type and c blood/products.	ross prior to surgery.
Patient		
Signature Patient □ Closest rela	ative (relationship) Guardian	Date/Time
or legal guardian. Interpreter (if applicable)		nte Time
For provider use only: I have explained the nature, purpose, risks, ber possibility of complications and side effects of to procedure.	f the intended intervention. I have answ	ered questions and patient has agreed
Provider Signature	Date	Time
Teach Back		
Patient shows understanding by stating in his 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: