



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: UroLift® Transprostatic Implant

This information is given to you so that you can make an informed decision about having **UroLift® Transprostatic Implant**.

Reason and Purpose of this Procedure:

The **UroLift®** implant is a surgical treatment for benign enlargement of the prostate gland. This is also known as benign prostatic hyperplasia or BPH. During this procedure small permanent implants are inserted into the prostate. The implants hold enlarged tissue out of the way so it does not block the urethra. This helps urine flow freely.

A probe called a cystoscope is inserted into the urethra. The implants are placed by using this device. Pain medicines may be given before, during and after the treatment. You may need general anesthesia.

Benefits of this Procedure:

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.

- Relieve problems urinating.
- Decrease lower urinary tract infections.
- Be able to stop taking BPH medicine.

General Risks of Procedures:

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.

- 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 Procedure:

- **Blood in the urine (hematuria).** This usually goes away on its own.
- **Urinary retention.** You may need a catheter.
- **Urinary tract infection.** You may need antibiotics.
- **Increased urgency or incontinence.** For most patients this goes away within 6 weeks.
- **Pain when urinating or pelvic ache.** This usually goes away.
- **Injury to the urethra.** You may need surgery to repair.
- **Decreased sexual function or impotence.** This is rare.
- **Symptoms will not be relieved.** You may need to have another treatment.

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:

- Other surgeries such as transurethral resection of the prostate (TURP)
- Laser therapy to remove prostate tissue
- Drug therapy
- Do nothing. You can decide not to have the procedure.

If you Choose not to have this Treatment:

- You may continue to have urinary problems.
- You may choose a different method of treatment.

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.

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: **UroLift® Transprostatic Implant** _____
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- I understand that my doctor may ask a partner to do the procedure.
 - I understand that other doctors, including medical residents or other staff may help with procedure. 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 procedure. If so, please obtain consent for blood/products.

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian/POA Healthcare

Interpreter’s Statement: I have interpreted the doctor’s explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter’s Signature: _____ ID #: _____ 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: _____ Date: _____ Time: _____

(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____