



Affix Patient Label

Patient Name:

DOB:

Informed Consent Transprostatic Implant

This information is given to you so that you can make an informed decision about having a **transprostatic implant**.

Reason and Purpose of the Procedure:

The transprostatic 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 placed 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 using the probe. 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 with dribbling after urination, excessive urination at night, frequent urination, sense of incomplete bladder emptying, urge to urinate and leaking, or weak urinary stream.
- Decrease urinary tract infections.
- Be able to stop taking medicine for BPH.

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 these with you.

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Risks of this Procedure:

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. You may need other procedures or treatments to correct them.

- **Blood in the urine (hematuria).** This usually goes away on its own.
- **Urinary retention.** You may need a catheter for 1-2 days but it could be longer.
- **Urinary tract infection.** You may need antibiotics.
- **Increased urgency or incontinence.** This usually improves within several months.
- **Pain when urinating or pelvic ache.** This procedure may not take away your pelvic ache or pain with urination.
- **Injury to the urethra.** You may need surgery to repair.
- **Decreased sexual function or impotence.** This is rare.

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: My doctor can discuss other procedures with me.

- 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.

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 treatments.

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.

Patient Name: _____

DOB: _____

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: **Transprostatic Implant**
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- I understand that my doctor may ask a partner to do the surgery/procedure.
 - I understand that other doctors, including medical residents or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian**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: _____ Date _____ Time _____
Interpreter (if applicable)**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

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.

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: _____