

Patient's sticker

Version 08/16

Consent Form For

Trans - Urethral Resection of Bladder Tumor

The operation is performed in patients requiring a resection of a tumor detected in the bladder for the purpose of determining a diagnosis and treatment. Also, in patients from whom it is required to take a sample of bladder mucosa (biopsy) in suspected cases of malignancy in the bladder wall, and for the purpose of taking a sample of bladder mucosa for review purposes after tumor resection.

The operation that to be performed prior to the surgery is cystoscopy in which an instrument is inserted into the bladder, through the urethra, which contains an optical system that allows reviewing the bladder and urethra, and through which it is possible to pass the instrumentation for tissue resection and burning the resection area against bleeding.

Cystoscopy allows performing additional operations such as removal of bladder stones, large blood clots and catheteriation of the ureters for different purposes.

These operations can be performed using different types of energy sources. The technique and choice of energy source for the operation is at the discretion of the surgeon. After the surgery, usually, a catheter will be left in the urinary pocket for the purpose of draining the bladder and washing blood clots from the surgery area.

The form of anesthesia used in this operation: (Please circle as appropriate)

Without/General/Regional/Local anesthesia

Patient Name:

[Redacted patient name area]

Last Name

First name

ID.

Father's Name

I hereby declare and confirm that I received a detailed oral explanation from Dr.:

Last Name

First name

on the need to perform the operation of taking a sample of bladder mucosa and/or Trans - Urethral Resection of Bladder Tumor. (hereinafter: the Primary Surgery).

I was also explained about the treatment alternatives available for treating my condition (as to be decided by the referring physician)

I hereby declare and confirm that I was informed of the side effects after the primary surgery, including pain and discomfort, as well as bleeding during urination a burning sensation along the urethra. It has been explained to me that the symptoms may also occur after

the catheter is removed from the bladder and may include: Urinary incontinence, blood in the urine and a burning sensation during urination, and that these symptoms are temporary and in most cases pass within a few days. It has also been explained to me that a complete stop of the urine may occur after the catheter is removed, which will require inserting a catheter for an additional period until it is no longer needed.

I have also been informed of possible risks and complications, including the development of urinary and/or genital tract infections, accompanied by fever, chills, and bleeding that require hospitalization or re-hospitalization, perforation of the urinary wall that may require open surgical intervention following the main operation. Other possible complications include injury and narrowing of the ureter nozzle, in the event that the tumor is near it, or the narrowing of the urethra. These complications are not common.

I hereby declare and confirm that I have been informed and that I understand that there is a possibility that during the main surgery it will become necessary to perform additional treatment procedures such as: Prostatectomy, catheterization of the ureters, photo of the urinary system, leaving internal catheters in the ureters, and urethral expansion In cases of narrowing, and I agree to perform further treatment operations as required.

In addition, I hereby declare and confirm that I have been informed and that I understand that there is a possibility that during the primary surgery it will become necessary to extend its scope, change it or take other or additional procedures to save lives, prevent physical damage, including additional surgical operations that can not be foreseen, yet their implication was explained to me. Therefore, I also agree to that extension, modification or to the performance of other or additional procedures,



including surgical procedures that in the opinion of the hospital physicians will be necessary or vital during the primary surgery.

It has been explained to me that if the procedure is done under general anesthesia/regional anesthesia/neural blockage
 The explanation concerning the anesthesia will be presented to me by an anesthesiologist. (Please circle).

If the surgery is performed under local anesthesia, I also consent to performing local anesthesia with or without intravenous injection of sedatives after I have been informed of the risks and complications of local anesthesia, including an allergic reaction to varying degrees of anesthesia and possible complications of using sedatives, which might rarely cause respiratory disorders and heart arrhythmia, especially in patients with heart disease and patients with respiratory disorders.

I know that if the medical center has a university branch, student may take part in the assessment and treatment procedures, under full supervision.

I know and agree that the primary surgery and all the primary procedures will be performed by whoever is assigned to conduct them according to the procedures and instructions of the Medical Center, and that I have not been promised that they will be done, neither in whole nor in part, by a certain specific person, provided they are conducted with the acceptable responsibility and subject to the law.

I hereby grant my consent to perform the primary surgery.

Date

Time

Patient Signature

Guardian's name (relatedness to the patient)

Guardian's signature (in the case of an incompetent minor or mentally ill)



I confirm that I orally explained to the **patient/guardian/patient's translator** all the above in the required detailing, and that he/she signed a consent before me after I was convinced that he/she fully understood my explanations.

Physician's name (stamp)

Physician's signature

Date and time

Translator's name

His relatedness to the patient