Date: _____

CONSENT FOR OPEN RADICAL PROSTATECTOMY

Patient's Name : _____s/o_____ Age/Sex----------

Address ---------- h/o major illness & co-morbidities---------- .

1. I request to have Open Radical Prostatectomy, operation to be performed under overall supervision of Dr._____(Name of Urologist) & his team.
2. I have been explained about the kind of procedure he /she will perform and has answered my questions about my condition, disease process, nature and purpose of the procedure,expenditure, likelihood of success, benefits, its effect on my body, risks involved in it, possible complications, sequelae etc. in detail to my satisfaction in my language.
3. I have been explained about the risks involved and/ or likely complications and sequelae in Open Radical Prostatectomy,i.e.

(A)Sequelae: infertility,anejculation

(B)Complications:

Early:bleeding needing blood transfusion(2.4%),injury to nearby structures(rectal(<1%-3.1%)/ureteral(0.05-1.6%)/vascular or nerve injury),fistula or urine leak,lymphocoele,urinary tract infection(1-3%),DVT/PE(2-3.1%)(deep vein thrombosis/pulmonary embolism) and wound problem(1-3%).

Late:erectile dysfunction(10-50%),urinary incontinence-total(1-5%),stress incontinence(upto 10% at one year),urethral stricture(5-10%) and inguinal hernia(10-20%),cancer recurrence local or elsewhere even after complete visual clearance.

(C) I have been explained that, there is possibility of other rare complication.

4. I have also been explained about the alternative methods of treatment i.e. external beam radiotherapy,active monitoring or watchful waiting,bachytherapy,hormonal therapy,perineal approach surgery,robotic or laparoscopic approach etc. I have also been explained about likely consequences, if I do not agree to undergo above mentioned operation, like spread of cancer,blood in urine(haematuria),urinary retention,kidney damage and/or infection etc.
5. I understand that during the course of the procedure, doctor may find other associated pathology in me that need correction at the same time, like stricture urethra(narrowing of urinary passage). I authorise the doctor to perform such other procedure needed for my own benefit.
6. I have been explained about the complications related to surgery and/or anaesthesia, which may be life threatening in very few cases.
7. I have been explained that the procedure will be performed under spinal/epidural/general anaesthesia. However, sometimes change in plan may be needed, and I authorise the surgeon and anaesthetist to do so in my benefit.
8. I have been explained that sonography/other imaging and laboratory tests may not always correlate with clinical judgement.
9. I have been explained and understand that blood transfusion may be needed . I give consent for the same.I understand that there may be blood transfusion related complications.

10. No guarantee can be given about the outcome of the procedure as every patient has a different physiology and body response. But I have been assured of best humanly possible medicare.
11. I have been explained about need of regular Kegel exercise for urinary incontinence in post-operative period.
12. I have been explained about continued need of doing serial PSA values and regular clinical examination in the followup for rest of life

13. I agree to co-operate with my doctor and his team, and to follow his/her instructions and recommendations about my care and treatment. I have been advised for regular follow-up examination, not lift heavy weight, avoid sexual relations for 10-12 weeks.

14. I have also been explained that any other procedure will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

15. I have understood the aforesaid and I am giving my consent willingly with sound mental state without any coercion.

16. I have been explained and advised to send my prostate tissues for the biopsy. If unfortunately the edge comes positive then I would need to undergo further treatment to attempt the cancer control.

17. I have been explained about the disease, operative procedure Open Radical Prostatectomy and anaesthesia in details in my language to my satisfactions.(To be written by patient in his handwriting)_____

Patient

Sign : ..... Date

Name : .....Age: .....

Address : ..... Mobile No. .....

Witness

Sign : ..... Date

Name : ..... Address ..... Mobile No.....

CONFIRMATION OF CONSENT

On behalf of the treating team, we have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

Urologist

Sign : ..... Date

Name : ..... Address .....