Patient information and consent to flexible cystoscopy

Key messages for patients

- **Please read this information carefully**, you and your healthcare professional will sign it to document your consent.

- **It is important that you bring the consent form with you when you attend for your procedure.** You will have an opportunity to ask any questions from your healthcare professional when you attend for the procedure. You may sign the consent form either before you come or when you attend for the procedure.

- **Please bring with you any medications you use (including patches, creams and herbal remedies)** and any information that you have been given, relevant to your care in hospital, such as x rays or test results.

- Take your medications as normal on the day of the procedure **unless** you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team.

- Please call the one of our Urology Nurse Practitioners on telephone number **01223 274608** if you have any questions or concerns about this procedure.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so).

We will also only carry out the procedure on your consent form unless, in the opinion of the responsible health professional, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on this consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant expertise.

All information we hold about you is stored according to the Data Protection Act 1998.
About flexible cystoscopy

A flexible cystoscopy is a procedure that involves telescopic inspection of the bladder and urethra (water pipe) under local anaesthesia.

Intended benefits

To look for abnormalities within your bladder and/or urethra. The procedure can also be used to facilitate removal of ureteric stents.

Who will perform my procedure?

This procedure will be performed by a doctor who has relevant expertise at performing flexible cystoscopy.

Before your procedure

Please ensure your bladder is comfortably full when you arrive at the hospital because it is likely that we will need to obtain a urine specimen from you before the procedure.

You will first be asked to undergo swabbing of your nose and throat to ensure that you do not carry MRSA. Sometimes this may happen in the urology outpatients clinic on the day the decision to proceed with a flexible cystoscopy is made, or it may be performed on the day of the procedure itself.

You will be admitted on the same day as your procedure. When you arrive you will be asked to pass urine before the examination. You will be asked to remove the garments from the lower half of your body and put on a hospital gown.

You will then be given an antibiotic tablet, after checking for any medication allergies, to reduce the risk of urinary infection.

Please be sure to inform the doctor in advance of your procedure if you have any of the following:

- a prescription for warfarin, aspirin or clopidogrel (Plavix ®)
- a previous or current MRSA infection

Most people who have this type of procedure do not need to stay in hospital. In the unlikely event of requiring admission to hospital your doctor will discuss the likely length of stay with you.

During the procedure

In order to perform the procedure, it is necessary to insert the instrument, which is flexible, into the bladder via the urethra (water pipe). A local anaesthetic jelly is used to numb and lubricate the urethra which makes passage of the instrument into the bladder as comfortable as possible. You may experience some discomfort as the instrument enters the bladder, but this is momentary.

Flexible cystoscopy, CF310, V3, September 2013
Once the instrument is in place, the examination will only take a few minutes to complete. Attached to the instrument are a telescopic lens, a light source and some sterile water to fill the bladder so that the lining can be fully inspected.

After the flexible cystoscopy, it may be necessary to perform a digital rectal examination in men to internally examine the prostate or an internal pelvic examination in women.

**After the procedure**

Once the doctor has completed the examination they will remove the instrument from your bladder and will explain the findings to you. You will also be advised of the need for any further necessary treatment or investigations.

You will then be able to use the bathroom to pass the fluid that has been used to fill your bladder. Finally, you will be shown back to the changing cubicles where you can wash and dress yourself.

**Eating and drinking.** You can eat and drink as normal both before and after this procedure.

**Getting about after the procedure.** Your mobility will be unaffected by this procedure.

**Leaving hospital.** Generally most people who have had this procedure will be able to leave hospital once they have passed urine following the procedure.

**Resuming normal activities including work.** You can resume normal activities as soon as you feel able, usually the same day of the procedure.

**Special measures after the procedure:** When you get home, you should drink twice as much fluid as you would normally for the next 24-48 hours to flush your system through. You may find that when you first pass urine, it stings or burns slightly and it may be slightly bloodstained. If you continue to drink plenty or fluid, this discomfort and bleeding will resolve rapidly.

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

**Check-ups and results:** Before you leave hospital, the doctor will explain the findings of the procedure to you. You will also be advised of the need for any further necessary investigation or treatment, and any subsequent follow-up outpatient appointments.
Significant, unavoidable or frequently occurring side effects of this procedure

Most procedures have potential side effects. You should be reassured that, although the complications of flexible cystoscopy are well recognised, the majority of patients do not experience problems following their procedure. The potential side effects of flexible cystoscopy are;

Common side effects (risk greater than 10 in 100)
- mild burning or stinging on passing urine for a short period of time after the procedure, which is helped by temporarily increasing your fluid intake
- visible blood in the urine for a short period of time after the procedure, which is helped by temporarily increasing your fluid intake.

Occasional side effects (risk between 2 in 100 and 10 in 100)
- Infection of the bladder requiring treatment with antibiotics.

Rare side effects (risk less than 2 in 100)
- Difficulty passing urine, particularly in men, necessitating temporary insertion of a urinary catheter
- Delayed bleeding requiring removal of blood clots or further surgery
- Injury to the urethra causing delayed scar formation (urethral stricture).

Alternative procedures that are available

The alternative is to have a cystoscopy performed under general anaesthesia, or not to have the procedure performed.

Information and support
- For further information regarding this procedure you can call one of our Urology Nurse Practitioners on telephone number 01223 274608
- Further information is also available from the patient information library of the British Association of Urological Surgeons (www.baus.org.uk)
Information about important questions on the consent form

1 Creutzfeldt Jakob Disease (‘CJD’)

We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2 Photography, Audio or Visual Recordings

As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3 Students in training

Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4 Use of Tissue

As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & dignity

Same sex bays and bathrooms are offered in all wards including the endoscopy suite where your procedure will take place.

We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet

If you would like this information in large print, another language or in audio format, please ask the department to contact Patient Information on 01223 216032 or patient.information@addenbrookes.nhs.uk

Document history

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Patient's side  left / right  or  N/A

Consultant or other responsible health professional

Name and job title: ____________________________________________

☐ Any special needs of the patient (e.g. help with communication)?

Please use 'Procedure completed' stamp here on completion:

Statement of health professional (details of treatment, risks and benefits)

I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital's consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)
   • To look for abnormalities within your bladder and/or urethra.

b) the possible risks involved. Addenbrooke's always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient
   - Common side effects (risk greater than 10 in 100)
     • Mild burning or stinging on passing urine, or visible blood in the urine, for a short period after the procedure which is helped by temporarily increasing your fluid intake
   - Occasional side effects (risk between 2 in 100 and 10 in 100)
     • Infection of the bladder requiring treatment with antibiotics
   - Rare side effects (risk less than 2 in 100)
     • Difficulty passing urine, particularly in men, necessitating temporary insertion of a urinary catheter
     • Delayed bleeding requiring removal of blood clots or further surgery
     • Injury to the urethra causing delayed scar formation (urethral stricture)

C) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
Consent Form

Flexible cystoscopy

For staff use only:
Hospital number: 
Surname: 
First names: 
Date of birth: 
NHS no: __ / __ / ___ 
Use hospital identification label

The following information leaflet has been provided:
Flexible cystoscopy

Version, reference and date: CF310 version 3 September 2013

or I have offered the patient information about the procedure but this has been declined.

This procedure will involve:
- General and/or regional anaesthesia
- Local anaesthesia
- Sedation
- None

Signed (Health professional): 
Date: D.D. / M.M. / Y.Y.Y.Y

Name (PRINT): 
Time (24hr): H.H.: M.M.

Designation: 
Contact/bleep no: 

Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional. 
- Yes 
- No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. 
- Yes 
- No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. 
- Yes 
- No

3 Medical Training
I agree to the involvement of trainee medical and other students as part of their formal training. 
- Yes 
- No

Patient safety – at the heart of all we do

CF310 v3 September 2013
I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ................................................................. Date: D D / M M / Y Y Y Y
Name of patient (PRINT): .................................................................

If signing for a child or young person; delete if not applicable. I confirm I am a person with parental responsibility for the patient named on this form.
Signed: ................................................................. Date: D D / M M / Y Y Y Y
Relationship to patient: .................................................................

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness): ................................................................. Date: D D / M M / Y Y Y Y
Name of witness (PRINT): .................................................................
Address: .................................................................
D  Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has
no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ........................................... Date: ...D.D./M.M./Y.Y.Y.Y...
Name (PRINT): .......................................................... Job title: ..........................................................

Please initial to confirm all sections have been completed:

E  Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient
can understand:

Signed (Interpreter): .................................................. Date: ...D.D./M.M./Y.Y.Y.Y...
Name (PRINT): ..........................................................

Or, please note the language line reference ID number:

F  Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): .......................................................... Date: ...D.D./M.M./Y.Y.Y.Y...

Signed (Health professional): ........................................... Date: ...D.D./M.M./Y.Y.Y.Y...
Name (PRINT): .......................................................... Job title: ..........................................................