

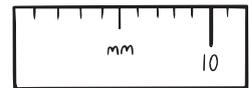
Patient Information to be retained by patient

Urolift implant

affix patient label

Why do I need this?

Your prostate gland sits around your urethra (waterpipe) as it leaves the bladder, and when it enlarges, it can press on the urethra and block the flow of urine. This procedure involves passing implants into your prostate, using a telescope passed into your bladder. The implants (pictured) pull the compressing prostate lobes away from your urethra. They become incorporated into the prostate tissue within three months, so they cannot be seen in your bladder after that.



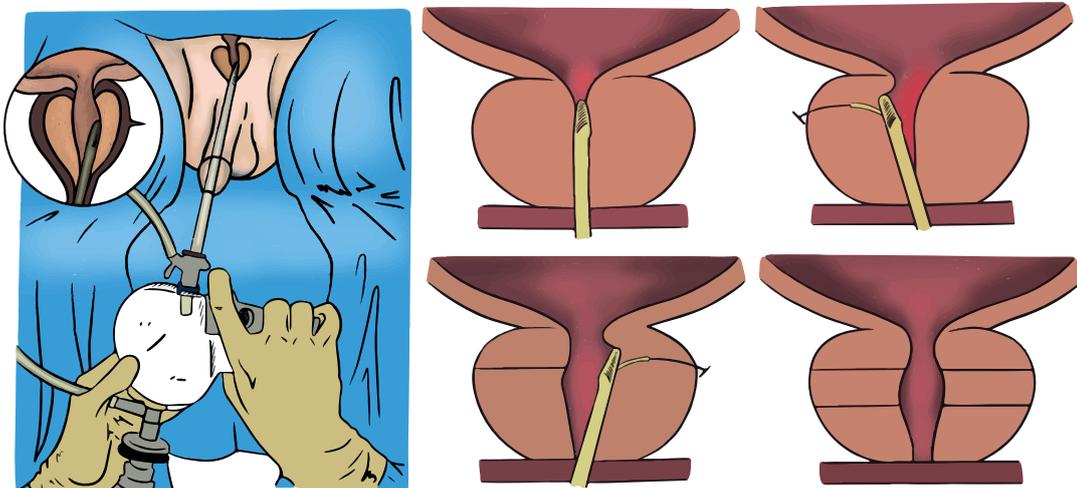
Are there any alternatives?

- **Conservative treatment** – restricting your fluid or caffeine intake to improve your urinary symptoms and help you avoid surgery.
- **Drug treatment** – using either finasteride (to shrink your prostate) or drugs which relax the muscles in the prostate (eg tamsulosin) to improve urine flow.
- **Transurethral resection of the prostate (TURP)** – removing the central, obstructing part of your prostate with electric current, using a telescope passed along your urethra.
- **Holmium laser enucleation of the prostate (HoLEP)** – removing all the obstructing prostate tissue with a laser, using a telescope passed along your urethra.

What happens before the procedure?

As this is usually a planned (elective) operation, you will be admitted to hospital on the same day as your surgery. You will receive an appointment for a 'pre-assessment' to assess your general fitness, to screen you for MRSA and to do some baseline investigations. Once you have been admitted, you will be seen by the surgeon performing the operation, and complete the consent form. You will be asked not to eat and drink for six hours before surgery. Immediately before your operation, the anaesthetist may give you a pre-medication which will make you dry-mouthed and pleasantly sleepy.

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Please feel free to discuss any concerns and ask questions prior to signing.



What does it involve?

You will have either a light general anaesthetic (you will be asleep) or sedation and local anaesthetic. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you. You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

We put a telescope into your bladder through your urethra (waterpipe), then we usually put two to four implants into your prostate through the telescope, under direct vision, using a special applicator, as shown above. The procedure takes 10 to 15 minutes to complete.

What happens afterwards?

You do not usually need a catheter in your bladder following this procedure. You will be discharged when you have passed urine satisfactorily (usually on the same day).

Are there any risks or complications?

As with all procedures, there are some risks from having this procedure. You should be reassured that, although these complications are well recognised, most patients do not suffer any significant problems following this procedure.

Common (greater than 1 in 10)

- Temporary burning and stinging when you pass urine (which may last for 5 to 7 days) (34%).
- Temporary bleeding in your urine (which may last 5 to 7 days) (26%).
- Pain or discomfort in your pelvic area (18%).
- Treatment may not relieve all your symptoms, so that you require further treatment within 5 years (13%).

Occasional (between 1 in 10 and 1 in 50)

- Urgency (a sudden need to pass urine with very little warning) (7%).
- Temporary urge incontinence (leakage associated with an uncontrollable need to pass urine) (4%).
- Inability to pass urine (retention) requiring a short-term catheter in your bladder immediately after the procedure (3-5%).
- Infection in your urine requiring treatment with antibiotics (3%).

Rare (less than 1 in 50)

- Encrustation (stone formation) on the implant(s), requiring later removal.
- Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death) (up to 2% –your anaesthetist can estimate your individual risk).

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).
- MRSA bloodstream infection (0.02% - 1 in 5000).

The rate for hospital-acquired infection may be greater in high-risk patients, for example those patients:

- with long-term drainage tubes
- who have had their bladder removed due to cancer
- who have had a long stay in hospital/multiple hospital admissions.

What happens when I am discharged?

When you are discharged from hospital, you should:

- be given advice about your recovery at home
- be advised when to resume normal activities (usually 5-7 days)
- receive contact details if you have concerns once you are home
- be told when your follow-up will be and who will do this (the hospital or your GP).

When you leave hospital, you will be given a 'draft' discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment.

What happens when I go home?

You may experience the following symptoms:

- a little burning and bleeding when you pass urine over the first few days.
- some pelvic discomfort for a few days which can be relieved by simple painkillers such as paracetamol.

When you get home, drink twice as much fluid as you would normally for the first 24-48 hours to flush your system through. When you first pass urine, you may find that it burns and is lightly bloodstained.

What should I look out for?

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

Will I need any follow up?

Your follow-up plan will be outlined before your discharge from hospital and may or may not involve an outpatient clinic appointment.

Contact us

If you have any questions or need further information, please contact:

01872 252688

07464658352

CONSENT FORM 1

PROCEDURE SPECIFIC PATIENT AGREEMENT

Urolift implant

A procedure involving telescopic inspection of the urethra (waterpipe) and insertion of implants to lift the prostate tissue.

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To pass a telescope into the urethra/bladder for inspection and insert urolift implants under direct vision.*

Significant, unavoidable or frequently occurring risks:

- *Cystitis symptoms.*
- *Blood in the urine.*
- *Urine infection.*
- *Catheterisation.*
- *Further treatment to resolve symptoms.*

Uncommon but more serious risks:

- *Anaesthetic risk.*
- *Stone formation requiring removal later.*

Rare but serious risks:

- *Blood infection (septicaemia).*

Any extra procedures which may become necessary during the procedure (including associated risks):

- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Urolift implant (CHA4221) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Urolift implant (CHA4221) which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

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