

## Space for Medical Institution Name and Logo

1997 נובמבר/OUROL/DTP/CYS/0013 ט

### טופס הסכמה : בדיקה אנדוסקופית של כיס השתן

## CONSENT FORM: CYSTOSCOPY

A cystoscope is a firm or flexible telescopic instrument used to survey the urinary bladder and urethra through which various instruments and catheters can be passed to perform diagnostic and therapeutic procedures, such as: biopsies, excision of tumors, removal of stones and blood clots, and others. In addition, various catheters can be passed through the cystoscope for diagnostic and therapeutic procedures of the ureters and kidneys. The instrument is inserted through the urethra, usually under local anesthesia, and when the need arises, regional or general anesthesia, in men, and in most cases, without anesthesia in women.

The procedure is performed with the patient lying supine or on his/her back, with the legs raised, spread apart and bent, and supported by stirrups.

Name of Patient: \_\_\_\_\_  
Last Name First Name Father's Name ID No.

I hereby declare and confirm that I have been given a detailed oral explanation by:

Dr. \_\_\_\_\_  
Last Name First Name

regarding the need for a **diagnostic and/or therapeutic\*** cystoscopy. Detail planned treatment options:

\_\_\_\_\_ (henceforth: "the primary procedure").

I hereby declare and confirm that I have been given an explanation concerning the side effects of the primary procedure, including: pain, discomfort, burning sensation during urination, frequent urination, and bloody urine. These effects are temporary and usually subside within 24 hours.

I have been given an explanation and understand the possibility that during the primary procedure, when diagnostic, the need may arise to perform therapeutic procedures, such as: biopsies from a tumor, cauterization of small hemorrhages or areas suspected to be tumors, and dilation of the urethra if narrowed.

In addition, it may be necessary to insert various catheters for additional diagnostic and therapeutic procedures.

Moreover, I have been given an explanation concerning possible complications, including: urinary and/or genital tract infections accompanied by fever, chills and bleeding, which will necessitate hospitalization. Additional complications, although rare, may include damage to the lower urinary tract, and even perforation and narrowing of the urethra, which will necessitate surgical repair under anesthesia.

I hereby give my consent to perform the primary procedure.

I also give my consent to perform local anesthesia, at the discretion of the physicians, after I was told of the possible complications of local anesthesia, including various degrees of allergic reactions to the anesthetic drugs.



**Israel Medical Association**  
Israeli Association of Urologists



**Medical Risk Management Co.**

