Consent Form for Urodynamics +/- Transperineal Ultrasound

PATIENT NAME:			
DATE OF BIRTH:			
ADDRESS:	,		

Planned treatment

CHART NUMBER:

Urodynamics is the study of the function of the urinary tract. Urodynamics is the only way of understanding why people are continent or incontinent (urinary leakage). The Urodynamic study helps to guide the best treatment options for your symptoms. The Urodynamic study is usually performed with Transperineal Ultrasound, but can be performed without. The procedure will generally take between 45 to 60 minutes.

- I, of, understand the reason for my being referred for a Urodynamic study +/- Transperineal Ultrasound and acknowledge that:
- i) I will need to empty my bladder in a special chair (commode) to assess urine flow and bladder/urethral function.
- ii) At various times during the study I will have a bladder scan and/or ultrasound to determine the amount of urine left in my bladder (post-void residual).
- iii) I may require an in-out catheter (inserted under sterile conditions) to completely empty my bladder.
- iv) Two small tubes (catheters) will be inserted into the body:
 - a. A bladder catheter this will be used to fill the bladder with sterile water (saline), as well as measure pressure in the bladder:
 - b. A rectal or vaginal catheter. This catheter will measure the pressure in the abdomen.
- v) There may be some slight discomfort experienced during the catheter insertion, which should go away within a few minutes.
- vi) If I suffer from a prolapse, this may need to be manually reduced (pushed back in) during the study in order to give valid results.
- vii) The aim of the study is to replicate my symptoms, which may require provocation tests such as coughing, valsalva, standing, jumping, squatting, running water, or whatever else is required.
- viii) There is a small risk of Urinary tract infection after the test (<1%). I can reduce this risk by increasing my fluid intake over the next 24-48 hours. If symptoms continue or are worsening, I will need to see my doctor.
- ix) Urodynamics is the gold standard to assess lower urinary tract symptoms, as it is the only method that can specify lower urinary tract dysfunction. I understand that there is no other equivalent method to find out exactly what the lower urinary tract problem is.
- x) Image/s and/or video footage may be recorded as part of and during my procedure, and that these image/s or video/s will assist my doctor to provide appropriate treatment. I consent to any photographing or videotaping of the procedure(s) that may be performed, provided my identity is not revealed by the pictures or by descriptive texts accompanying them. Ultrasound image capture will be in line with Diagnostic Imaging Accreditation Standards.
- xi) My consent is required to perform this procedure. As part of the consent process, I acknowledge that:
 - My doctor has explained the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
 - My doctor has explained the other relevant procedure/treatment options and their associated risks.
 - My doctor has explained my prognosis and the risks of not having the procedure.
 - No guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
 - I have been given and read the Patient Information Sheet entitled: *Urodynamics; Transperineal Ultrasound*
 - I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
 - I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following
 a discussion with my doctor.

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Print Name	Date
Drint Nama	///