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CONSENT FOR CYSTOSCOPY

I, _____, hereby authorize _____ to perform a cystoscopy. This is a diagnostic procedure to visualize the interior surface of the lower urinary tract. A narrow, flexible instrument will be passed through the urinary channel into the bladder. A local anesthetic will be used to make the procedure less uncomfortable. The procedure usually takes less than 5 minutes.

There is a small chance of infection (less than 1 in 100) or blood in the urine after the cystoscopy. Mild burning during urination is not uncommon and usually resolves within 24 hours without treatment. Very rarely, after the procedure, a catheter may need to be placed into the bladder to allow the urine to drain. Some people may have a reaction to the numbing medicine (lidocaine). Please be certain that we are aware of any and all allergies you may have, including latex and local anesthetics.

The need to visualize the lower urinary tract to rule out the presence of a stricture or stenosis, a bladder tumor or polyp, a stone, a bladder prolapsed in women, an enlarged prostate in men, or other pathology outweigh the risks noted above.

If a urethral stricture or stenosis is found, Dr. Cord may perform a dilatation of the urethra to widen this area. If performed, this will add a few minutes to the time of the procedure and may increase the risk of bleeding or discomfort afterwards. If a dilatation is performed, an antibiotic medication will usually be given before leaving the office.

If you have any questions regarding the procedure or the risks, complications, benefits or alternatives, please ask before signing this consent.

All of my questions have been answered prior to my signing this form.

Patient

Date

Witness