

Procedure Risks

Patient Name _____

Urinary System / Male Genital System, Page Two of Two

LIST A

Procedures requiring full disclosure. The following treatments and procedures require full disclosure by the physician or health care provider to the patient or person authorized to consult for the patient.

<input type="checkbox"/>	Prostatectomy (partial or total removal of prostate).			
	<ol style="list-style-type: none"> 1. Leakage of urine at surgical site. 2. Obstruction of urine flow. 3. Incontinence (difficulty with urinary control). 4. Semen passing backward into bladder. 5. Difficulty with penile erection (possible with partial and probable with total prostatectomy). 	INITIALS <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> PATIENT WITNESS		
<input type="checkbox"/>	Total cystectomy (removal of urinary bladder).			
	<ol style="list-style-type: none"> 1. Probable loss of penile erection and ejaculation in the male. 2. Damage to other adjacent organs. 3. This procedure will require an alternate method of urinary drainage. 	INITIALS <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> PATIENT WITNESS		
<input type="checkbox"/>	Partial cystectomy (partial removal of urinary bladder).			
	<ol style="list-style-type: none"> 1. Leakage of urine at surgical site. 2. Incontinence (difficulty with urinary control). 3. Backward flow or urine from bladder into ureter (tube between kidney and bladder). 4. Obstruction of urine flow. 5. Damage to other adjacent organs. 	INITIALS <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> PATIENT WITNESS		
<input type="checkbox"/>	Urinary diversion (ileal conduit, colon conduit).			
	<ol style="list-style-type: none"> 1. Blood chemistry abnormalities requiring medication. 2. Development of stones, strictures or infection. 3. Routine lifelong medical evaluation 4. Leakage of urine at surgical site. 5. Requires wearing a bag for urine collection. 	INITIALS <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> PATIENT WITNESS		
<input type="checkbox"/>	Ureterosigmoidostomy (placement of kidney drainage tubes into the large bowel).			
	<ol style="list-style-type: none"> 1. Blood chemistry abnormalities requiring medication. 2. Development of stones, strictures or infection. 3. Routine lifelong medical evaluation. 4. Leakage of urine at surgical site. 5. Difficulty in holding urine in the rectum. 	INITIALS <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> PATIENT WITNESS		

<input type="checkbox"/>	Urethroplasty (construction/reconstruction of drainage tube from bladder).			
	<ol style="list-style-type: none"> 1. Leakage of urine at surgical site. 2. Stricture formation. 3. Additional operation(s). 	INITIALS <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> PATIENT WITNESS		
<input type="checkbox"/>	Orchidopexy [reposition of testis(es)].			
	<ol style="list-style-type: none"> 1. Removal of testicle. 2. Atrophy (shriveling) of the testicle with loss of function. 	INITIALS <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> PATIENT WITNESS		
<input type="checkbox"/>	Orchiectomy [removal of testis(es)].			
	<ol style="list-style-type: none"> 1. Decreased sexual desire. 2. Difficulties with penile erection. 	INITIALS <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> PATIENT WITNESS		
<input type="checkbox"/>	Vasectomy			
	<ol style="list-style-type: none"> 1. Loss of testicle. 2. Failure to produce permanent sterility. 	INITIALS <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> PATIENT WITNESS		

List B Procedures

Procedure _____
 INDICATE PROCEDURE ON LINE(S)

No risk assigned by the Texas Medical Disclosure Panel

INITIALS

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 PATIENT WITNESS

WITNESS SIGNATURE IDENTIFICATION

INITIAL	SIGNATURE