

## Patient's Consent for Prostate Biopsy

Name, surname \_\_\_\_\_

Personal code \_\_\_\_\_

👉 ***Please read the information provided below carefully!***

You are to undergo a prostate biopsy (sampling of prostate tissue through the rectum using a special needle) due to suspicion of prostate cancer. Biopsies are normally safe and necessary; however, it is important to be aware of potential risks.

### REACTION TO MEDICATIONS, ANAESTHETICS AND OTHER SUBSTANCES

Unexpected allergic and other reactions are possible for any medications or anaesthetics. To reduce potential risks, it is important to inform your doctor of any reactions you have had as a result of taking medications or any other substances. You should also tell your doctor about the medications you have taken during the last six months. If you are taking any blood thinners (such as Aspirin, TromboAss, Hjertemagnyl, Orfarin, Varfarin, etc. prescribed due to other illnesses), 👉 please inform the medical staff about it before the biopsy!

### BLEEDING

Moderate bleeding of the affected blood vessels occurs during any invasive manipulation. Possible after-effects of the procedure:

- discharge of blood through the urinary tract, discharge of blood through seminal fluid (usually no special treatment is required, it is not a life-threatening condition and may persist for some time);
- rectal bleeding (a common occurrence which requires surgical intervention – cauterisation of bleeding spots – in 0.2-1% cases only).

### INFECTION

An infection is the invasion of an organism's body tissues by bacteria or other microorganisms that can occur after any skin cut or puncture. Aseptic and antiseptic techniques are used during the manipulation. The procedure is carried out against the background of antibiotics prescribed by your referring physician.

### URINARY DISORDERS

Urination disorders up to urinary retention are not common and may occur only if you have a markedly enlarged prostate.

### OTHER RISKS AND TREATMENT OPTIONS

It is not possible to list all the risks associated with this medical manipulation. Although you opted for this diagnostic method, you had the opportunity to choose another diagnostic method and obtain information about any questions of interest to you, including the possibility to choose another doctor.

👉 In case of significant bleeding from the rectum, elevated body temperature above 38°C with chills, or urinary retention (inability to empty the bladder) after the medical procedure, you



should go to the admission department of the nearest hospital taking the information sheet of the medical procedure you have undergone with you.

👉 **The attending physician** (doctor's name and surname) \_\_\_\_\_  
has discussed the course of the medical manipulation with me, has answered questions about details of the manipulation of interest to me and possible complications.

While being fully aware of the foregoing, I understand that unforeseen situations and circumstances may occur during the manipulation that may require changes to my treatment plan, use of additional methods to achieve the best possible result, therefore I authorise the doctor to do the same.

Should an additional immunohistochemical laboratory examination of the prostate biopsy specimen be required, **I agree/do not agree** (*strike out as appropriate*) to pay for the examination (the examination costs EUR 58.84 and the charge is payable at the E. Gulbis Laboratory upon receipt of the laboratory examination report).

I /patient's name and surname/ \_\_\_\_\_ do hereby permit  
doctor (doctor's name and surname) \_\_\_\_\_  
and the assistants selected by him/her to perform a transrectal prostate biopsy on me.

This information sheet is made in 2 copies. Following the signature one copy of this information sheet will be given to the Patient and the other copy will be added to the Patient's Medical Record (Form 025/u).

**Patient:** \_\_\_\_\_  
(name, surname) (signature)

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Medical Specialist:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(name and surname) (signature)

