

COMMUNICATION SKILLS: TRANSURETHRAL RESECTION OF PROSTATE (TURP) CONSENT

Consenting for a procedure is a very important part of being a surgeon. It is regularly assessed during OSCEs as it involves both knowledge of a subject and tests communication skills. The goal of consenting is to allow patients to make a fully informed decision regarding their treatment options (without coercing them into a decision). It is vital to remember that any doctor taking consent for a procedure should have sufficient knowledge of the proposed procedure and the risks involved before they can consent a patient for it.

Key points:

- Does the patient have capacity? (In OSCE scenarios, assume they do unless told otherwise)
 - Different consent forms based on the individual patient:
 - Consent 1: full capacity
 - Consent 2: parent or guardian of a child
 - Consent 4: patient lacks capacity (e.g. dementia)
- Ensure you are familiar with the procedure and the consent form before consenting

Introduce:

- Wash hands
- Introduce yourself
- Ask permission to discuss the procedure
- Questions for the patient to gain information of their understanding:
 1. Do they understand their diagnosis (Benign Prostatic Hypertrophy)?
 2. Do they understand all treatment options available? (Conservative as well as invasive options)
 3. How much do they know about TURP? (They may have had it before!)

Consent form

- The consent form contains 3 main sections: the procedure, the benefits and the risk factors involved.

1) Procedure:

- Explain the procedure (in lay terms – no jargon!)
- Reasons for having it:
 - An operation to remove parts of the prostate gland which are pressing down on the tube which carries urine, called the urethra, so that urine can pass more easily
 - The surgeon passes a special device down the urethra which is able to shave off the excess parts of the prostate

Before

- You will come into hospital on the morning of the procedure
- You must not eat any breakfast
- The anaesthetic team will visit you to talk about general anaesthesia where they will put you to sleep
- The surgeon will come and see you before the procedure

During

- You will be put to sleep whilst the procedure happens
- A special tube (called a resectoscope) will be inserted into your urethra to get to the prostate gland
- Once the excess bits are shaved off, the bladder will be washed out with lots of saline (salt water)
- The operation usually takes 30-40mins
- A catheter is normally left in so that all the remaining debris and blood can come out

After

- Once you have recovered from the anaesthetic, you can try to slowly eat and drink
- You should not be in any pain after the operation but you may be sore from the catheter
- Your catheter will be removed once your urine is nice and clear
- You should be able to go back home after 3-5days
- You should avoid any heavy lifting, driving and sexual intercourse for 2 weeks after the procedure
- A follow-up appointment will be arranged for you

2) Benefits:

To improve the symptoms that the patient has been having and make it easier to pass urine
 To stop the prostate getting any larger, which could cause further problems including kidney damage.

3) Risks of the procedure:

<i>General to most surgery</i>	<i>Specific to TURP</i>
<ul style="list-style-type: none"> • Bleeding • Infection • Pain • Injury to nearby structures • DVT/PE 	<ul style="list-style-type: none"> • Injury to the urethra • Retrograde ejaculation • Erectile dysfunction • Prostate re-enlargement • Incontinence, frequency and urgency when you urinate • TUR syndrome

Risks explained

- Injury to the urethra:
 - This may lead to delayed scar formation or to a urethral stricture which is a narrowing of the tube which carries the urine out
 - This occurs to about 2 in 100 people who undergo the procedure
- Retrograde ejaculation:
 - This is where your semen travels to your bladder rather than through your penis when you ejaculate. This is not harmful and your semen will leave the body the next time you urinate.

- Erectile dysfunction:
 - The nerves that control your erections are very close to the prostate gland and so if these are damaged, you may have difficulty getting an erection
 - This occurs in less than 1 in 10 people
- Prostate re-enlargement:
 - Your prostate may continue to enlarge even after the surgery which may mean that you will need a repeat procedure in the future if the symptoms return
- Incontinence (loss of control), frequency and urgency when you urinate
 - This is may be temporary or permanent. It occurs in about 1 in 100 patients
- TUR syndrome
 - This is where the fluids that are used to flush the bladder are absorbed into the body. This could lead to salt imbalance. This is rare but you should look out for the symptoms. Symptoms include feeling sick, headache, dizziness and/or swelling of your tummy.

Any questions?

Thank the patient.

Offer a leaflet.