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Adult Urology Male Infertility Urinary Stone Disease Urologic Oncology Impotence Urinary Infection Urologic Laparoscopy DaVinci Robotic Surgery Reconstructive Urology

Consent for Cystoscopy

TODAY'S DATE: _____

PATIENT: (LAST, FIRST NAME) ______

DOB: _____

Today you will be undergoing cystoscopy, which is the act of insertion of a telescope into your bladder for the purposes of inspecting the inside of your bladder and also the urine channel called the urethra.

This will take only a minute or two, and you will be asked to try not to brace yourself and rather just to relax and allow the scope to enter.

The risks of cystoscopy are few, but include a rare urinary tract infection, some transient burning upon urination for the first few voids after cystoscopy, and perhaps also some blood in the urine, particularly if a biopsy if performed or if a stent is being removed.

Please do not be alarmed by minor blood in the urine. All of these symptoms tend to resolve within a day, but you are welcome to come back to our office the next day should you feel as if you might be developing an infection and we will be happy to help you. You will be given prophylactic antibiotics for a day to keep the risk of infection very low.

Patient or Parent/Guardian (Signature) ______

Phone (202)223-1024 Fax (202) 223-2152