**GENERAL UNIVERSITY HOSPITAL IN PRAGUE**
U Nemocnice 499/2, 128 08 Prague 2 | ID: 00064165, tel.: 224 961 111



# INFORMED CONSENT

| **Name and surname:** | **National ID No.:** |
|---|---|
| Patient's legally acceptable representative (name, surname): | |
| Designation of the medical procedure/treatment procedure (or several procedures):<br>**MCUG – MICTURATING CYSTOURETHROGRAM**<br>**(AN X-RAY EXAMINATION OF THE BLADDER AND THE URETHRA USING CONTRAST DYE WHILST THE BLADDER IS BEING EMPTIED)** | |
| Purpose, nature, preparation, expected benefit, consequences and possible risks of the medical procedure/treatment procedure:<br>The aim is to visualise the lower urinary tract – the bladder and urethra, in order to clarify any pathology and above all rule out VUR (vesicoureteral reflux) – this is a pathological condition in which urine flows backward from the bladder to one or both ureters and sometimes to the kidneys.<br>The risks are minimal, complications rare and it involves the insertion of a small tube into the bladder – this may cause injury to the urethra and there is even the risk of the introduction of infection into the urinary tract.<br>The procedure involves mild exposure to radiation with the X-ray examination. | |
| Other alternatives of the treatment procedure, their suitability, benefits and risks:<br>The alternative is isotope micturating cystography whereby an isotope is administered instead of a contrast dye. This examination comes with the risk of the same sort of complications, while the exposure to radiation is slightly lower. However, the diagnostic benefit and yield of this examination is significantly lower than that of the MCUG. | |
| The medical procedure/treatment procedure will take place as follows:<br>A thin tube covered in numbing gel is inserted into the patient's bladder and the contrast dye is introduced into the bladder through a drip infusion. The dynamic visualisation of the X-ray image is monitored throughout the examination. Once the bladder is full it is emptied and the urethra is assessed. The procedure lasts about 15 minutes. | |
| Restrictions and recommendations in lifestyle with regard to the medical condition and possible changes in medical fitness after the stated medical procedure:<br>None | |
| Further required treatment:<br>None | |

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|---|---|

**I declare that the doctor who instructed me personally explained the entire content of this written informed consent and I had the opportunity to ask him/her questions to which he/she gave a proper answer. I declare that I have fully understood the above instructions and information and give express consent to this medical procedure:**

In case that the patient is **underage or has limited legal capacity** and is reasonably mentally and freely mature:

**I declare that I have been instructed to the extent stated above.**

If the patient was not provided with such data, he/she shall state the reason why:

In Prague on

.....  .....

*patient's/legally acceptable representative's signature*  *doctor's name, surname and signature*

.....

*signature of the underage patient/patient with limited legal capacity*

**If the patient/legally acceptable representative cannot sign because of his/her medical condition**:

Reason why the patient/legally acceptable representative is unable to sign:

Manner in which the patient/legally acceptable representative expressed his/her will:

.....

*name, surname and signature of the witness*

This form is also directly available in the HIS.