

How to use informed consents in our daily clinical practice ?

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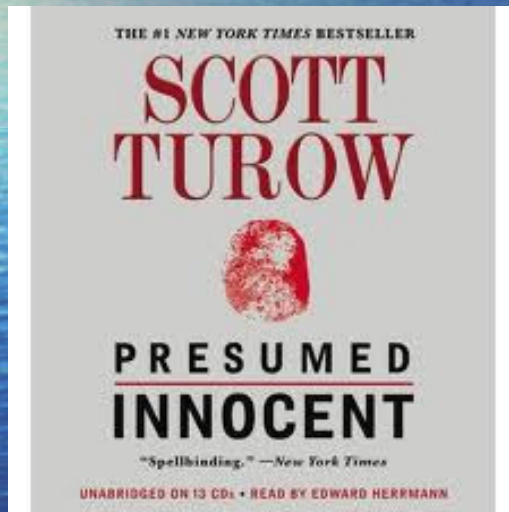
Introduction:

- Is it an obligation to use IC ?

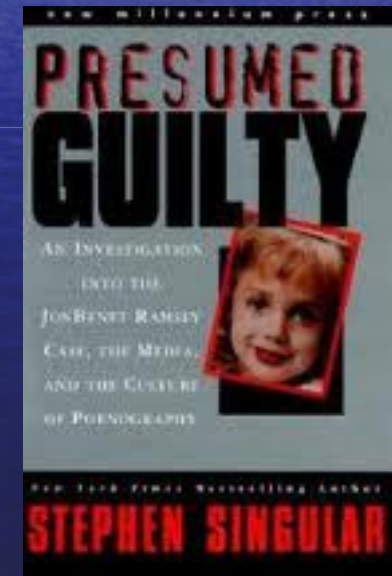


Default of information:

- Yesterday:



Today:



QOCurology: presentation

- <http://www.qocurology.be>

General structure of I.C.

- Title: Procedure (version)
- Anatomy and principles of surgery
- Other therapeutics
- Preoperative exam
- Surgical technic

General structure of I.C.

- Usual events: *
 - During hospitalisation
 - At Home
- Complications: *
 - During surgery and hospitalisation
 - Delayed

*Ranges:

- Exceptional : <1%
- Rare: 1-5 %
- Occasional: 5-15 %
- Frequent: > 15 %

Structure of I.C.

- Informed consent:
 - Two exemplars
 - Underline major facts
 - Open box for patient's specificities
 - Must be signed

Practically:

- Give to your patient:
 - information proof AND inform consent
- Give time to read quietly
- Sign the inform consent
- Store the inform consent

Practically

- Warning mail to urologists:
 - New (or new version) I.C. available
 - Web site: QOCurology.be
 - 4 weeks for comments and improvement
 - After 4 weeks: Definitive version usable

Challenges

- New I.C.
- Refresh the I.C.



Vu sur Funimages.free.fr

New I.C. for 2012:

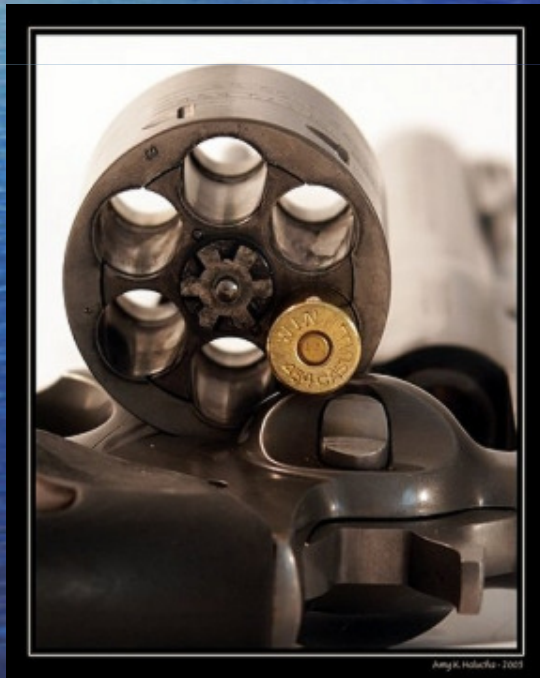
- Nephrectomy
- Prolaps (Working group female urology)
- Prostate adenomectomy
- Percutaneous nephrolithotripsy
- ...



Conclusion:

- Is it risky to don't use IC ?

Today:



Tomorrow:



Conclusions:

- I.C. gives the best information for patient
- I.C. protect you
- I.C. will be not put in doubt.

- The major risk of IC...

...If you don't use it, you will be probably recognised guilty...

