

Example of GPs script:

Patient contribution

I asked you to come in today.

I just received a letter from the urology team, it was a Mr Doyle that saw you, wasn't it?

So, you're under the care of Mr Jenkins, and one of Mr Jenkins' team saw you in clinic and has written to me to tell me a little bit about what's been going on.

Right, let's explore that in a minute if that's okay.

ICE

Perhaps I could catch up with you as to where things are at with your understanding of this problem.

Okay, so up until this point in time, you've been told that you've got prostate cancer.

And that it's a small one.

And that it's a low-risk cancer.

Because I think that there's two issues going on here. There's the issue of your prostate cancer, and there's the issue of you not being able to empty your bladder.

We can certainly explore that, and figure out between us, and help the urology team understand where things are at with your bladder function, if that's okay. We can help you with that, okay? Good. What was your fear when it comes down to an operation?

Good, okay. Was there anything in particular that you were hoping that I would do, with seeing you today?

What you're not happy about, from what I can understand, is the fact that you need to have an operation to allow that bladder to empty.

Right, let's explore that in a minute if that's okay.

What was your fear when it comes down to an operation?

Was there anything in particular that you were hoping that I would do, with seeing you today?

We're talking about medication to help you control the prostate cancer?

Yeah. All right, so figuring out what would help you to stop the dribbling?

What would your wife want you to be doing when it comes to all of this?

PSO

So, you're a retired miner?

Just remind me, for the sake of the recording, what your domestic arrangements are at the moment.

You're not a drinker?

Not a smoker?

No other bad habits I need to know about?

Red flags

If I can double check – your weight's stable?

You don't have any aches and pains anywhere, no bone pain or anything like that?

We've got one of the scans which is outstanding, haven't we, which is the MRI scan.

Did you have a bone scan as well?

So the bone scan was okay?

Okay. Your weight's very steady.

Focussed history

(I referred this gentleman for investigation of suspected prostate cancer 3 weeks before today's consultation.)

This is seepage of your waterworks, isn't it?

If I can just check where things are with your general health and your life at the moment. Are there any other health issues?

Tends to be that dribbling on a night?

Focussed examination

If you take your jacket off. I'm not going to repeat your weight, because we did that last time as well, and you've said that you haven't lost any weight, so we don't need to do that. If we just get you to slip your jacket off and lie up on the couch, and I'm just going to have a wee feel of your tummy.

Identify problem

Because I think that there's two issues going on here. There's the issue of your prostate cancer, and there's the issue of you not being able to empty your bladder.

So from feeling your tummy today, it's hard for me to be sure whether or not you have a big bladder. It's bigger than it should be because of the blockage down at the bottom of your bladder where the prostate is. I think one thing that might help you make a decision about whether or not you would be happy to consider a bladder neck operation. So, this isn't an operation for bladder cancer.

This is an operation to allow your flow to happen again.

Check understanding

Which is reassuring, so you've got two issues going on. The first is that, from that test that was done on your-- the scans that were done on your tummy, they didn't think that you could empty your bladder fully....

If that's alright with you?

Anything you want clarifying from these points of view so far?

Develops management plan / shares management plan

I can perhaps liaise with the urology team to figure out what's going to be the safest options, and what are the potential risks for you.

If I double check with the team that all of those scans are back, and that they're reassuring, what we seem to be dealing with is a low-risk prostate cancer. It's viable, with a low-risk prostate cancer, that you'll decide that surgery's not in your best interests, and that's – from your description, it would be your automatic preference.

You need to understand what the medical options are that are available, to decide whether or not you want to go ahead with any of the medical options.

But, I don't want to give you medication when there's a safer and better option, I want you to be fully in the picture before you make that decision.

Okay, well I need to share that with you as well. So, we've got blood test results as well, which show that your kidney function test was fine.

Which is reassuring, so you've got two issues going on. The first is that, from that test that was done on your-- the scans that were done on your tummy, they didn't think that you could empty your bladder fully.

I think we probably need to repeat a scan for you, to do another ultrasound scan.

Perfect. So, if we get you to do that, and we do what's called a 'residual volume', where we ultrasound your bladder once you've emptied it. So, you have a pee, then they ultrasound it, and we check that you can empty your bladder. If you can't empty your bladder, then there is a risk that if we don't do something about it sooner rather than later, that could affect your kidneys.

What we've resolved to do, from that discussion, was let's repeat your ultrasound scan to demonstrate whether or not you can empty your bladder.

Now, there is medication that I can give you, which there's every chance that it will improve your symptoms, but it's not as sure-fire or as guaranteed as the surgical procedures would be.

Well, there's no reason that we can't get cracking with that medication today. It does lower your blood pressure. You've never had problems with low blood pressure?

And the last time we checked your blood pressure, it was a healthy level. If you're feeling lightheaded with it, we might need to reduce the dose, and I would suggest that get you to take that on a night-time and check that it suits you.

Let's see if it improves your symptoms related to your waterworks, and we'd probably notice within about a month or so, whether that was working or not.

So where we're going to leave things from the point of view of your waterworks problem, which is the dribbling on a night, the perception that the hospital team have, that you're not able to fully empty your bladder is that we're going to refer you for an ultrasound scan to make sure that you can empty your bladder.

Yep. We're going to give you a medication that will hopefully shrink the prostate down a little bit, and hopefully assist in you emptying your bladder.

Safety net and follow up

But, if you're feeling lightheaded, sit down before you fall down, that's an important thing.

We are going to also talk about your cancer, if that's okay.

So, what I'm going to do is draw a line under this consultation and we'll do another recording and another consultation to talk more about the cancer.

Okay, with having this problem with your bladder, you might be prone to water infections. So, what I need to know is if you're finding that you're unwell with a fever, or if it hurts when you pee, or if you're going much more often than usual, or you've got severe tummy pain, in which case, we need to see you urgently with a fresh urine sample and think about whether or not to treat you for a water infection.

It appears that you might have a problem, which is can you or can you not empty your bladder. So, in your next appointment today, we'll be taking you through the options that you have managing what we think is a low-risk prostate cancer, and I'll also make sure that you're happy about how to take your new tablets to help you with your waterworks. That tablet is called doxazosin, and it's an alpha blocker.