



The Urology Division of Integrated Medical Services

Contraindications to TUMT (Transurethral Microwave Therapy)

Have you undergone a procedure to insert a penile or urinary sphincter implant? Y N

Do you have any clogging of the arteries with intermittent claudication or Leriche's Syndrome? Y N

Have you ever had your prostate removed? Y N

Have you ever been diagnosed with prostate cancer or bladder cancer? Y N

Do you have any metallic hip or leg implants? Y N

Do you have an implanted cardiac pacemaker or defibrillator? Y N

Do you have any desire to have more or any children? Y N

Have you ever had any pelvic radiation therapy? Y N

Do you have any abnormality of your blood that prevents it from clotting? Y N

Have you ever had a catheter before? _____ Y N

Patient's Signature _____

Print Patient's Name _____

Witness _____

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