

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
<u>PARTIAL NEPHRECTOMY</u> SIDE..... THIS INVOLVES THE REMOVAL OF PART OF THE KIDNEY VIA A CUT IN THE LOIN OR ABDOMEN	<input type="checkbox"/> - GENERAL/REGIONAL <input type="checkbox"/> - LOCAL <input type="checkbox"/> - SEDATION

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the child and his or her parent(s). In particular, I have explained:

The intended benefits

TO TREAT KIDNEY DISEASE

Serious or frequently occurring risks including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient and his or her parents *Please tick the box once explained to child/parents*

COMMON
 TEMPORARY INSERTION OF A BLADDER CATHETER AND DRAIN

OCCASIONAL
 OCCASIONALLY, URINARY INFECTION REQUIRING ANTIBIOTICS
 INFECTION OF INCISION REQUIRING FURTHER TREATMENT

RARE
 MAY HAVE TO PERFORM TOTAL NEPHRECTOMY IF NOT POSSIBLE TO DO PARTIAL.
 BLEEDING REQUIRING FURTHER SURGERY OR TRANSFUSION

VERY RARE
 URINARY LEAK FROM KIDNEY EDGE REQUIRING FURTHER TREATMENT
 INJURY TO NEARBY LOCAL STRUCTURES – BLOOD VESSELS, LIVER, SPLEEN, PANCREAS AND BOWEL REQUIRING MORE EXTENSIVE SURGERY.
 PERSISTENT FLANK PAIN OR HERNIA FORMATION IN AREA OF SCAR
 CHEST INFECTION REQUIRING FURTHER TREATMENT.

ALTERNATIVE THERAPY MAY INCLUDE: OBSERVATION OR LAPAROSCOPY

A blood transfusion may be necessary during procedure and parent agrees **YES or NO (Ring)**

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided

Contact details (if child/parents wish to discuss options later)

Statement of interpreter I have interpreted the information above to the child and his or her parents to the best of my ability and in a way in which I believe they can understand.

Signature of interpreter:	Print name:	Date:
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