

Patient identifier/label

Parent/child copy

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| Name of proposed procedure (Include brief explanation if medical term not clear) | ANAESTHETIC |
| <u>PYELOPLASTY</u> SIDE..... THIS INVOLVES REPAIR OF NARROWING OR SCARRING AT JUNCTION OF URETER WITH KIDNEY PELVIS AND INSERTION OF A TEMPORARY STENT TO AID HEALING | <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 IMPROVE KIDNEY DRAINAGE

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 WOUND DRAIN
 FURTHER PROCEDURE TO REMOVE URETERIC STENT USUALLY A GENERAL ANAESTHETIC

OCCASIONAL
 PERSISTENT KIDNEY OR BLADDER INFECTIONS

RARE
 BLEEDING REQUIRING FURTHER SURGERY OR TRANSFUSIONS
 RECURRENCE CAN OCCUR NEEDING FURTHER SURGERY

VERY RARELY,
 PAIN, INFECTION OR HERNIA IN AREA OF INCISION
 URINARY LEAK FROM KIDNEY EDGE REQUIRING PROLONGED DRAINAGE
 NEED TO REMOVE KIDNEY AT LATER TIME BECAUSE OF DAMAGE CAUSED BY INFECTION RECURRENCE OR SURGICAL SCARRING.

ALTERNATIVE THERAPY: TELESCOPIC INCISION OF AREA OF NARROWING, TEMPORARY PLACEMENT OF PLASTIC TUBE THROUGH NARROWING AND LAPAROSCOPIC REPAIR

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

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| 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.

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|---------------------------|-------------|-------|
| Signature of interpreter: | Print name: | Date: |
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