Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
URETEROSCOPY +/- BIOPSY SIDE TELESCOPIC EXAMINATION OF URETER AND INSIDE OF KIDNEY +/- BIOPSY AND POSSIBLE PLACEMENT OF PLASTIC TUBE OR STENT. THIS PROCEDURE INCLUDES CYSTOSCOPY AND RADIOLOGICAL IMAGING	☐ - GENERAL/REGIONAL☐ - LOCAL☐ - SEDATION

<u>Statement of health professional</u> (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 patient. In particular, I have explained:

The	inten	ded	bene	fits

TO DIAGNOSE AND TREAT URETERIC AND KIDNEY ABNORMALITIES

<u>Serious or frequently occurring risks</u> 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. Please tick the box once explained to patient

COMMON MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION TEMPORARY INSERTION OF A BLADDER CATHETER INSERTION OF URETERIC STENT WITH FURTHER PROCEDURE TO REMOVE IT NO GUARANTEE OF CURE AS OFTEN DIAGNOSTIC PROCEDURE ONLY
OCCASIONAL KIDNEY DAMAGE OR INFECTION NEEDING FURTHER TREATMENT FAILURE TO PASS TELESCOPE IF URETER IS NARROW
RARE FINDING CANCER REQUIRING ADDITIONAL THERAPY DAMAGE TO URETER WITH NEED FOR OPEN OPERATION OR TUBE PLACED INTO KIDNEY DIRECTLY FROM BACK TO ALLOW ANY LEAK TO HEAL VERY RARELY, SCARRING OR STRICTURE OF URETER REQUIRING FURTHER PROCEDURES
ALTERNATIVE THERAPY: OPEN SURGERY, OTHER X-RAY INVESTIGATIONS, AND FURTHER OBSERVATION

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

Signature of	Job Title	
Health Professional		
Printed Name	Date	
The following leaflet/tape has been provided		
Contact details (if patient wishes to discuss options later)		

<u>Statement of interpreter</u> (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signature of	Print name:	Date
interpreter:		