

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY ESWL SIDE..... THIS INVOLVES THE ADMINISTRATION OF SHOCKWAVES THROUGH THE SKIN TO FRAGMENT URINARY TRACT STONES INTO SMALL ENOUGH FRAGMENTS TO PASS NATURALLY	<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 patient. In particular, I have explained:

The intended benefits

TO TREAT URINARY TRACT STONES

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. Please tick the box once explained to patient

COMMON

- BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER PROCEDURE
- PAIN IN THE KIDNEY AS SMALL FRAGMENTS OF STONE PASS AFTER FRAGMENTATION
- URINARY TRACT INFECTION FROM BACTERIA RELEASED FROM THE STONE WHEN FRAGMENTED NEEDING ANTIBIOTIC TREATMENT

OCCASIONAL

- STONE WILL NOT BREAK AS TOO HARD REQUIRING AN ALTERNATIVE TREATMENT
- REPEATED ESWL TREATMENTS MAY BE REQUIRED
- RECURRENCE OF STONES

RARE

- KIDNEY DAMAGE (BRUISING) OR INFECTION NEEDING FURTHER TREATMENT
- STONE FRAGMENTS OCCASIONNALLY GET STUCK IN THE TUBE BETWEEN THE KIDNEY AND THE BLADDER REQUIRING HOSPITAL ATTENDANCE AND SOMETIMES SURGERY TO REMOVE THE STONE FRAGMENT
- SEVERE INFECTION REQUIRING INTRAVENOUS ANTIBIOTICS AND SOMETIMES DRAINAGE OF THE KIDNEY BY A SMALL DRAIN PLACED THROUGH THE BACK INTO THE KIDNEY

ALTERNATIVE THERAPY: TELESCOPIC SURGERY, OPEN SURGERY OR OBSERVATION TO ALLOW SPONTANEOUS PASSAGE

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

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided

Contact details (if patient wishes to discuss options later)

Statement of interpreter (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 interpreter:

Print name:

Date: