

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
<u>OPEN PYELOLITHOTOMY</u> SIDE..... THIS INVOLVES THE REMOVAL OF A STONE IN COLLECTING SYSTEM OF THE KIDNEY WITH AN INCISION IN THE SIDE OR ABDOMEN & PLACEMENT OF PLASTIC TUBE IN URETER	<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 REMOVE A KIDNEY STONE

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

- TEMPORARY INSERTION OF A BLADDER CATHETER AND WOUND DRAIN
- NEED TO STENT URETER WITH PLASTIC TUBE (TEMPORARY)
- FURTHER PROCEDURE TO REMOVE URETERIC STENT USUALLY A LOCAL ANAESTHETIC

OCCASIONAL

- BLEEDING REQUIRING FURTHER SURGERY OR TRANSFUSIONS
- POSSIBILITY OF FURTHER OR RECURRENT STONES

RARE

- LONG TERM DRAINAGE OF URINE FROM DRAIN SITE DUE TO SLOW HEALING OF THE OPENING IN URETER TO REMOVE STONE
- SCARRING OR STRICTURE OF URETER REQUIRING FURTHER SURGERY
- INFECTION, PAIN OR HERNIA OF INCISION REQUIRING FURTHER TREATMENT

VERY RARELY

- NO GUARANTEE OF REMOVAL OF ALL STONES & NEED FOR FURTHER OPERATIONS
- NEED TO DO FURTHER OPEN SURGERY OR RADIOLOGICAL PROCEDURES TO REMOVE STONE
- ANAESTHETIC OR CARDIOVASCULAR PROBLEMS POSSIBLY REQUIRING INTENSIVE CARE ADMISSION (INCLUDING CHEST INFECTION, PULMONARY EMBOLUS, STROKE, DEEP VEIN THROMBOSIS, HEART ATTACK AND DEATH.)

ALTERNATIVE THERAPY: TELESCOPIC AND LAPAROSCOPIC REMOVAL, SHOCK WAVE TREATMENTS IF POSSIBLE, AND 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: