

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
OPEN PYELOPLASTY SIDE..... THIS INVOLVES REPAIR OF NARROWING OR SCARRING AT JUNCTION OF URETER WITH KIDNEY PELVIS AND POSSIBLY THE 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 patient. In particular, I have explained:

The intended benefits

TO IMPROVE DRAINAGE OF KIDNEY AND PAIN

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

FURTHER PROCEDURE TO REMOVE URETERIC STENT USUALLY A LOCAL ANAESTHETIC

OCCASIONAL

BLEEDING REQUIRING FURTHER SURGERY OR TRANSFUSIONS

RARE

RECURRENT KIDNEY OR BLADDER INFECTIONS

RECURRENCE CAN OCCUR NEEDING FURTHER SURGERY

VERY RARELY,

ENTRY INTO LUNG CAVITY REQUIRING INSERTION OF TEMPORARY DRAINAGE TUBE

ANAESTHETIC OR CARDIOVASCULAR PROBLEMS POSSIBLY REQUIRING INTENSIVE CARE ADMISSION (INCLUDING CHEST INFECTION, PULMONARY EMBOLUS, STROKE, DEEP VEIN THROMBOSIS, HEART ATTACK.)

NEED TO REMOVE KIDNEY AT LATER TIME BECAUSE OF DAMAGE CAUSED BY RECURRENT OBSTRUCTION.

INFECTION, PAIN OR HERNIA OF INCISION REQUIRING FURTHER TREATMENT

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

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: