

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
<u>URETEROSCOPIC STONE REMOVAL</u> SIDE..... TELESCOPIC REMOVAL/ FRAGMENTATION OF STONE IN THE URETER OR KIDNEY WITH PLACEMENT OF A SOFT PLASTIC TUBE OR STENT BETWEEN THE KIDNEY AND THE BLADDER. THIS PROCEDURE INCLUDES CYSTOSCOPY AND RADIOLOGICAL IMAGING	<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 STONE FROM THE URETER OR KIDNEY

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

- MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION
- TEMPORARY INSERTION OF A BLADDER CATHETER
- INSERTION OF STENT WITH FURTHER PROCEDURE TO REMOVE IT

OCCASIONAL

- INABILITY TO GET STONE OR MOVEMENT OF STONE BACK INTO KIDNEY WHERE IT IS NOT RETRIEVABLE
- KIDNEY DAMAGE OR INFECTION NEEDING FURTHER TREATMENT
- FAILURE TO PASS TELESCOPE IF URETER IS NARROW
- RECURRENCE OF STONES

RARE

- 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, SHOCK WAVE THERAPY 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: