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Before completing consent please read "Guidance For Health Professionals" for consent form 1 provided on the CD

Click here to read Guidelines (under the section called New Department of Health "Guidelines to Consent" page 40)

CONSENT FORM

for

UROLOGICAL SURGERY

(Designed in compliance with DH Department of Health consent form 1)

PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT

Patient Details or pre-printed label

Patient's NHS Number or Hospital number	
Patient's surname/family name	
Patient's first names	
Date of birth	
Sex	
Responsible health professional	
Job Title	
Special requirements *e.g. other language/other communication method*	

To be retained in patient's notes

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
LAPAROSCOPIC ASSISTED NEPHROURETECTOMY **SIDE……** THIS INVOLVES REMOVAL OF KIDNEY, AND SURROUNDING FAT FOR SUSPECTED CANCER VIA KEY HOLE INCISIONS . IN ADDITION THE WHOLE URETER IS REMOVED OFTEN WITH A SEPARATE INCISION.	- **GENERAL/REGIONAL** - **LOCAL** - **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 KIDNEY OR URETERIC CANCER**

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

OCCASIONAL
- ❑ BLEEDING REQUIRING FURTHER SURGERY OR TRANSFUSIONS
- ❑ ENTRY INTO LUNG CAVITY REQUIRING INSERTION OF TEMPORARY DRAINAGE TUBE
- ❑ NEED FOR FURTHER THERAPY FOR CANCER
- ❑ RECURRENCE OF DISEASE ELSEWHERE IN URINARY TRACT

RARE
- ❑ ANAESTHETIC OR CARDIOVASCULAR PROBLEMS POSSIBLY REQUIRING INTENSIVE CARE ADMISSION (INCLUDING CHEST INFECTION, PULMONARY EMBOLUS, STROKE, DEEP VEIN THROMBOSIS, HEART ATTACK AND DEATH.)
- ❑ INVOLVEMENT OR INJURY TO NEARBY LOCAL STRUCTURES –BLOOD VESSELS, SPLEEN, LIVER, LUNG, PANCREAS AND BOWEL REQUIRING MORE EXTENSIVE SURGERY
- ❑ INFECTION, PAIN OR BULGING OF INCISION SITE REQUIRING FURTHER TREATMENT
- ❑ VERY RARELY MAY BE A HISTOLOGICAL ABNORMALITY OTHER THAN CANCER

- ❑ CONVERSION TO OPEN OPERATION

ALTERNATIVE THERAPY: OBSERVATION, RADIOTHERAPY, CHEMOTHERAPY, AND LAPAROSCOPIC APPROACH.

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 Patient information leaflet Version 1.0

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:**

Copy (i.e. page 3) accepted by patient: yes/no (please ring)

Patient identifier/label

Patient Copy

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ALTERNATIVE THERAPY: OBSERVATION, RADIOTHERAPY, CHEMOTHERAPY, AND LAPAROSCOPIC APPROACH.

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 Patient information leaflet Version 1

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:**

..... side laparoscopic assisted nephroureterectomy under General Anaesthesia (removal of kidney and ureter)

Patient identifier/label

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 2, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree

- to the procedure or course of treatment described on this form.
- to a blood transfusion if necessary
- that any tissue that is normally removed in this procedure could be stored and used for medical research (after the pathologist has examined it) rather than simply discarded. PLEASE TICK IF YOU AGREE ☐

I understand

- that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)
- that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told

- about additional procedures which may become necessary during my treatment. I have listed below any procedures which **I do not wish to be carried out** without further discussion.

_____

_____

Signature of Patient:		**Print please:**	**Date:**

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here. (See DOH guidelines).

Signed_____
Date_____
Name (PRINT) _____

Confirmation of consent

(to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance). On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature of Health Professional	**Job Title**
Printed Name	**Date**

Important notes: (tick if applicable)

☐ See also advance directive/living will (eg Jehovah's Witness form)

☐ Patient has withdrawn consent (ask patient to sign/date here) ...../.....

The Shrewsbury and Telford Hospital NHS
NHS Trust

Laparoscopic assisted nephroureterectomy

Urology Department

Shrewsbury and Telford Hospitals NHS Trust
Tel: 01743 261126

What does the procedure involve?

This involves removal of the kidney (and surrounding fat) for suspected cancer of the kidney. It requires the placement of operating instruments into your abdominal cavity using 4-5 small incisions. The lower ureter is removed at the same procedure. An open incision may be used to remove this part of ureter.

What are the alternatives to this procedure?

Observation, radiotherapy, chemotherapy, open surgery

What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be given an injection under the skin of a drug (Clexane), that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- a high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.

The kidney and most of the ureter are usually dissected free through several keyhole incisions. The lower ureter is disconnected either using a telescope through the bladder or with a separate incision into the lower abdomen

A bladder catheter is normally inserted post-operatively, to monitor urine output, and a drainage tube is usually placed through the skin into the bed of the kidney.

What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- ask if what was planned to be done was achieved
- let the medical staff know if you are in any discomfort
- ask what you can and cannot do
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- ensure that you are clear about what has been done and what is the next move

You will be given fluids to drink from an early stage after the operation and you will be encouraged to mobilise early to prevent blood clots in the veins of your legs. The wound drain will need to remain in place for up to 1 week in case urine leaks from the cut surface of the bladder.

The average hospital stay is 7 days.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)

- Temporary shoulder tip pain
- Temporary abdominal bloating
- Temporary insertion of a bladder catheter and wound drain
- Recurrence of disease elsewhere in the urinary tract which requires regular telescopic examinations of the bladder for follow-up

Occasional (between 1 in 10 and 1 in 50)

- Bleeding, infection, pain or hernia of the incision requiring further surgery
- Need for additional treatment for cancer after surgery

Rare (less than 1 in 50)

- Entry into the lung cavity requiring insertion of a temporary drainage tube
- Recognised (or unrecognised) injury to organs/blood vessels requiring conversion to open surgery (or deferred open surgery)
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
- The histological abnormality in the kidney may subsequently be shown not to be cancer

- Persistent urine leakage from the bladder requiring prolonged catheterisation or further surgery

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- be given advice about your recovery at home
- ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- ask for a contact number if you have any concerns once you return home
- ask when your follow-up will be and who will do this (the hospital or your GP)
- ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed

When you leave hospital, you will be given a "draft" discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

It will be at least 14 days before healing of the wound occurs but it may take up to 6 weeks before you feel fully recovered from the surgery. You may return to work when you are comfortable enough and your GP is satisfied with your progress.

Many patients have persistent twinges of discomfort in the wounds which can go on for several months.

What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

Any other post-operative problems should also be reported to your GP, especially If they involve chest symptoms.

Are there any other important points?

You are usually discharged home with a urethral catheter which stay in for 2-3 weeks. Your consultant might want to arrange a special X rays called cystogram to make sure that the wound inside is healing. This involves attending the X rays department (usually around two weeks after operation). A X rays specialist (radiologist) instill a special contrast liquid into bladder to

check that the wound is healed. Once this X rays is satisfactory, you will attend an out patient clinic to have the catheter removed.

It will be at least 14-21 days before the pathology results on your kidney are available. It is normal practice for the results of all biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

An outpatient appointment will be made for you 4-6 weeks after the operation when we will be able to inform you of the pathology results and give you a plan for follow-up.

Once the results have been discussed, it may be necessary for further treatment but this will be discussed with you by your Consultant or Specialist Nurse.

You will usually need to undergo regular bladder inspections to check that the growth that involved your kidney is not affecting the bladder lining.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Is there any research being carried out in this area?

Before your operation, your surgeon or Specialist Nurse will inform you about any relevant research studies taking place, and, in particular, if any surgically-removed tissue may be stored for future study. If this is the case, you will be asked if you wish to participate and, if you agree, to sign a special form to consent to this.

All surgical procedures, even those not currently the subject of active research, are subjected to rigorous clinical audit so that we can analyse our results and compare them with those of other surgeons. In this way, we can learn how to improve our techniques and our results; this means that our patients will get the best treatment available.

Who can I contact for more help or information?

For further information on the internet, here are some useful sites to explore:

Best Health (prepared by the British Medical Association)
NHS Clinical Knowledge Summaries (formerly known as Prodigy)
NHS Direct
Patient UK
Royal College of Anaesthetists (for information about anaesthetics)
Royal College of Surgeons (patient information section)

What should I do with this information?

Thank you for taking the trouble to read this publication. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this publication to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. However, if you do agree to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital record. You will, if you wish, be provided with a copy of this consent form.

Contact details for more information

Please do not hesitate to contact us for any additional information on 01743 261000.

Other Sources of Information

National Contact Address for

NHS Direct
A nurse-led advice service run by the NHS for patients with questions about diagnosis and treatment of common conditions.

Telephone: 0845 4647
Website: www.nhsdirect.nhs.uk

Equip
A West Midlands NHS website which signposts patients to quality health information and provides local information about support groups and contacts.
Website: www.equip.nhs.uk

Patient UK
Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self help groups and a directory of UK health websites.

Website: www.patient.co.uk

Further information is available from;

Patient Advise and Liaison Service (PALS)
PALS will act on your behalf when handling patient and family concerns, they can also help
you get support from other local or national agencies. PALS, is a confidential service.

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691
Princess Royal Hospital, Tel: 01952 282888

Your Information

Information about you and your healthcare is held by the NHS. You can find out more about the information we hold and how it is used in the leaflet called: **Your Information,** which is available from PALS (contact details above).

Disclaimer

This leaflet is provided for your information only. It must not be used as a substitute for professional medical care by a qualified doctor or other health care professional. Always check with your doctor if you have any concerns about your condition or treatment. This leaflet aims to direct you to quality websites: these are correct and active at the time of production. The Shrewsbury and Telford Hospital NHS Trust is not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information contained in this leaflet or found on web pages linked to by this leaflet.

Website: www.sath.nhs.uk

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