

# CONSENT FORM for UROLOGICAL SURGERY

(Designed in compliance with  consent form 2)

## PARENTAL AGREEMENT TO INVESTIGATION OR TREATMENT FOR A CHILD OR YOUNG PERSON

### Patient Details or pre-printed label

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

Patient identifier/label

<b>Name of proposed procedure</b> (Include brief explanation if medical term not clear)	<b>ANAESTHETIC</b>
<b>LAPAROSCOPIC PARTIAL NEPHRECTOMY</b> SIDE: .....	- GENERAL/REGIONAL - LOCAL - SEDATION
THIS INVOLVES THE REMOVAL OF PART OF THE IDNEY VIA A CUT IN THE LOIN OR ABDOMEN	

**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 child and his or her parent(s). In particular, I have explained:

**The intended benefits**

TO TREAT KIDNEY DISEASE

**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 and his or her parents *Please tick the box once explained to child/parents*

COMMON

TEMPORARY INSERTION OF A BLADDER CATHETER AND DRAIN

OCCASIONAL

OCCASIONALLY, URINARY INFECTION REQUIRING ANTIBIOTICS

INFECTION OF INCISION REQUIRING FURTHER TREATMENT

RARE

MAY HAVE TO PERFORM TOTAL NEPHRECTOMY IF NOT POSSIBLE TO DO PARTIAL.

BLEEDING REQUIRING FURTHER SURGERY OR TRANSFUSION

VERY RARE

URINARY LEAK FROM KIDNEY EDGE REQUIRING FURTHER TREATMENT

INJURY TO NEARBY LOCAL STRUCTURES – BLOOD VESSELS, LIVER, SPLEEN, PANCREAS AND BOWEL REQUIRING MORE EXTENSIVE SURGERY.

PERSISTENT FLANK PAIN OR HERNIA FORMATION IN AREA OF SCAR

CHEST INFECTION REQUIRING FURTHER TREATMENT.

CONVERSION TO OPEN SURGERY

ALTERNATIVE THERAPY MAY INCLUDE: OBSERVATION OR OP EN SURGERY

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

<b>Signature of Health Professional</b>	<b>Job Title</b>
<b>Printed Name</b>	<b>Date</b>

The following leaflet/tape has been provided **Patient information leaflet** Version 1.0

**Contact details** (if child/parents wish to discuss options later) \_\_\_\_\_

**Statement of interpreter** I have interpreted the information above to the child and his or her parents to the best of my ability and in a way in which I believe they can understand.

<b>Signature of interpreter:</b>	<b>Print name:</b>	<b>Date:</b>
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Copy (i.e. page 3) accepted by patient/parents: yes/no (please ring)

Patient identifier/label

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**Statement of parent**

**Please read this form carefully.** If the procedure has been planned in advance, you should already have your own copy of page 3, 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 and your child. 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 and **I confirm** that I have 'parental responsibility' for this child.
  
- 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 my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia.)
  
- I understand**
  - that any procedure in addition to those described on this form will only be carried out if it is necessary to save the life of my child or to prevent serious harm to his/her health.
  
- I have been told**
  - about additional procedures, which may become necessary during my child's treatment. I have listed below any procedures, which **I do not wish to be carried out** without further discussion.

\_\_\_\_\_  
\_\_\_\_\_

<b>Signature of Parent:</b>		<b>Print please:</b>	<b>Date:</b>
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**Child's agreement to treatment (if child wishes to sign)**

<b>Signature of child:</b>		<b>Print please:</b>	<b>Date:</b>
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**Confirmation of consent**

(to be completed by a health professional when the child is admitted for the procedure, if the parent/child have signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the child and his or her parent(s) that they have no further questions and wish the procedure to go ahead.

<b>Signature of Health Professional</b>	<b>Job Title</b>
<b>Printed Name</b>	<b>Date</b>

**Important notes: (tick if applicable)**

- . See also advance directive/living will (eg Jehovah's Witness form)
- . Parent has withdrawn consent (ask parent to sign/date here)

## Laparoscopic partial nephrectomy



### **Urology Department**

Shrewsbury and Telford Hospitals NHS Trust  
Tel: 01743 261000

## **What does the procedure involve?**

This involves removal of part of the kidney with the surrounding fat for suspected cancer of the kidney, through several keyhole incisions. It involves the placement of a telescope and operating instruments into your abdominal cavity using 3-5 small incisions. One incision will need to be enlarged to remove the kidney

## **What are the alternatives to this procedure?**

Observation, immunotherapy, total nephrectomy, 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 need to wear anti-thrombosis stockings during your hospital stay; these help prevent blood clots forming in the veins of your legs during and after surgery.

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.

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

A ureteric catheter is normally inserted during the operation up to the kidney by means of a telescope passed into the bladder.

## **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 kidney.

The average hospital stay is 4 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)

- Need for removal of the ureteric stent (usually under local anaesthetic)
- Temporary shoulder tip pain
- Temporary abdominal bloating
- Temporary insertion of a bladder catheter and wound drain
- Urinary leak from the cut edge of the kidney requiring further treatment or insertion of a ureteric stent
- Bleeding requiring blood transfusion or conversion to open surgery

Occasional (between 1 in 10 and 1 in 50)

- Infection, pain or hernia of the incision requiring further treatment
- Total removal of the kidney may need to be performed if partial removal is not thought to be possible

Rare (less than 1 in 50)

- Entry into lung cavity requiring insertion of a temporary drain
- The histological abnormality may eventually turn out not to be cancer
- Recognised (or unrecognised) injury to organs/blood vessels requiring conversion to open surgery (or deferred open surgery)
- Involvement or injury to nearby local structures (blood vessels, spleen, liver, kidney, lung, pancreas, bowel) requiring more extensive surgery
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)

#### 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.

There may be some discomfort from the small incisions in your abdomen but this can normally be controlled with simple painkillers.


All the wounds are closed with absorbable stitches which do not require removal.

It will take 10-14 days to recover fully from the procedure and most people can return to normal activities after 2-6 weeks.

If a ureteric stent has been inserted, you may notice that you pass urine more frequently with pain in the bladder region.

## What else should I look out for?





If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, you should contact your GP immediately. Any other post-operative problems should also be reported to your GP, especially if they involve chest symptoms.

## **Are there any other important points?**

A follow-up outpatient appointment will normally be arranged for you 6-12 weeks after the operation. At this time, we will be able to inform you of the results of pathology tests on the removed section of the kidney.

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.

If a ureteric stent has been inserted, arrangements will be made for its removal approximately 6 weeks after your discharge from hospital.

### **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.

## **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)



## 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](http://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](http://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](http://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.

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**Website: [www.sath.nhs.uk](http://www.sath.nhs.uk)**

Information Produced by: N Lynn  
Version 1.0  
Date of Publication: Nov 2015

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