

# CONSENT FORM

for

## UROLOGICAL SURGERY

(Designed in compliance with  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<br><i>e.g. other language/other communication method</i> |  |

Patient identifier/label

|  |   |
|--|---|
| <b>Name of proposed procedure</b><br>(Include brief explanation if medical term not clear)   | <b>ANAESTHETIC</b>                          |
| <b>LAPAROSCOPIC PYELOPLASTY</b> <b>SIDE.....</b><br><br>THIS INVOLVES REPAIR OF NARROWING OR SCARRING AT JUNCTION OF URETER WITH KIDNEY PELVIS TO IMPROVE THE DRAINAGE OF THE KIDNEY AND PAIN. INVOLVING THE INSERTION OF A TEMPORARY STENT TO AID HEALING | - GENERAL/REGIONAL<br>- LOCAL<br>- 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 SHOULDER TIP PAIN
- TEMPORARY ABDOMINAL BLOATING
- TEMPORARY INSERTION OF A BLADDER CATHETER AND WOUND DRAIN
- FURTHER PROCEDURE TO REMOVE URETERIC STENT USUALLY A LOCAL ANAESTHETIC

**OCCASIONAL**

- INFECTION, PAIN OR HERNIA OF INCISION REQUIRING FURTHER TREATMENT
- RECURRENCE CAN OCCUR NEEDING FURTHER SURGERY
- SHORT TERM SUCCESS RATES ARE SIMILAR TO OPEN BUT LONG TERM RESULTS UNKNOWN

**RARE**

- BLEEDING REQUIRING CONVERSION TO OPEN SURGERY OR TRANSFUSIONS

**VERY RARELY**

- RECOGNISED (AND UNRECOGNISED) INJURY TO ORGANS/BLOOD VESSELS REQUIRING CONVERSION TO OPEN SURGERY (OR DEFERRED OPEN SURGERY)
- NEED TO REMOVE KIDNEY AT LATER TIME BECAUSE OF DAMAGE CAUSED BY RECURRENT OBSTRUCTION
- ANAESTHETIC OR CARDIOVASCULAR PROBLEMS POSSIBLY REQUIRING INTENSIVE CARE ADMISSION (INCLUDING CHEST INFECTION, PULMONARY EMBOLUS, STROKE, DEEP VEIN THROMBOSIS, HEART ATTACK AND DEATH.)

ALTERNATIVE THERAPY: OBSERVATION, TELESCOPIC INCISION, DILATION OF AREA OF NARROWING, TEMPORARY PLACEMENT OF PLASTIC TUBE THROUGH NARROWING AND THE CONVENTIONAL OPEN SURGICAL APPROACH.

**A blood transfusion** may be necessary during procedure and patient 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 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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**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:

..... side laparoscopic pyeloplasty under  
 General Anaesthesia (Key hole repair of  
 pelviureteric junction obstruction)

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.
  - 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.

\_\_\_\_\_

\_\_\_\_\_

|                              |  |                      |              |
|------------------------------|--|----------------------|--------------|
| <b>Signature of Patient:</b> |  | <b>Print please:</b> | <b>Date:</b> |
|------------------------------|--|----------------------|--------------|

**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.

|   |                  |
|---|------------------|
| <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)
- . Patient has withdrawn consent (ask patient to sign/date here)

## Patient Information

### Laparoscopic Pyeloplasty



#### **Laparoscopic Pyeloplasty Information**

Urology Services

Shrewsbury and Telford Hospitals NHS Trust

Tel: 01743 261226

## Introduction

Laparoscopic pyeloplasty is a key hole procedure to repair the narrowing at the junction of the kidney pelvis and urethra (the tube that joins the kidney to the bladder). The procedure is performed under general anaesthesia (i.e. you will be asleep during the procedure). The Anaesthetist will also set up an injection pump for pain control after the operation called "patient controlled analgesia". This means you can control the amount and timing of when you have pain killers by pressing a button.

The operation is performed via three or four small incisions. The surgeon inserts the instruments via these incisions to repair the narrowing. The abdominal cavity is inflated with CO2 gas to help with the operation. A ureteric stent is inserted across the repair to aid healing. A wound drain and a catheter are inserted during the procedure as well.

The closure of the wounds is usually with absorbable sutures. Therefore, there is no need to have the stitches removed.

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### **Before the operation**

- Patients are usually admitted on the day of operation
- You might be given an enema to clear the bowel
- The surgeon will put a mark on your body to identify the side of the surgery

The following are the possible complications with this procedure:

### **Common problems**

- Temporary shoulder tip pain due to gas inflation
- Temporary abdominal bloating due to gas inflation
- Temporary insertion of a catheter to monitor urine output from the remaining kidney and sometimes a wound drain
- Removal of the stent under local anaesthesia at a later date

### **Occasional**

- Infection, pain or hernia (weakness) of incision requiring additional treatment
- Recurrence can occur requiring further surgery
- Short term success rate is similar to open surgery but the long term success rate unknown

### **Rare**

- Bleeding requiring conversion to open surgery or blood transfusion

### **Very rare**

- Recognised (and unrecognised) injury to organs/blood vessels requiring conversion to open procedure (immediately or deferred)
- Need to remove the kidney at a later date due to damage caused by recurrent obstruction

- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)

### **After the operation**

- In addition to the catheter and the drain, you will have an intravenous drip line in your arm
  - You will have the button to press for self administration of intravenous pain relief if and when you need it
  - You will also be prescribed regular oral painkillers
  - You will be allowed to eat and drink freely when you wake up
  - The catheter and the drain are removed either the next day or on day 2
  - **Most patients can go home on day 2**
  - Nurses will teach you how to inject yourself with a blood thinning drug to prevent deep vein thrombosis
  - You will also need to come back for the stent removal under local anaesthesia in 6 weeks
- 

## **After discharge**

### **Looking after the wound**

You can have showers every day. You don't need to be concerned about getting the wound wet. Just keep the area dry afterwards.

### **Discomfort**

You will experience some pain and discomfort around the scars, especially in the first week after the surgery. You may also experience some pain in your shoulders for a few days after the operation. Simple painkillers should be able to relieve this effectively for you.

### **Driving**

Your insurance company should be informed about your operation. Some companies will not insure drivers for a number of weeks after surgery, so it's important to check what your policy says. Before resuming driving, you should be free from the sedative effects of any painkillers you may be taking.

You should be comfortable in the driving position and able to safely control your car, including freely performing an emergency stop. In the weeks after surgery, as you build up your strength and return to your normal range of activities, one of your final tasks will be returning to driving. Before you go out on the road again, practise the basic movements you need to drive safely, including an emergency stop. **Do this in a safe place without putting the key in the ignition.** If you feel pain or soreness afterwards, leave it a few days and try again. It is advisable not to restart driving with a long journey.

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## How soon can I go back to work?

Every person recovers differently and has different needs. Some people find that they are well enough to return to work 2 weeks after surgery, though most people take 4 weeks to get back to work. However, if your job involves heavy lifting (more than 5kg at a time) or standing for prolonged periods of more than 20 minutes, then you will need between 4 and 6 weeks before you can return to normal work activities. Your GP or surgeon will help you decide on the best time for you to return to work, based on your individual needs. If your employer has an occupational health nurse or doctor they will advise you on this.

## Contact numbers

**Ward 26(U):** 01743 261226  
(24 hours)

### Hospital Switchboards

Royal Shrewsbury Hospital: 01743 261000  
Princess Royal Hospital: 01952 641222

**Urology secretaries** 01743 261187  
Royal Shrewsbury hospital: 01743 261127

**Urology nurse specialists** 01743 261126

## 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

## Other Sources of Information

- **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)

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

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

Information Produced by: N Lynn

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