

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 <i>e.g. other language/other communication method</i>	

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
PERCUTANEOUS NEPHROLITHOTOMY (PCNL) SIDE..... ULTRASONIC, LITHOCLAST OR LASER REMOVAL OF STONES WITH TELESCOPE PLACED THROUGH A SMALL PUNCTURE IN THE BACK INTO KIDNEY	- 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 REMOVE STONES FROM INSIDE OF 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

- TEMPORARY INSERTION OF A BLADDER CATHETER AND URETERIC STENT/ KIDNEY TUBE NEEDING LATER REMOVAL
- TRANSIENT HAEMATURIA
- TRANSIENT TEMPERATURE

OCCASIONAL

- OCCASIONALLY MORE THAN ONE PUNCTURE SITE IS REQUIRED
- NO GUARANTEE OF REMOVAL OF ALL STONES & NEED FOR FURTHER OPERATIONS
- RECURRENCE OF NEW STONES

RARE

- SEVERE KIDNEY BLEEDING REQUIRING TRANSFUSION, EMBOLISATION OR AT LAST-RESORT SURGICAL REMOVAL OF KIDNEY.
- RARELY, DAMAGE TO LUNG, BOWEL, SPLEEN, LIVER REQUIRING SURGICAL INTERVENTION.
- KIDNEY DAMAGE OR INFECTION NEEDING FURTHER TREATMENT
- OVER ABSORPTION OF IRRIGATING FLUIDS INTO BLOOD SYSTEM CAUSING STRAIN ON HEART FUNCTION

ALTERNATIVE TREATMENT: EXTERNAL SHOCK WAVE TREATMENTS, OPEN SURGICAL REMOVAL OF STONES, OBSERVATION

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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Print name:

Date:

..... side Percutaeneous nephrolithotomy
 (Removal of skidney stone via skin) under General
 Anaesthesia

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.

Signature of Patient:		Print please:	Date:
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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)

Percutaneous nephrolithotomy (PCNL) Information leaflet



This leaflet will give you information on why this procedure may be suitable for you. It also discusses the risks and benefits and will hopefully answer the more common questions raised. Your Urologist can give you more detailed information if you are unsure about anything.

Urology Services
Shrewsbury and Telford Hospital NHS Trust
Tel: 01743 261226



What is a Percutaneous nephrolithotomy?

A Percutaneous nephrolithotomy (PCNL) is an operation to remove stones from the kidney. Percutaneous means to remove through the skin and nephrolithotomy means to remove stones from the kidney. This procedure is performed through a small cut in the skin using keyhole surgery. PCNL is used for large or hard stones that are unsuitable for less invasive treatments. The success rate is between 80 and 95% depending upon the size of the stone.

What are the alternatives to this procedure?

- You can have external shock wave treatment which can break up the stones, however, sometimes the stone may not break into small enough pieces for you to pass.
- You can have open surgical removal of stones.
- Depending on the size of the stone you do have the option to wait and see but some stones if left untreated, can block the passage of urine and not allow the urine to drain sufficiently. This causes pain and infection and can eventually damage the kidney.

What happens before the procedure?

Once you have discussed and agreed the operation with your doctor you will be given a date for the surgery. Before your planned operation you will normally receive an appointment for a pre-operative assessment. This is to assess your general fitness, to screen for any infection such as MRSA and to perform some baseline investigations before the planned date of your admission. An x-ray or limited CT scan may be performed before your surgery to confirm the position of your stone(s). You will be asked not to eat or drink for 6 hours before surgery.


You will usually be admitted on the same day as your surgery to the Surgical Admissions Suite (SAS). You will be seen by members of the surgical team which may include the Consultant or Specialist Registrar. They will look at your x-rays and your clinical records. You will be asked to sign the second part of the consent form giving permission for your operation to take place 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 have.

You will also see members of the Anaesthetic team.

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

- allergies
- a history of deep vein thrombosis or pulmonary embolism
- an artificial heart valve
- a heart pacemaker or defibrillator
- a regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)

If you are taking Aspirin or Clopidogrel on a regular basis, you must discuss this with your Urologist because these drugs can cause increased bleeding after surgery. There may be a balance of risk where



stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will need careful discussion with regard to risks and benefits.

What happens during the procedure?

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure which normally takes 1-2 hours.

The operation is usually carried out in a single stage. Whilst watching on an x-ray/ultrasound screen, the surgeon passes instruments into the kidney through the side of the body via a small cut. The stone(s) are then removed or broken up into small pieces. It may be necessary to puncture the kidney at more than one site if you have many stones scattered throughout the kidney. At the end of the procedure a tube is left in the kidney called a nephrostomy tube. This allows the broken pieces from the stone to drain away with some urine from the kidney. A catheter is usually left in the bladder at the end of the procedure.

You will be given intravenous antibiotics during the procedure to help reduce the risk of infection. You will be given compression stockings to wear and calf pumps to help reduce the risk of deep vein thrombosis or pulmonary embolism. Blood thinning drugs such as heparin are not usually given routinely because of the risk of bleeding but may be in some high risk cases. Your Urologist can discuss this with you.

What happens immediately after the procedure?

After the procedure you will be looked after in recovery to be monitored before you go back to the ward. If you are in pain or feel sick please let the staff know as they will be able to give you appropriate medication. 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

On the second day after surgery, dye is injected into the nephrostomy tube and an x-ray is taken. If there is no blockage, the tube is then removed as well as the bladder catheter. There is often some leakage from the kidney tube site for about 24 hours.

The average hospital stay may vary considerably but is usually between 3 and 7 days (average 5.2).

Are there any side-effects?

Any procedure carries a certain amount of risk, however, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.



Common risks - more than 1 in 10 patients will experience:

- Transient blood in the urine
- Transient raised temperature

Occasional risks – between 1 in 10 and 1 in 50 patients will experience:

- Occasionally more than one puncture site is required
- No guarantee of removal of all stones & need for further operations
- Recurrence of new stones
- Failure to establish access to the kidney resulting in the need for further surgery

Rare risks - less than 1 in 50 patients will experience:

- Severe kidney bleeding requiring transfusion, X-ray intervention or as a last resort, surgical removal of kidney.
- Damage to lung, bowel, spleen, liver requiring surgical intervention.
- Kidney damage or infection needing further treatment
- Over-absorption of the fluid used to flush the kidney into blood system causing strain on heart function

What should I expect when I leave the hospital?

When you leave hospital, you will be given a 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.

- If the operation site is leaking urine, this usually stops with 24 hours of removal of the kidney (nephrostomy) tube.
- It may take at least 2 weeks to recover fully from the operation. You should not expect to return to work within 10 days, especially if your job is physically strenuous.
- It is your responsibility to ensure that you are fit to drive following your surgery and you should check with your insurance company before driving. Your doctors will be happy to provide you with advice on request we would usually suggest not driving for at least 48 hours after discharge.
- You will receive an outpatient appointment for your post operative follow-up appointment within 12 weeks. At this stage you may be discharged or require further follow-up.

When you get home, you should drink twice as much fluid as you would normally to flush your system through and minimise any bleeding. You should aim to keep your urine permanently colourless to minimise the risk of further stone formation.



When do I need to seek medical advice?

If you develop

- a fever
- have severe pain when passing urine
- you are unable to pass urine
- have worsening bleeding
- or have renal colic as a result of small stone fragments passing down the ureter from the kidney

You should contact your GP or Shop Doc immediately.

If you have any concerns once you return home you can contact the ward, your own GP or Shrop Doc. The ward number is 01743 261226.

Follow up appointment

You will usually receive an outpatient appointment for your post operative follow up appointment within 12 weeks. At this stage you may be discharged or you may need further follow-up.

You can help prevent further stone recurrence by implementing changes to your diet and fluid intake. This will be discussed with you when you attend for follow-up.

Other Sources of Information

- www.rcseng.ac.uk/patient_information/internet_sources
- www.patient.co.uk
- www.patientinformation.org.uk
- www.rcoa.ac.uk (for information about anaesthetics)
- www.prodigy.nhs.uk.PILs
- www.besttreatments.co.uk
- **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

Patient Advice 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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