

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
URETEROSCOPY +/- BIOPSY SIDE..... TELESCOPIC EXAMINATION OF URETER AND INSIDE OF KIDNEY +/- BIOPSY AND POSSIBLE PLACEMENT OF PLASTIC TUBE OR STENT. THIS PROCEDURE INCLUDES CYSTOSCOPY AND RADIOLOGICAL IMAGING	- 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 DIAGNOSE AND TREAT URETERIC AND KIDNEY ABNORMALITIES

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

<p>COMMON</p> <p><input type="checkbox"/> MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION</p> <p><input type="checkbox"/> TEMPORARY INSERTION OF A BLADDER CATHETER</p> <p><input type="checkbox"/> INSERTION OF URETERIC STENT WITH FURTHER PROCEDURE TO REMOVE IT</p> <p><input type="checkbox"/> NO GUARANTEE OF CURE AS OFTEN DIAGNOSTIC PROCEDURE ONLY</p> <p>OCCASIONAL</p> <p><input type="checkbox"/> KIDNEY DAMAGE OR INFECTION NEEDING FURTHER TREATMENT</p> <p><input type="checkbox"/> FAILURE TO PASS TELESCOPE IF URETER IS NARROW</p> <p>RARE</p> <p><input type="checkbox"/> FINDING CANCER REQUIRING ADDITIONAL THERAPY</p> <p><input type="checkbox"/> DAMAGE TO URETER WITH NEED FOR OPEN OPERATION OR TUBE PLACED INTO KIDNEY DIRECTLY FROM BACK TO ALLOW ANY LEAK TO HEAL</p> <p><input type="checkbox"/> VERY RARELY, SCARRING OR STRICTURE OF URETER REQUIRING FURTHER PROCEDURES</p> <p><input type="checkbox"/> RISK OF ANAESTHESIA</p> <p>ALTERNATIVE THERAPY: OPEN SURGERY, OTHER X-RAY INVESTIGATIONS, AND FURTHER OBSERVATION</p>

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

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

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
<u>URETEROSCOPY +/- BIOPSY</u> SIDE..... TELESCOPIC EXAMINATION OF URETER AND INSIDE OF KIDNEY +/- BIOPSY AND POSSIBLE PLACEMENT OF PLASTIC TUBE OR STENT. THIS PROCEDURE INCLUDES CYSTOSCOPY AND RADIOLOGICAL IMAGING	- GENERAL/REGI ONAL - LOCAL - SEDATION

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The intended benefits

TO DIAGNOSE AND TREAT URETERIC AND KIDNEY ABNORMALITIES

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 URETERIC STENT WITH FURTHER PROCEDURE TO REMOVE IT
- NO GUARANTEE OF CURE AS OFTEN DIAGNOSTIC PROCEDURE ONLY

OCCASIONAL

- KIDNEY DAMAGE OR INFECTION NEEDING FURTHER TREATMENT
- FAILURE TO PASS TELESCOPE IF URETER IS NARROW

RARE

- FINDING CANCER REQUIRING ADDITIONAL THERAPY
- 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
- RISK OF ANAESTHESIA

ALTERNATIVE THERAPY: OPEN SURGERY, OTHER X-RAY INVESTIGATIONS, AND FURTHER 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

SATH 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:

----- sided ureteroscopy +/- biopsy 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)

Diagnostic ureteroscopy and biopsy



Urology Department

Shrewsbury and Telford Hospitals NHS Trust
Tel: 01743 261126

What does the procedure involve?

This procedure involves inspection of bladder and then ureter which is a tube that connects the bladder and kidney. The procedure is performed under general anaesthetics and sometime involves taking samples of tissue from areas suspected to be diseased. A plastic tube called a stent is sometime left inside the ureter to allow the kidney to drain freely. Stent will need to be removed at a later date.

What are the alternatives to this procedure?

Observation or CT scan are alternatives. Ureteroscopy is usually suggested to the patients when alternatives are not suitable.

What should I expect before the procedure?

You will usually be admitted the day before your surgery although some hospitals now prefer to admit patients on the day of 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?

A full general anaesthetic is normally used and you will be asleep throughout the procedure. You will usually be given an injection of antibiotics before the procedure, after you have been checked for any allergies. The anaesthetist may also use an epidural or spinal anaesthetic to reduce the level of pain afterwards.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

The surgeon will insert a telescope into the bladder through the water pipe (urethra). Under X-ray screening, a flexible guide-wire will be passed into the affected ureter up to the kidney.

A longer telescope is then inserted into the ureter and passed up to the kidney.

Any abnormal areas in the ureter or kidney can be biopsied through the telescope. It may be necessary to put a ureteric stent and a bladder catheter in place after the operation.

What happens immediately after the procedure?

You should be told how the procedure went and you should:

ask the surgeon if it went as planned;

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; and

make sure that you are clear about what has been done and what happens next.

If a bladder catheter has been inserted, this is usually removed on the day after surgery.

You will be able to go home once you are passing urine normally.

The average hospital stay is one day.

Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

Common (greater than 1 in 10)

Mild burning or bleeding on passing urine for short period after operation.

Insertion of a ureteric stent with need for a further procedure to remove it.

No guarantee of cure (this is diagnostic procedure only).

Occasional (between 1 in 10 and 1 in 50)

Kidney damage or infection needing further treatment.

Failure to pass the telescope if the ureter is narrow.

Rare (less than 1 in 50)

Finding cancer which needs additional treatment.

Damage to the ureter with need for an open operation or a tube placed into kidney directly from the back to allow any leak to heal.

Very rarely, scarring or narrowing of the ureter needing further procedures.

Hospital-acquired infection

Colonisation with MRSA (0.9% - - 1 in 110).

MRSA bloodstream infection (0.02% - - 1 in 5000).

Clostridium difficile bowel infection (0.01% - - 1 in 10,000).

Please note: The rates for hospital--acquired infection may be greater in "high--risk" patients.

This group includes, for example, patients with long--term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

What should I expect when I get home?

When you are discharged from hospital, you should:

be given advice about your recovery at home;

ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;


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); and

be sure that you know when you get the results of any tests done on tissues or organs that have been removed.

When you leave hospital, you will be given a "draft" discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

When you get home, you should drink twice as much fluid as you would normally to flush your system through and reduce any bleeding. You may experience some pain in the kidney over the first 24 to 72 hours; this is due to the swelling caused by the instrument or by the presence of a stent. Anti--inflammatory painkillers will help this pain which



normally settles after 72 hours.

It may take at least 10 days to recover fully from the operation and you should not expect to return to work within seven days.

What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately. Small blood clots or debris may also pass down the ureter from the kidney, resulting in renal colic. In this event, you should contact your GP immediately

Are there any other important points?

If a biopsy has been taken, it will be 14 to 21 days before the results on the tissue removed are available. All biopsies are 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.

Depending on the underlying problem, an outpatient appointment, further treatment or another admission may be arranged for you before you leave the hospital. Your urologist or named nurse will explain the details of this to you.

If you have had a stent inserted, you will be informed before your discharge when it needs to be removed. Ureteric stents are usually removed under local anaesthetic. A specific information sheet on what to expect with a ureteric stent is available from the ward or from the specialist nurse.


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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