DR. DAVID SMART
UROLOGIST

INFORMED CONSENT FOR PROCEDURE/OPERATION

FULL NAME OF PATIENT: _____

I.D. NUMBER:_____

PERSON OBTAINING CONSENT:_____

I have explained the nature, risks and possible consequences of the surgical procedure to the undersigned patient or person legally competent to give consent.

Signature: _____ Date: _____

PROPOSED PROCEDURE: CYSTOSCOPY, URETEROSCOPY AND LASER OF STONE SIDE…….

FRAGMENTATION OF STONE IN THE URETER OR KIDNEY. THE STONE IS BROKEN INTO SMALL PIECES AND REMOVED USING A FRAGMENTATION MACHINE (LITHOCAST OR LASER) WITH PLACEMENT OF A SOFT PLASTIC TUBE OR STENT BETWEEN THE KIDNEY AND THE BLADDER.

INTENDED BENEFITS: TO REMOVE A STONE FROM THE URETER OR 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.

COMMON	Mild burning or bleeding on passing urine for a short period after operation. Temporary insertion of a bladder catheter. Insertion of stent with further procedure to remove it. The stent may cause pain, bleeding, discomfort and frequency to urinate.
OCCASIONAL	Inability to get stone or movement of stone back into kidney where it is not retrievable. Kidney damage or infection needing further treatment. Failure to pass telescope if ureter is narrow. Recurrence of stones.

RARE	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 to stricture of ureter requiring further procedures.
ALTERNATIVE THERAPY	Open surgery, shock wave therapy or observation to allow spontaneous passage.

NAME OF HEALTH PROFESSIONAL: _____

SIGNATURE: _____

STATEMENT OF PATIENT:

Please read this form carefully, particularly the previous page, which describes the benefits and risks of the proposed treatment.

I agree: PLEASE TICK

- To the procedure or course of treatment described on this form □
- To a blood transfusion if necessary □

I understand:

- 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.
- 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 prevent serious harm to my health.

I have been told:

- About additional procedures which may become necessary during my treatment.

NAME OF PATIENT: _____

SIGNATURE: _____

DATE: _____