



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: PARTIAL NEPHRECTOMY SIDE.....

THIS INVOLVES REMOVAL OF PART OF THE KIDNEY +/- ADRENAL AND SURROUNDING FAT AND LYMPH NODES FOR SUSPECTED CANCER

INTENDED BENEFITS: TO TREAT KIDNEY CANCER

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

Temporary insertion of a bladder catheter and wound drain.

OCCASIONAL

Bleeding requiring further surgery or transfusions.

Total nephrectomy will be performed if partial is thought not possible

Entry into lung cavity requiring insertion of temporary drainage tube.

Need of further therapy for cancer control.

Infection, pain or bulging of incision site requiring further treatment.

RARE

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

Rarely urinary leak from kidney edge requiring further treatment or a stent.

RARE

Involvement or injury to nearby local structures – blood vessels, lung, spleen, liver, pancreas and bowel requiring more extensive surgery.
May be abnormality other than cancer on microscopic analysis.
Need for further treatment if histology suggests incomplete removal.

ALTERNATIVE TREATMENT Observation, and immunotherapy, laparoscopic approach

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: _____