

**Ureteroscopy and Stent Placement
Consent Form**

Patient Name:

Date of Birth: _____

Guardian Name (if applicable):

Patient ID: _____

Washington State law guarantees that you have both the right and the obligation to make decisions regarding your health care. Your physician can provide you with the necessary information and advice, but as a member of the health care team, you must participate in the decision making process. This form acknowledges your consent to treatment recommended by your physician.

1 MY PROCEDURE

I hereby give my consent for Dr. _____ to perform a **Ureteroscopy** with laser without laser and **Stent Placement** upon me. I understand the procedure is to be performed at First Hill Surgery Center. This has been recommended to me by my physician in order to diagnose and/or treat _____.

I understand that the procedure or treatment can be described as follows:

While lying on back with legs slightly elevated in holsters called stirrups, a scope is inserted into the bladder and the bladder is examined. The ureteral orifice (hole where the ureter enter the bladder) on the side of concern is then identified. Occasionally a retrograde pyelogram is performed prior to the insertion of the ureteroscope. Sometimes, one or more wires is/are placed into the ureter to help guide the passage of the scope. Then, the scope is inserted into the ureter and advanced to the area of concern. Depending on the location, size, and type of stone, the surgeon may elect to use one or a combination of instruments to break the stone and remove any significant fragments. If the fragments are very small, they may pass on their own over the next few days or following the removal of the stent. Sometimes, when some of the fragments are larger, the surgeon may elect to extract some of them from the ureter using a grasping tool. If a stricture (scar tissue) is identified, it may be spread open with a balloon device or cut open with a small knife or laser. If abnormal tissue is identified, a biopsy can be taken and/or the tissue can be cauterized. This can be done with laser or other technology. When the indicated procedure is complete, a stent may be inserted and the patient is awakened. A stent is a thin plastic tube placed inside the ureter that prevents stones or edema from blocking off the kidney and causing pain.

The actual procedure can take anywhere from 15 minutes to a couple of hours depending on the characteristics of the case and individual anatomy.

This procedure may require general or spinal anesthesia which will be administered by a qualified anesthesiologist. Your anesthesiologist will be available to discuss this further with you on the day of your procedure.

2 MY BENEFITS

Some potential benefits of this procedure include:

- Relief of pain from stones and prevention of other stones from future blockage. May allow diagnosis of causes for blood in urine or other findings on x-ray.

3 MY RISKS

I understand that there are **potential risks, complications and side effects** associated with any surgical procedure. Although it is impossible to list all of them, I have been informed of some of the possible risks, complications and side effects of this procedure.

These could include but may not be limited to the following:

- Urinary tract infection or Urosepsis (bloodstream infection). Even with a minor and sterile procedure it is possible to get an infection with bacteria that typically cause urinary tract infections (UTIs). The symptoms of a bladder infection are burning urination, urinary frequency and a strong urge to urinate. UTIs usually resolve with a few days of antibiotics. If the infection enters the bloodstream, this type of infection will most likely present with urinary symptoms and any combination of the following: fever, shaking chills, weakness or dizziness, nausea and vomiting. Hospitalization with intravenous antibiotics, fluids, and observation may be required. Diabetics, patients on long-term steroids, or with immune system disorders are most likely to have these complications. **If you develop a high temperature or severe illness symptoms (fevers, shaking chills, weakness or dizziness, nausea or vomiting, confusion) let your doctor know and proceed to the nearest emergency room immediately.**
- Blood clots in the urine. In almost all instances, the urine clears on its own over the next day or so. If severe, the blood can form clots and block the flow of urine. This is more common in men who may already have partially obstructing prostates. The treatment may be placement of a catheter to drain the urine from the bladder and/or irrigating the clots out of the bladder.
- Urinary Retention. Even in the absence of bleeding in men, the prostate can become inflamed secondary to delayed infection. As a result, the flow of urine can be blocked. In this instance, a catheter is placed and your doctor would discuss the next step. Patients at greater risk are those who already have difficulty urinating before the procedure due to BPH (Benign Prostatic Hyperplasia).
- Ureteral Injury – Despite precautionary measures, the ureter may be injured from the scope or from the instruments used to break/remove your stone or take a biopsy. Usually, the procedure will be ended and a stent will be put in place and the tissue will be allowed to heal for one to two weeks. A more severe injury, (while very rare) may require placement of a nephrostomy tube (a tube placed through the back and into the kidney temporarily, in order to drain the kidney). A complete ureteral avulsion (separation of the ureter from the bladder or kidney) is a very rare occurrence and requires open surgery through an incision to repair.
- Deep Vein Thrombosis (DVT)/Pulmonary Embolus (PE) – This would be quite unusual following a ureteroscopy procedure unless the operative time was long. Following any long procedure, more commonly following surgeries which elevate legs in stirrups, a clot in the vein of the leg (DVT) can develop.

Some of these risks, complications and side effects are not serious or do not happen frequently. Although these risks, complications and side effects may occur only very rarely, they do sometimes occur and cannot be predicted or prevented by the physician performing the procedure.

4 TISSUE DISPOSAL/PATHOLOGY

Any tissue or specimen may be disposed of in accordance with accustomed practice; or specimen sent to pathology for evaluation in agreement with my designated healthcare provider.

5 MY CONSENT

Although most procedures have good results, I understand that **no guarantee** has been made to me about the results of this procedure or the occurrence of any risks, complications and side effects.

I recognize that during the course of treatment, unforeseeable conditions may require **additional treatment or procedures**.

I request and authorize my physician and other qualified medical personnel to perform such treatment or procedures **as required**.

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MY CONSENT CONT...

I have chosen to undergo this procedure after considering the **alternative forms of diagnosis and/or treatment** for my condition including no treatment or other procedures or tests. Alternatives to this procedure may include, but are not limited to watchful waiting, shock wave lithotripsy, and percutaneous approaches. These alternative forms of treatment have their own potential risks, benefits and possible complications.

I certify that I have read or had read to me the contents of this form and will follow any patient instructions related to this procedure.

I understand the potential risks, complications and side effects involved with the proposed **Ureteroscopy with laser without laser and Stent Placement** and have decided to proceed after considering the possibility of both known and unknown risks, complications, side effects and alternatives.

I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I consent to the above procedures as deemed necessary or appropriate by my physician or credentialed provider.

<p>Patient Signature: _____ Date: _____ Time: _____</p> <p>Patient is unable to consent because _____. I therefore consent for the patient. Authorized Consenter's Signature: _____ Date: _____ Time: _____ Printed Name: _____ Relationship to Patient: _____</p> <p><input type="checkbox"/> Mark this box if telephone consent</p> <p>Witness Name: _____ PRINT NAME</p> <p>Witness Signature: _____ Date: _____ Time: _____</p>

<p>By my signature below I attest to the fact that I explained the procedure to the patient.</p> <p>Physician Name: _____ PRINT NAME</p> <p>Physician Signature: _____ Date: _____ Time: _____</p>
