



Affix Patient Label

Informed Consent:

Name _____ Date of Birth _____

Ureteroscopy and Stent Placement (Stone removal, possible laser of stone)

This information is given to you so that you can make an informed decision about having **Ureteroscopy and Stent Placement (Stone removal, possible laser of stone)**

Reason and Purpose of the Procedure:

The ureter is the tube that connects the urinary bladder to the kidney, and is the most common place for a kidney stone to get caught and cause severe pain. An ureteroscopy is performed to remove the blockage.

The physician will insert a thin viewing instrument (ureteroscope) into the urethra (the tube that leads from the outside of the body to the bladder.) It will then be passed through the bladder and into the ureter. The kidney stone will be removed with forceps or by using an instrument with a “basket” that grabs the stone. Smaller stones can be removed all in one piece. Larger stones may need to be broken up before they can be removed. A stent may be placed to allow for drainage depending on the procedure.

Benefits of this surgery:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Reduced pain
- Kidney stone will be removed
- Increased ability to urinate

Risks of Surgery:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

General risks of surgery:

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments.
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke may occur.
- Bleeding may occur. If bleeding is excessive, you may need a transfusion.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

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Risks of this surgery:

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- Urinary Tract infection or Urosepsis: You may need antibiotics.
- Urinary retention: The prostate in males may become swollen due to the procedure, which may cause difficulty during urination.
- Ureteral Injury: An injury to the ureter can occur. You may need further surgery.
- Blood clots in Urine: Small blood vessels can be cut in the bladder, ureter, and the prostate. If bleeding is severe enough blood clots will appear in the urine. A catheter may be placed is to flush the clots.

Risks associated with smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks associated with obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks specific to you:

Alternative Treatments:

Other choices:

- You can decide not to have the procedure

If you choose not to have this treatment:

- Continued discomfort
- Inability to urinate

General Information

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **Ureteroscopy and Stent Placement (Stone removal, possible laser of stone)**
- _____
- I understand that my doctor may ask a partner to do the surgery.
- I understand that other doctors, including medical residents; other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient Signature _____

Relationship Patient Closest relative (relationship) Guardian **Date/Time** _____

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter (if applicable) _____ Date _____ Time _____

For provider use only:
 I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options and possibility of complications and side effects of the intended intervention. I have answered questions and patient has agreed to procedure.

Provider Signature _____ Date _____ Time _____

Teach Back

Patient shows understanding by stating in his or her own words:

Reason(s) for the treatment/procedure: _____

Area(s) of the body that will be affected: _____

Benefit(s) of the procedure : _____

Risk(s) of the procedure: _____

Alternative(s) to the procedure: _____

or

_____ Patient elects not to proceed _____ (patient signature)

Validated/Witness: _____ Date: _____ Time: _____