

This information is given to you so that you can make an informed decision about having **Radical Nephrectomy, Partial Nephrectomy, Nephroureterectomy, or Adrenalectomy**.

Reason and Purpose of the Procedure:

Radical or total nephrectomy is the surgical removal of the kidney through an incision in the abdomen. Depending on the extent of the cancer and your anatomy, this operation can last 2 or more hours.

If the tumor can be removed without taking the whole kidney, the doctor will do a **partial nephrectomy**. This is when a part or half of the kidney is removed.

The kidney and ureter may need to be removed if the cancer grows in the middle of the kidney, or in the upper part of the ureter (the tube that takes the urine from the kidney to the bladder). In this operation, both the kidney and the ureter could be removed (**nephroureterectomy**).

If a kidney tumor is very large, at the upper part of the kidney, or it is difficult to separate the two, the adrenal gland that sits on top of each kidney may be removed. Tumors on the adrenal gland may also need to be removed (**adrenalectomy**).

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.

- Remove cancerous growth in the kidney
- Remove cancerous growth in the ureter
- Remove of a benign (non-cancerous) tumor in the kidney
- Remove kidneys that are either not working or not working correctly

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.

Patient Name:

DOB:

Risks of this surgery:

- **Bowel Obstruction or Ileus:** The bowel movement may be paralyzed or blocked after surgery. This may cause a build up of fluid in the bowel with bloating and vomiting. This may need more treatment. Adhesions (bands of scar tissue) may form and cause bowel blockage. This can be a short term or a long-term complication. This may need more surgery.
- **Damage to the bowel:** This may cause leakage of bowel fluid. This may need more surgery.
- **Difficulty passing urine:** Especially in a male, there may be a problem passing urine. A tube may need to be put into the bladder to drain the urine. This is usually temporary until the bladder recovers.
- **Death:** The incidence of death during or shortly after the operation is approximately 1%. It is usually a result of an unexpected heart or lung problem.
- **Failed kidney function:** With partial removal of the kidney, the remaining kidney function may fail. You may need artificial kidney support.
- **Hernia:** A weakness or bulging in the wound can develop. This may need more surgery.
- **Injury to surrounding organs:** Very large tumors or those with scarring and inflammation can sometimes be attached to surrounding organs. These can be injured and need more surgery.
- **Major bleeding:** From the large renal vessels. This may need more surgery and possible blood transfusion.
- **Pain:** Healing of the wound may be abnormal and the wound can be thickened and red and the wound may be painful.
- **Pneumothorax (Collapse of the Lung):** Entering the lungs is sometimes necessary during the surgery. This may cause numbness or chest complications. A chest tube (lung cavity drain) may need to be placed.
- **Urinary Tract Infection:** This may need antibiotics.
- **Urine Leak:** If part of the kidney is removed, urine may leak from the remaining kidney section. This may need more surgery.
- **Wound Infection:** Infection may occur in the wound, near the surface or deep in the tissues. You may need antibiotics or more treatment. Pus collections in the abdomen may need surgical drainage.

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:

Patient Name:

DOB:

Alternative Treatments:

- Do nothing. You may decide not to have the procedure.

If you choose not to have this treatment:

- If you have a cancerous tumor, it may continue to grow.
- You could die from the cancer.
- Your kidney may completely shut down. You could need dialysis (artificial kidney support) or a kidney transplant.

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.

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.

Medical Implants/Explants:

I agree to release my social security number, my name and address, and my date of birth to the company that makes the medical device that is put in or removed during this procedure. Federal laws and rules require this. The company will use this information to locate me if needed.

Patient Name: _____

DOB: _____

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: Right Left **Radical Nephrectomy, Partial Nephrectomy, Nephroureterectomy, or Adrenalectomy** _____
- I understand that my doctor may ask a partner to do the surgery.
- I understand that other doctors, including medical residents or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Patient**Signature** _____**Relationship** Patient Closest relative (relationship) Guardian

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: _____