

Informed Consent Extracorporeal Shock Wave Lithotripsy (ESWL[®])

This information is given to you so that you can make an informed decision about having **Extracorporeal Shock Wave Lithotripsy (ESWL[®])**.

Reason and Purpose of the Procedure

Extracorporeal Shock Wave Lithotripsy (ESWL[®]) crushes a kidney stone while it is still inside your body. This procedure does not need incisions. During lithotripsy, carefully directed shock waves pass through your body. They hit the stone and cause it to crumble into sand-like particles. These particles can then pass easily out of your urinary tract.

Benefits of this procedure

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.

- It can usually be done on an outpatient basis.
- It has a high success rate.
- You can usually return to normal daily activities in a few days.
- You will have less pain from the kidney stones.

Risks of this procedure

- **Bruising:** You may have bruising of the kidney or the skin. You may need more treatment or surgery.
- **Incomplete breaking up of the kidney stone:** The stones may not break up enough to be passed out through the urinary tract. This may need more surgery.
- **Loss of kidney function:** Bruising to the kidney may cause loss of kidney function. This is usually temporary until the kidney heals. You may need more treatment or a blood transfusion if bleeding is heavy.
- **Urinary tract infection or urosepsis (Bloodstream infection):** Bacteria may get into the bladder or bloodstream. More treatment with antibiotics may be needed.
- **Ureteral blood clots:** Small blood vessels in the kidney can rupture and cause bleeding in the urine. If clots form, they can block urine flow down the tube from the kidney to the bladder. You may need more surgery.

General risks of this procedure

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.

- 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 DVT's 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.

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

- Removal of stones with a scope or surgical incision.
- Do nothing. You can decide not to have the procedure.

If you choose not to have this treatment

- You may continue to have pain from the stone or infection, or blockage of the kidney.

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.

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: **Extracorporeal Shock Wave Lithotripsy (ESWL[®])**.
- I understand that my doctor may ask a partner to do the procedure.
- 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.

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

Patient Signature _____ Date: _____ Time: _____

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: _____ Date _____ Time _____

Interpreter (if applicable)

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

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.

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: _____ Date: _____ Time: _____

(patient signature)

Validated/Witness: _____ Date: _____ Time: _____