

## Informed Consent Cystoscopy and Stent Placement Retrograde Pyelogram possible Stent Exchange

This information is given to you so that you can make an informed decision about having **Cystoscopy and Stent Placement Retrograde Pyelogram possible Stent Exchange**

### Reason and Purpose of the Procedure

Cystoscopy and Stent Placement Retrograde Pyelogram surgery is needed to treat a blocked ureter tube. The ureter is a tube that connects each kidney to the urinary bladder. When there is a blockage in the ureter tube it causes pain. A stent is a tube that is placed in the ureter. It helps keep the blocked ureter open.

In some cases the stent can be removed just a few days after the procedure, while in other cases your urologist may recommend that it stay in place longer. In cases where stent has to stay in place longer your provider may remove or exchange the stent.

### 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.

- Less pain or discomfort.
- Increased urinary flow
- Relief of blockage of kidney

### 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

### Risks of this surgery

- **Urinary tract infection-** although antibiotics may be given to you, it is still possible to experience infection. You may need further antibiotics.
- **Blood clots in the urine.** Although rare, bleeding may occur. This can cause clots to form that will block urine flow. A catheter may need to be inserted to flush out the clot
- **Urinary retention.** The prostate in males may become swollen due to the procedure. This may cause difficulty during urination.
- **Ureteral injury.** The ureter may be injured from the wire, the stent or the catheter. This may require further surgery.

**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**

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**Alternative Treatments****Other choices:**

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

**If you choose not to have this treatment**

- Continued discomfort.
- Difficulty urinating
- Increase chance of urinary tract infections

**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.
- My insurance company may not pay for this device or procedure. I know I am responsible for charges not covered by my insurance.

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 **Cystoscopy and Stent Placement Retrograde Pyelogram possible stent exchange** \_\_\_\_\_
- 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.

**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: \_\_\_\_\_