

## Informed Consent Ureteral Reimplantation

This information is given to you so that you can make an informed decision about having **Ureteral Reimplantation**

### Reason and Purpose of the Procedure

Ureteral reimplantation is performed to treat the condition known as vesicoureteral reflux (VUR). Reflux is when urine flows from the filled bladder back up towards the kidneys. This usually happens only during bladder squeezing (urination), but it may happen during bladder filling in patients with more severe reflux.

### 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.

- Normal urination
- Decreased rate of infection

### 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

- **Persistence or Recurrence:** It is possible that reflux may not go away or may happen again in the future.
- **Ureteral Obstruction/ Anuria:** You may need further surgery.
- **Contralateral Reflux:** When surgery is done on one side, the other side can begin to reflux after the surgery.
- **Infection:** You may require antibiotics.
- **Urinary Retention:** The bladder can fail to squeeze properly. You may need further surgery.
- **Intraperitoneal Bowel Injury:** It is possible for the small intestine to be injured by one of the surgical instruments. You may need 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**

- Increase rate of infection due to reflux.
- Damage to your kidneys may occur

**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:  **Right**  **Left Ureteral Reimplantation**
- \_\_\_\_\_
- 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: \_\_\_\_\_