



Affix Patient Label

Patient Name:

DOB:

## Informed Consent Drainage Nephrostomy

This information is given to you so that you can make an informed decision about having Radiology imaging guided drainage of the kidney (Nephrostomy tube placement).

Drainage location: \_\_\_\_\_

The radiologist will use ultrasound, computed tomography (CT), or X-ray fluoroscopy to guide precise placement of a nephrostomy tube. This is a small drainage catheter, less than ¼ inch in width. A tiny incision in the skin on your back will be made. A small needle will be placed through the skin into the kidney. The radiologist will place a small wire with a soft tip through the needle into the kidney. The drainage catheter will be placed over the wire into the kidney. After placement, the drainage catheter will be attached to a bag to collect urine from the kidney.

In some cases, the drainage catheter is left in place temporarily. In some cases it can be needed for months or years. If the catheter is to remain for a long time, it should be replaced every 3 months. This is a simple outpatient procedure and is usually done with no sedation or mild sedation. Your doctor or the radiologist can discuss how long the nephrostomy tube will be needed with you.

Local anesthetic will be injected at the nephrostomy tube site. You will be given some intravenous medication to relax you and for the pain. For most patients, the procedure is well tolerated. Some patients will have moderate discomfort. This is well controlled with the intravenous sedation and pain medication. If general anesthesia or stronger sedation is needed, your doctor will discuss that with you.

Some patients will go home with the nephrostomy tube in place. If this occurs, you will receive instructions on how to care for the catheter. You may need to have a nurse come to your home. Some patients will have an internal stent placed at the same time as the nephrostomy tube or as a separate procedure. A stent allows urine to drain from the kidney to the bladder. This may allow removal of the nephrostomy tube. The radiologist can discuss this with you.

### Reason and Purpose for Procedure

- Drain an obstructed kidney to improve symptoms and make recovery more rapid.
- Gain access to the kidney to allow an Urologist to remove a stone from the kidney.

### 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.

- Improve kidney function.
- Protect the kidney from more damage.
- Allow removal of a kidney stone, if needed.
- Reduce pain.
- Diagnose the type of infection, if present, and help choose correct antibiotics.
- Help treat and cure the infection.

## Risks of Procedures

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 Nephrostomy Tube Placement

- **Severe bleeding.** This is uncommon. You may need a blood transfusion. You may need an emergency procedure called transcatheter embolization. This is where a tiny catheter is advanced through the arteries to the kidney to allow plugging up a bleeding artery.
- **Blood in the urine.** You may need a catheter to irrigate the bladder. This is done to keep clots from blocking urine flow from the bladder. A small amount of bleeding is common.
- **Infection in the bloodstream.** You may need antibiotics and IV fluids. You may need further hospitalization. This is uncommon.
- **Needle puncture of the lung.** You may need a chest tube to re-inflate the lung. This is uncommon.
- **Death.** This is rare but is more likely if you have a severe illness.
- **Infection.** Can occur in the abdomen, kidney, skin or soft tissue under the skin. You may need antibiotics.
- **Injury to bowel or internal organs.** You may need further surgery to repair. You may need antibiotics to treat infection.
- **Complications from sedation medicine.** You may have low blood pressure and breathing problems including slow breathing and choking on vomit (aspiration). If you are sedated you will be monitored by a nurse and given oxygen to breathe.
- **Injury to a kidney artery.** An aneurysm (a blood filled balloon-like bulge in the wall of a blood vessel) or an abnormal connection between an artery and vein can form. This is rare. This can show up months or years after a nephrostomy tube placement. You may need further surgery or transcatheter embolization.

## Risks Specific to 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.

**Alternative Treatments**

Other choices:

- Open surgical stone removal or drainage tube placement under general anesthesia.
- Ureteral stent placement from the bladder to the kidney.
- Do nothing.

**If You Choose Not to Have this Treatment**

- Your recovery may take longer.
- You might not recover.
- You might die from kidney failure or infection.
- Your kidney function could get worse.

**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: **Nephrostomy Tube Placement**\_\_\_\_\_.
- I understand that my doctor may ask a partner to do the surgery/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**

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: \_\_\_\_\_