



Affix Patient Label

Patient Name:

DOB:

## Informed Consent Percutaneous Nephrolithotomy (PCNL)

This information is given to you so that you can make an informed decision about having **Percutaneous Nephrolithotomy (PCNL)**.

### Reason and Purpose of the Procedure

A PCNL is the removal of a kidney stone through a small incision in your back.

When a stone is too large to be treated with other types of surgery, a PCNL is recommended.

### 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.
- Less pain during urination
- Removal of stone

### 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

- **Blood Loss:** The scope and the stone can cause trauma to small blood vessels. This means there is the possibility for the loss of blood. In some cases, a transfusion may be needed.
- **Renal Infarction / Loss of kidney:** The scope or stone instruments can cause trauma to important blood vessels that supply blood to portions of the kidney. If this happens, part of the kidney could die. If there is a major vascular injury, it could mean an emergency procedure needs to be done to close off the vessel. In extreme cases, an open operation may be needed to correct a problem or even remove the kidney in order to control the bleeding.
- **Urine Leak:** As described, this operation involves making a small hole in the kidney in order to remove the stone. In most cases, this hole will close off in 1-3 days. Sometimes there may be a leak for a longer period. If the hole continues to leak or not heal properly, a minimally invasive procedure maybe needed. This problem can appear in the hospital or weeks later.
- **Pneumothorax (collapse of the Lung):** The kidneys lie close to the chest cavity. It is possible to enter the lung cavity and collapse the lung. A tube may be placed in the side of the chest wall to allow the lung to re-inflate. The tube will usually be removed in a few days.
- **Liver or spleen injury:** Because these organs are so close to the kidneys, it is possible that the liver and or spleen may be injured. Surgery may be needed.

- **Injury to the small intestine or colon:** The kidneys are close to portions of the small intestine and the colon. It is possible to injure these organs during this procedure. Surgery may be needed to repair these organs.
- **Urinary Tract infection or Urosepsis:** You may need further antibiotics.
- **Ureteral Injury:** To get a portion of the stone heading down the ureter, it may be injured from the scope. An additional procedure may be needed to repair the damage.

**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 Pain
- Kidney or urinary tract may become blocked
- Increased chance of infection

**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 **Percutaneous Nephrolithotomy (PCNL)**
- \_\_\_\_\_
- 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: \_\_\_\_\_