



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: Cystolitholapaxy

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

Reason and Purpose of the Surgery:

Cystolitholapaxy is a procedure done to remove bladder stones. A small tube with a camera at the end (cystoscope) is inserted through your urethra and into your bladder to view the stone. Your doctor uses a laser, ultrasound or mechanical device to break the stone into small pieces and flushes the pieces from your bladder.

Hand-held lithotripters use ultrasonic energy to break up the stone into pieces small enough to pass in the urine. Holmium laser lithotripsy uses a laser to break up the stone.

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.

- Removal of bladder stones
- Improve pain or discomfort

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.
- Injury to organs, blood vessels and/or nerves can occur. This could be found during the surgery or after the surgery. This could need further surgery or treatments to repair.
- 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 or sepsis. Your doctor may give you antibiotics before and after the procedure to reduce the risk of infections.
- A tear in your bladder, can cause delayed scar formation. This may require surgery or treatments to repair.
- Treatment failure. Patients may need to have a surgery called an open cystotomy if the procedure was not successful in removing the bladder stones.
- Bladder stones can come back unless the condition that caused them is treated. Discuss treatments with your doctor.

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:

Other choices:

- Do nothing. You can decide not to have the procedure.
- For small stones, increasing the amount of water you drink can help pass them.
- Surgery is an alternative treatment. The surgeon enters the bladder through a cut in the abdomen to remove the bladder stone. Any surgery has risks.

If you choose not to have this treatment:

- Your condition and/or symptoms may worsen.
- Talk to your provider about your treatment options.

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: _____

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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: **Cystolitholapaxy** _____
- 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/products.

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian**Interpreter's Statement:**

I have interpreted this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Voice/Video Service: _____ Interpreter ID#: _____ Date: _____ Time: _____

Interpreter's name (print): _____ Agency: _____

Interpreter's Signature: _____ 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: _____