



WEST COAST UROLOGY
a s s o c i a t e s

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Information Document

Laparoscopic Donor Nephrectomy

This involves the removal of a kidney utilizing several small incisions and one larger lower abdominal incision. It requires the placement of telescopic instruments into the abdominal cavity via keyhole incisions, and inflation of the cavity around the kidney with air, to free the kidney and get access to the blood vessels and ureter. The blood vessels supplying and draining the kidney (renal artery and vein) as well as the ureter are closed off with metal clips (staples) and then cut. The kidney then is removed rapidly from the body via the bigger incision, so that it can be washed out, cooled off and preserved before transplantation into the recipient

Risks and complications

Common

Temporary shoulder tip pain
Temporary abdominal bloating
Temporary insertion of a bladder catheter and/or wound drain

Unusual

Infection
Excessive pain
Hernia requiring treatment
Back pain
Nausea and vomiting

Rare

Bleeding requiring conversion to open surgery and/or transfusion
Post operative bleeding requiring urgent open surgery
Injury to neighbouring organs such as lung, pancreas, spleen, blood vessels, bowel requiring additional surgery
Opening the lung membrane requiring a temporary chest drainage tube
Anaesthetic and cardio-vascular complications requiring intensive care admission such as lung infection, deep vein thrombosis, pulmonary embolism, stroke, heart attack, death



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Consent Document

I have explained the nature, risks and possible consequences of the medical procedure to the undersigned patient or person legally competent to give consent.

Dr:

By signing below, I (full name of patient) give consent to the procedure indicated.

Nature of Procedure:.....

I declare that:

- I have read or have had explained to me information about the procedure and possible complications. I have had a chance to ask questions and all my questions have been adequately answered.
- I the undersigned, hereby consent to the performance of, and understand the nature, risks and possible consequences of the above procedure. The doctors who perform the above may increase the reasonable scope thereof and carry out additional or alternative measures if considered necessary.

Signed at (*place*) on (*date*) 2009

.....
Signature of patient

.....
Signature of witness