CONSENT FORM

for

UROLOGICAL SURGERY

(Designed in compliance with

consent form 1)

Name of proposed procedure (include brief explanation if medical term not clear)	ANAESTHETIC
PERCUTANEOUS NEPHROLITHOTOMY (PCNL) SIDE……. ULTRASONIC, LITHOCLAST OR LASER REMOVAL OF STONES WITH TELESCOPE PLACED THROUGH A SMALL PUNCTURE IN THE BACK INTO KIDNEY	☐ - GENERAL/REGIONAL ☐ - LOCAL ☐ - S EDATION

Serious or frequently occurring risks

COMMON

- TEMPORARY INSERTION OF A BLADDER CATHETER AND URETERIC STENT/ KIDNEY TUBE NEEDING LATER REMOVAL
- TRANSIENT HAEMATURIA
- TRANSIENT TEMPERATURE

OCCASIONAL

- OCCASIONALLY MORE THAN ONE PUNCTURE SITE IS REQUIRED
- NO GUARANTEE OF REMOVAL OF ALL STONES & NEED FOR FURTHER OPERATIONS
- RECURRENCE OF NEW STONES

RARE

- SEVERE KIDNEY BLEEDING REQUIRING TRANSFUSION, EMBOLISATION OR AT LAST RESORT SURGICAL REMOVAL OF KIDNEY.
- RARELY, DAMAGE TO LUNG, BOWEL, SPLEEN, LIVER REQUIRING SURGICAL INTERVENTION.
- KIDNEY DAMAGE OR INFECTION NEEDING FURTHER TREATMENT
- OVER ABSORPTION OF IRRIGATING FLUIDS INTO BLOOD SYSTEM CAUSING STRAIN ON HEART FUNCTION

ALTERNATIVE TREATMENT: EXTERNAL SHOCK WAVE TREATMENTS, OPEN SURGICAL REMOVAL OF STONES, OBSERVATION