

# CONSENT FORM

for

## UROLOGICAL SURGERY

(Designed in compliance with  consent form 1)

### PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT

#### Patient Details or pre-printed label

Patient's NHS Number or Hospital number	
Patient's surname/family name	
Patient's first names	
Date of birth	
Sex	
Responsible health professional	
Job Title	
Special requirements <i>e.g. other language/other communication method</i>	

Patient identifier/label

<b>Name of proposed procedure</b> (Include brief explanation if medical term not clear)	<b>ANAESTHETIC</b>
<b>(Rigid ) CYSTOSCOPY AND STENT PROCEDURE</b> <b>SIDE.....</b>  THIS PROCEDURE INVOLVES TELESCOPIC INSPECTION OF BLADDER AND URETHRA AND INSERTING, REMOVING OR CHANGING A SOFT PLASTIC TUBE PLACED BETWEEN THE KIDNEY AND THE BLADDER.	- GENERAL/REGIONAL - LOCAL - SEDATION

**Statement of health professional** (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained:

**The intended benefits**

TO DIAGNOSE AND TREAT ABNORMALITY OF THE URETERIC TUBE

**Serious or frequently occurring risks** including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. Please tick the box once explained to patient

**COMMON**

- MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION
- TEMPORARY INSERTION OF A CATHETER
- TEMPORARY DISCOMFORT FROM TUBE CAUSING PAIN, FREQUENCY AND OCCASIONAL BLOOD IN URINE
- FURTHER PROCEDURE TO REMOVE STENT IF INSERTED
- USE OF XRAY IMAGING TO HELP IN THE CORRECT PLACEMENT OF THE STENT

**OCCASIONAL**

- INFECTION OF BLADDER REQUIRING ANTIBIOTICS
- OCCASIONALLY WE CAN NOT PASS THE STENT REQUIRING ALTERNATIVE TREATMENT
- PERMISSION FOR TELESCOPIC REMOVAL/ BIOPSY OF BLADDER ABNORMALITY/STONE IF FOUND

**RARE**

- DELAYED BLEEDING REQUIRING REMOVAL OF CLOTS OR FURTHER SURGERY
- INJURY TO URETHRA CAUSING DELAYED SCAR FORMATION

ALTERNATIVE THERAPY: OBSERVATION, PLACEMENT OF TUBE DIRECTLY INTO KIDNEY FROM BACK (CALLED A NEPHROSTOMY), OPEN SURGICAL TREATMENT

**A blood transfusion** may be necessary during procedure and patient agrees **YES or NO (Ring)**

<b>Signature of Health Professional</b>	<b>Job Title</b>
<b>Printed Name</b>	<b>Date</b>

The following leaflet/tape has been provided

Patient information leaflet Version 1.0

Contact details (if patient wishes to discuss options later) \_\_\_\_\_

**Statement of interpreter** (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signature of interpreter:

Print name:

Date:

Copy (i.e. page 3) accepted by patient: yes/no (please ring)



Patient identifier/label

**Statement of patient**

**Please read this form carefully.** If your treatment has been planned in advance, you should already have your own copy of page 2, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

- I agree**
- to the procedure or course of treatment described on this form.
  - to a blood transfusion if necessary
  - that any tissue that is normally removed in this procedure could be stored and used for medical research (after the pathologist has examined it) rather than simply discarded. PLEASE TICK IF YOU AGREE
- I understand**
- that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
  - that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)
  - that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
  - about additional procedures which may become necessary during my treatment. I have listed below any procedures which **I do not wish to be carried out** without further discussion.

\_\_\_\_\_

\_\_\_\_\_

<b>Signature of Patient:</b>		<b>Print please:</b>	<b>Date:</b>
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**A witness should sign** below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here. (See DOH guidelines).

Signed \_\_\_\_\_  
 Date \_\_\_\_\_  
 Name (PRINT) \_\_\_\_\_

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance). On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

<b>Signature of Health Professional</b>	<b>Job Title</b>
<b>Printed Name</b>	<b>Date</b>

**Important notes: (tick if applicable)**

- . See also advance directive/living will (eg Jehovah's Witness form)
- . Patient has withdrawn consent (ask patient to sign/date here)

## Patient Information

### Ureteric Stent Insertion



This leaflet will give you information on why this procedure may be suitable for you.

It also discusses the risks and benefits and will hopefully answer the more common questions raised. Your Urologist can give you more detailed information if you are unsure about anything.

Urology Services  
Shrewsbury and Telford Hospital NHS Trust  
Tel: 01743 261226

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## Why are stents inserted?

Ureteric stents are inserted for many reasons but the commonest indications are blockage of the ureter (the tube draining urine from the kidney to the bladder) or before lithotripsy (shockwave treatment) for a large kidney stone where there is a risk of stone fragments causing pain or blockage. Ureteric stents are usually inserted with a general anesthetic.

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## What happens before the procedure?

You may already be in hospital as stents are often inserted as an urgent procedure to unblock the kidney. If so, your doctors will have assessed your general fitness and screened for any infection such as MRSA.

If this is a planned admission once you have discussed and agreed the operation with your doctor you will be given a date for your operation. Before your planned operation you will normally receive an appointment for a pre-operative assessment. This is to assess your general fitness, to screen for any infection such as MRSA and to perform some baseline investigations before the planned date of your admission.

You will be asked not to eat or drink for 6 hours before surgery.

You will usually be admitted on the same day as surgery to the Surgical admissions Suite or Day Case Unit. You will be seen by a member of the surgical team which may include the Consultant or Specialist Registrar. They will look at your X-rays and check your clinical records. You will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

You will also see members of the Anaesthetic team.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- Allergies.
  - An artificial heart valve
  - A coronary artery stent
  - A heart pacemaker or defibrillator.
  - An artificial blood vessel graft
  - A neurosurgical shunt
  - A regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
  - A previous or current MRSA infection
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## **What happens during the procedure?**

Insertion of a ureteric stent is usually performed under a general anaesthetic so you will be asleep throughout the procedure. You will usually be given injectable antibiotics before the procedure, after checking for any allergies. In most cases, in order to insert a stent, the surgeon will need to pass an instrument through the urethra (the water pipe leading to the bladder) and use X-rays to ensure that the stent is correctly positioned. The procedure takes approximately 15 minutes to perform. If a catheter is left in place, this will normally be removed within 24 hours

## **What are the alternatives to this procedure?**

You can have a tube put into the kidney through your back. This will require you to have a bag to collect urine and the tube may fall out.

You could do nothing but this may cause damage to the kidney and pain.

## **What happens immediately after the procedure?**

After the procedure you will be looked after in recovery to be monitored before you go back to the ward. If you feel sick or are in pain please let the staff know as they will be able to give you appropriate medication. You should expect to be told how the operation went and you should:

- Ask if what was planned to be done was achieved
- Let the medical staff know if you are in discomfort
- Ask what you can and can not do
- Feel free to ask any questions or discuss any concerns
- Ensure that you are clear about what has been done and what is the next move

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## **Are there any side-effects?**

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after this urological procedure.

You may find that, when you first pass urine, it stings or burns and is slightly bloodstained. You may also experience a desire to pass urine frequently and some discomfort in the lower part of your abdomen. Men can experience pain at the tip of the penis and some women develop symptoms similar to those of cystitis. These acute symptoms will, in most cases, settle within 24-48 hours.

Some patients with ureteric stents develop pain in the kidney when they pass urine; this is quite common and is not a cause for concern

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## **Common (greater than 1 in 10)**

- Mild burning, frequency, urgency or bleeding on passing urine for short period after operation
- Temporary insertion of a catheter
- Temporary discomfort from tube causing pain, frequency and occasional blood in urine
- Further procedure to remove stent if inserted

## **Occasional (between 1 in 10 and 1 in 50)**

- Infection of bladder requiring antibiotics
- Occasionally we cannot pass the stent requiring alternative treatment

## **Rare (less than 1 in 50)**

- Delayed bleeding requiring removal of clots or further surgery
- Injury to the urethra causing delayed scar formation

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## **What should I do afterwards?**

For the first few days after insertion of a ureteric stent, it is important to drink plenty of fluids, 2-3 litres (4-5 pints) each day, in order to flush your system through. Your stay in hospital should be no more than one night. Before you go home, you may have an X-ray to ensure that your stent is in the correct position.

## **How long does a stent need to remain in place?**

It is usual for a stent to be usually left in place for anything from 2 to 12 weeks although it may remain in place longer during, for example, a prolonged course of lithotripsy.

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## **How is the stent removed?**

Ureteric stents are normally removed in the Clinic or in the Day Surgery Unit under local anaesthetic with a small flexible telescope.

If you require a general anaesthetic for stent removal, you will be admitted to the Day Surgery Unit.

Please note that most stents are removed after 6-12 weeks or so; if you have not heard about removal of your stent within that period of time, you should let your Urology department know to ensure that you have been booked in to have the stent removed.

## **What should I do if no-one contacts me about stent removal?**

Most Urology departments have a "stent register" to ensure that they do not forget to remove your stent. However, if you have not received any contact within 6 weeks of your discharge from hospital, please contact the department by telephone on 01743 261441.

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## What should I expect when I get home?

When you leave hospital, you will be given a discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

When you get home, you should drink twice as much fluid as you would normally for the next 24-48 hours to flush your system through. You may find that, when you first pass urine, it stings or burns slightly and it may be lightly bloodstained. In approximately 60% of patients some discomfort, similar to cystitis, persists until the stent is removed.

Simple painkillers will usually help but there is nothing to be gained from treatment with antibiotics unless there is a proven urinary infection. Occasionally, this pain can be severe enough to merit early removal of the stent.

**The urology ward can be contacted on 01743 261226 for advice or help if you are experiencing problems.**

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## What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

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## Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

## Who can I contact for more help or information?

For further information on the internet, here are some useful sites to explore:

- [Best Health](#) (prepared by the British Medical Association)
  - [NHS Clinical Knowledge Summaries](#) (formerly known as Prodigy)
  - [NHS Direct Patient UK Royal College of Anaesthetists](#) (for information about anaesthetics)
  - [Royal College of Surgeons](#) (patient information section)
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## Other Sources of Information:

### NHS Direct

A nurse-led advice service run by the NHS for patients with questions about diagnosis and treatment of common conditions. Telephone: 0845 4647. Website:

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)



## Equip

A West Midlands NHS website which signposts patients to quality health information and provides local information about support groups and contacts. Website:

[www.equip.nhs.uk](http://www.equip.nhs.uk)

## Patient UK

Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self help groups and a directory of UK health websites. Website:

[www.patient.co.uk](http://www.patient.co.uk)

## Patient Advice and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

**Royal Shrewsbury Hospital**, Tel: 0800 783 0057 or 01743 261691

**Princess Royal Hospital**, Tel: 01952 282888

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## Disclaimer

This leaflet is provided for your information only. It must not be used as a substitute for professional medical care by a qualified doctor or other health care professional. Always check with your doctor if you have any concerns about your condition or treatment. This leaflet aims to direct you to quality websites: these are correct and active at the time of production. The Shrewsbury and Telford Hospital NHS Trust is not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information contained in this leaflet or found on web pages linked to by this leaflet.

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## Your Information

Information about you and your healthcare is held by the NHS. You can find out more about the information we hold and how it is used in the leaflet called: **Your Information**.

**Website: [www.sath.nhs.uk](http://www.sath.nhs.uk)**

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