

CONSENT FOR DJSTENTING(DJS)

1/-I ,(NAME OF THE PATIENT S/O PT FATHER'S NAME) aged(PT AGE)resident of (PT ADDRESS)
request to have

DJSTENTING(DJS) to be performed under
overall supervision and direction of Dr.(UROLOGIST'S NAME).

2/-I have been fully explained about the kind of procedure,he/she will perform and has answered my questions about my condition,disease process,procedure,possible complications,sequelae and failure to my satisfaction in my language.

3/- I have been explained about the risks involved in DJS ,i.e.(A) common ;mild bleeding or burning on passing urine(temporary),temporary insertion of catheter,discomfort,pain and frequency due to stent,usually temporary,further procedure to remove or change stent within three months,unless specified otherwise by the treating doctor,(B)occasional;urinary infection requiring antibiotics,failure to pass stent requiring alternative procedure, etc,(C)rare;delayed bleeding needing clot removal or transfusion or further surgery,injury to urethra,bladder or ureter needing further surgery,allergic reaction to contrast,hospital acquired infection,stent may pass outside the ureter and may need further procedure,stent may migrate up or down, etc.

I understand the risks involved and am willing to undergo the procedure.This I consent to by my own free act and will.

4/-I have also been explained about the alternative methods of treatment i.e observation,percutaneous nephrostomy and open surgical procedure etc.I have also been explained about possible consequences of not undergoing the procedure like pain,kidney damage and/or infection etc.

5/-I understand that during the course of the procedure ,doctor may find other unhealthy conditions in me that needs correction i.e. stricture urethra(narrowing of urinary passage),bladder stone or suspicious bladder cancer etc.I authorise the doctor to perform such other procedure needed.

6/-I have been explained that complications related to surgery or anaesthesia, life threatening or less serious may occur during or after the procedure,I am prepared to take the risk.I fully understand that I have to take little risk to get the benefit of the surgical procedure.

7/-I have been told that the procedure will be performed under spinal/epidural/general anaesthesia.However,sometimes change in plan may be needed,and I authorise the surgeon and anaesthetist to do so for my benefit e.g.failure to give spinal may need general anaesthesia.

8/-I have been explained that sonography findings does not always correlate directly with need or no need for operative intervention.

9/- No guarantee has been made to me by my doctor about the successful completion or result of the procedure.I fully understand and agree that medical science is not a mathematical science,and God cures,doctor can only treat.

10/-I agree to cooperate fully with my doctor,and to follow his/her instructions and recommendations about my care and treatment.I shall religiously follow doctor's followup advice regarding DJStent removal or change appointment.

11/-I have also been explained that any other procedure will only be carried our if it is necessary to save my life or to prevent serious harm to my health.

12/-I have also been explained that DJstent has to be removed or changed within three months,unless specified otherwise by the treating doctor.I shall take care and fully cooperate with doctor regarding removal/change of stent.

13/-I understand that I will have oppportunity to discuss the details of anaesthesia with the anaesthetist before the procedure,unless the urgency of my situation prevents this.

14/- I understand that I have the right to change my mind at any time,including after I have signed this form but,preferably following a discussion with my doctor.

15/-I have been explained about the disease,operative procedure(DJS) and anaesthesia in details in my language to my satisfactions.(To be written by patient in his handwriting)

Witness

Patient's signature

1/-name-

signature-

date

address-

2/-name-

signature-

address-

CONFIRMATION OF CONSENT

On behalf of the treating team,I have confirmed with the patient that he has no further questions and wishes the procedure to go ahead.

Name-

Signature-

Designation-

date