

## CONSENT FOR URETERORENOSCOPY(URS)/LITHOTRIPSY/STENTING

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

URETERORENOSCOPY/LITHOTRIPSY/STENTING 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 URS/LITHOTRIPSY/STENTING i.e.(A) common ;burning or bleeding on micturition,frequent and /or painful micturition,temporary bladder catheter,need to remove or change stent needing another procedure,(B)occasional;inability to get stone or movement of stone back into kidney needing another procedure,kidney damage or infection requiring further treatment,possibility of stahed procedure,residual stone,failure to pass ureteroscope as ureter is narrow or kinked or tortuous,failure of stone breaking machine etc,(C)rare;damage to ureter with need for open surgery or need to put PCN in kidney or stricture ureter formation needing further operative procedures,hospital acquired infection,damage to urethra leading to stricture urethra formation needing further treatment 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 to allow spontaneous passage,lithotripsy(ESWL),other methods of surgical treatment like open surgical procedure,laposcopic procedure, etc.I have also been explained about possible consequences of not undergoing the procedure like pain, infection and kidney damage 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/-I have been explained that blood transfusion may be needed occasionally. There may be blood transfusion related complications eg. blood transfusion reaction etc. Every precaution will be taken to give suitably cross-matched blood. Even then occasional complications can follow transfusion and I am prepared to take the risk.

10/- 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.

11/-I agree to cooperate fully with my doctor, and to follow his/her instructions and recommendations about my care and treatment.

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

13/-I have also been explained that stent needs to be removed or changed within three months period unless specified otherwise by the treating doctor. I shall take care to rigidly follow doctor's instruction regarding stent management.

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

15/- 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.

16/-I have been explained about the disease, operative procedure (URS/LITHOTRIPSY/STENTING) and anaesthesia in details in my language to my satisfaction. (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