

Date: _____

CONSENT FOR PERCUTANEOUS NEPHROLITHOTOMY

Patient's Name : _____ s/o _____ Age/Sex-----

Address ----- h/o major illness & co-morbidities-----
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1. I request to have Percutaneous nephrolithotomy (PCNL) operation to be performed under overall supervision of Dr. _____ (Name of Urologist) & his team.

2. I have been explained about the kind of procedure he /she will perform and has answered my questions about my condition, disease process, nature and purpose of the procedure,expenditure, likelihood of success, benefits, its effect on my body, risks involved in it, possible complications, sequelae etc. in detail to my satisfaction in my language.

3. I have been explained about the risks involved and/ or likely complications in Percutaneous nephrolithotomy(PCNL),i.e.

(A)Complications:Bleeding(intraoperative/postoperative) requiring blood transfusion (1-10%),bleeding from avfistula or pseudoaneurysm needing angioembolisation(0.5%),infection and sepsis(upto2.5%),failed access in (less than 5%),perforation of renal pelvis and/or ureter (less than 2%),Pneumothorax or pleural effusion requiring drainage(4-12%,when supracostal approach used),failure of equipment.Possible migration of stone fragment and possibility of residual fragments/stones.

(B) I have been explained that, there is possibility of other rare complications .

(C) Very rarely there may be need for open surgical procedure,even nephrectomy(removal of kidney) as a last resort life-saving measure.

4. I have also been explained about the alternative methods of treatment i.e. medical management,lithotripsy(ESWL), other methods of surgical treatment like open pyelolithotomy, RIRS etc. I have also been explained about likely consequences, if I do not agree to undergo above mentioned operation, like kidney damage ,transient or permanent kidney failure,infection,septicaemia,pain,cancer formation,damage to other kidney and loss of life etc.

5. I understand that during the course of the procedure, doctor may find other associated pathology in me that need correction at the same time, like narrowing of infundibula,pelviureteric obstruction etc. I authorise the doctor to perform such other procedure needed for my own benefit.

6. I have been explained about the complications related to surgery and/or anaesthesia, which may be life threatening in very few cases.
7. I have been explained 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 in my benefit.
8. I have been explained that sonography/other imaging and laboratory tests may not always correlate with clinical judgement.
9. I have been explained and understand that blood transfusion may be needed occasionally. I give consent for the same. I understand that there may be blood transfusion related complications.
10. No guarantee can be given about the outcome of the procedure as every patient has a different physiology and body response. But I have been assured of best humanly possible medicare.
11. I agree to co-operate with my doctor and his team, and to follow his/her instructions and recommendations about my care and treatment ,including the management of tubes i.e.PCN and DJstent etc. I have been advised for regular follow-up examination, not lift heavy weight for about 4-5 weeks.
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 understood the aforesaid and I am giving my consent willingly with sound mental state without any coercion.
14. I have also been explained that in certain situations the procedure has to be done as staged procedure for my own benefit.
15. I have been explained about the disease, operative procedure Percutaneous nephrolithotomy (PCNL) and anaesthesia in details in my language to my satisfactions.(To be written by patient in his handwriting)_____

Patient

Sign : Date

Name :Age:

Address : Mobile No.

Witness

Sign :

Date

Name :

Address Mobile

No.....

CONFIRMATION OF CONSENT

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

Urologist

Sign : Date

Name : Address