Ureteroscopy (Rigid or Flexible) and Stone removal from Ureter or Kidney +/- insertion of stent

Covid 19 Version

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	MR N LYNN
Job Title	
Special requirements *e.g. other language/other communication method*	

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
URETEROSCOPIC STONE REMOVAL **SIDE** . TELESCOPIC REMOVAL/ FRAGMENTATION OF STONE IN THE URETER OR KIDNEY WITH PLACEMENT OF A SOFT PLASTIC TUBE OR STENT BETWEEN THE KIDNEY AND THE BLADDER. THIS PROCEDURE INCLUDES CYSTOSCOPY AND RADIOLOGICAL IMAGING **Pictures may be taken of 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 REMOVE A STONE FROM THE URETER OR KIDNEY

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 BLADDER CATHETER
- ❑ INSERTION OF STENT WITH FURTHER PROCEDURE TO REMOVE IT

OCCASIONAL
- ❑ INABILITY TO GET STONE OR MOVEMENT OF STONE BACK INTO KIDNEY WHERE IT IS NOT RETRIEVABLE
- ❑ KIDNEY DAMAGE OR INFECTION NEEDING FURTHER TREATMENT
- ❑ FAILURE TO PASS TELESCOPE IF URETER IS NARROW
- ❑ RECURRENCE OF STONES

RARE
- ❑ DAMAGE TO URETER WITH NEED FOR OPEN OPERATION OR TUBE PLACED INTO KIDNEY DIRECTLY FROM BACK TO ALLOW ANY LEAK TO HEAL
- ❑ VERY RARELY, SCARRING OR STRICTURE OF URETER REQUIRING FURTHER PROCEDURES
- ❑ RISK OF ANAESTHESIA

COPY FOR NOTES

ALTERNATIVE THERAPY: OPEN SURGERY, SHOCK WAVE THERAPY OR OBSERVATION TO ALLOW SPONTANEOUS PASSAGE OR STENT INSERTION ALONE

Covid 19
- it is not possible to give an accurate estimate of contracting Covid 19 while in hospital
- Elective patients who develop hospital-acquired Covid-19 have a postoperative 30 day mortality of 16.2%, with the two-thirds who experience pulmonary complications having a mortality rate of 23.8%

(Source - https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/tool-5/#3)

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

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided **BAUS INFORMATION LEAFLET (21/123)**

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

Patient Copy

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COPY FOR PATIENTS

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…………….. SIDE URETEROSCOPIC STONE REMOVAL WITH

OR WITHOUT STENT INSERTION UNDER ANAESTHESIA

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.

Pictures may be taken of the bladder lining

I have been told

- 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.

____
____

Signature of Patient:		Print please:	Date:

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.

Signature of Health Professional	Job Title
Printed Name	Date

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) ………………………………/………………

URETEROSCOPY (TELESCOPIC SURGERY) FOR STONE REMOVAL

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Ureteroscopy for stone.pdf

Further general information about kidney stones can be found on the Patients' section of the BAUS website under "I think I might have ... kidney stones".

Key Points

- The aim of this procedure is to fragment stones in the ureter (the tube that drains urine from the kidney into the bladder) or kidney, using a thin telescope passed into the bladder through the urethra (waterpipe)
- We use a "semi-rigid" telescope (ureteroscope) for stones in the ureter and a flexible ureteroscope to treat stones in the kidney
- Stones are usually broken up using laser energy passed through a small laser fibre
- Ureteroscopy has largely eliminated the need for open surgery to remove stones
- Laparoscopic (keyhole), robotic-assisted or open surgery can be used if the stone is too large to be fragmented with a ureteroscope

What does this procedure involve?

This involves using a telescope (semi-rigid or flexible) passed into your bladder through your urethra (waterpipe) to fragment and/or remove stones from your ureter or kidney. We sometimes need to leave a temporary stent in your ureter after the procedure.

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What are the alternatives?

- **Observation** – most stones smaller than 5mm in diameter pass by themselves but larger stones (greater than 7mm diameter) rarely do
- Extracorporeal shockwave lithotripsy (ESWL) – this involves using a machine that generates shockl waves which travel through your skin to break the stone into fragments which you then pass yourself
- Antegrade ureteroscopy – stones in the upper ureter (close to the kidney) can be treated by percutaneous (keyhole) puncture of the kidney so that a ureteroscope can be passed down to the stone from above
- Laparoscopic (keyhole) or robotic stone removal – for extremely large or impacted stones in the ureter
- Percutaneous nephrolithotomy (PCNL) – for large stones in the kidney which may not be suitable for flexible ureteroscopy
- Open stone removal – although very unusual nowadays, if all the above techniques fail we may need to resort to open surgery, through an incision in your side, to remove your stone(s)

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and we may give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

If you have a stone in your ureter, we usually arrange an X-ray or, occasionally, a CT scan for you on the day of the operation, to be sure that the stone has not passed by itself.

Details of the procedure

- we normally use a full general anaesthetic and you will be asleep throughout the procedure
- we usually give you an injection of antibiotics before the procedure, after you have been checked for any allergies

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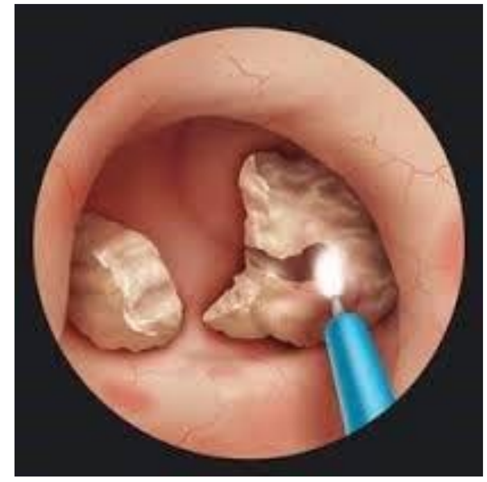
- we put a telescope into your bladder, through your urethra (waterpipe), and use it to put a guidewire up into your kidney, past the stone in the ureter, using X-ray control.
- we then put the ureteroscope (semi-rigid or flexible) up to the level of the stone by following the guidewire
- we fragment the stone using an energy source; this is usually a laser but, occasionally, we use a lithoclast (a tiny pneumatic drill)
- using the laser, we either "dust" the stone, leaving tiny fragments which can pass by themselves, or break it into smaller pieces (pictured) which can be removed using special grasping devices



- we may insert a temporary drainage tube (a ureteric catheter, or a stent with a string attached) into the ureter at the end of the procedure; this is removed later and your urologist will arrange this for you
- occasionally, we need to perform a "second-look" ureteroscopy at a later stage to treat residual stones; if this is needed, we leave a stent in your ureter until the second procedure
- occasionally, we put in a bladder catheter which is removed the following morning
- many patients will be able to go home on the same day as their procedure or early on the first post-operative morning

If you have been admitted as an emergency (with a stone blocking your ureter), you may have had several tests and other treatment already. This means your stay in hospital will, inevitably, be longer than a single day.

Further information and a short video of ureteroscopic stone removal are available on the BAUS website.

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. The impact of after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

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After-effect	Risk
Mild burning or bleeding on passing urine for a short time after the procedure (especially if you have a ureteric stent)	Almost all patients
Temporary insertion of a ureteric stent which needs to be removed later	Almost all patients
Recurrent (new) stone formation over the next five to 10 years, requiring further surgery or other treatment	1 in 2 patients (50%)
Residual stones requiring further surgery or other treatment (more likely for stones closer to the kidney)	Between 1 in 7 & 1 in 20 patients (5 to 15%)
Failed to access the ureter (or reach the stone) requiring further surgery or other treatment	1 in 20 patients (5%)
Temporary insertion of a bladder catheter	Between 1 in 10 & 1 in 50 patients
Infection requiring antibiotic treatment	Between 1 in 50 & 1 in 100 patients
Minor damage to the wall of the ureter (small perforation, mucosal abrasion, bleeding) requiring stenting or percutaneous nephrostomy	1 in 100 patients (1%)
Narrowing of the ureter due to delayed scar formation (stricture) which may require further treatment	Between 1 in 100 & 1 in 250 patients
Major damage to the wall of the ureter (large perforation, avulsion of the ureter) requiring further surgery	Less than 1 in 1000 patients (less than 0.1%)

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Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)		Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- you should drink twice as much fluid as you would normally for the first 24 to 48 hours, to flush your system through and reduce the risk of infection
- recovery from ureteroscopy is usually rapid; you may return to work when you are comfortable enough and when your GP is satisfied with your progress
- if you have had a stent put in, it may cause pain in your kidney area when you pass urine, or pain in your bladder; this usually settles quickly but, if you feel unwell or feverish, you should contact your GP to check for a urine infection
- if you develop a fever, pain in the area of the affected kidney, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately

You can reduce your risk of further stone formation by altering your diet and fluid intake. Ask your urologist or specialist nurse for further details about this or download the BAUS leaflet "Dietary advice for stone formers".

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General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the free NHS Smoking Helpline on **0300 123 1044**.

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Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Information Standard;
- the Patient Information Forum; and
- the Plain English Campaign.

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.

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