Urology Associates, LTD

Ureteroscopy with Stone Manipulation - PATIENT INFORMED CONSENT

Ureteroscopy is a procedure in which a thin telescope is inserted into the ureter (tube that drains the kidney) to remove a stone or obstruction. The goal of this treatment is to remove or break urinary stones into particles small enough to be removed from the urinary tract. This may be accomplished with a laser and/or stone basketing. I understand that there are alternative methods to treat urinary stones, which include:

A. No treatment of the urinary stone(s).
B. Manipulation of a stone in the ureter back into the kidney with placement of a stent (a tube that drains the kidney – which may be followed by another treatment
C. Shock Wave Lithotripsy (ESWL), or treatment of stones with energy waves
D. Percutaneous Lithotripsy (PNL), a puncture/scope technique through the side directly into the kidney (generally reserved for larger stones)
E. Surgical removal of stone(s) through an incision.

I realize that ureteroscopy with stone manipulation MAY or MAY NOT successfully fragment my stones. In many cases, a temporary ureteral stent will be necessary to allow for the passage of stones. I further recognize that some fragments may require alternative treatments to be used following ureteroscopy. I understand that radiographs (x-rays) and other diagnostic studies are necessary following treatment to assess the success of treatment and to diagnose urinary drainage problems, which might result from treatment. I understand that any tubes placed in my urinary tract before, during and after ureteroscopy treatment will need to be removed in a timely fashion.

RISKS OF Ureteroscopy with Stone Manipulation

A. The stone may be incompletely fragmented and require alternative treatment.
B. There may be damage to the ureter required prolonged stenting or open repair
C. There may be bleeding sufficient enough to require transfusion.
D. Urinary infection associated with stones may become aggravated and become life threatening.
E. Malfunction of the laser or equipment is a possibility and may require re-scheduling
F. Damage to kidney can occur and may require the removal of the kidney.
G. Damage to the ureter, or tube that drains the kidney may occur and may result in scarring or stricture
H. Anesthesia risks including heart attack, stroke, and even death.

THESE ARE NOT PROBABLE RESULTS, BUT THEY ARE STATISTICAL POSSIBILITIES.

PREGNANCY

I understand that ureteroscopy should not be performed if I am pregnant. A pregnancy test is required on ALL women where pregnancy is a possibility.
PATIENT ACKNOWLEDGEMENT

I have been given an opinion as to the appropriateness of ureteroscopy with stone manipulation for my condition by my personal physician. I have the right to seek a second opinion regarding my care.

I understand that it is my responsibility to seek follow-up care from my urologist after treatment. I will be given instructions on necessary post-treatment care. If a ureteral stent has been placed it will need to be removed at a later date (second stage procedure) in the office.

I have been allowed to ask questions about the treatment. I have read this form and/or it has been explained to me. I understand that by signing this form, I am consenting to the performance of ureteroscopy with stone manipulation for treatment of stones and any of the above-mentioned alternative procedures necessary for my best health. By signing this document, I agree that any problems, risks, or complications, which may arise either in whole or in part as a result of inaccurate or incomplete information shall be my responsibility.

“I hereby acknowledge specifically that I have been provided no guarantees, promises, or warranties of any kind in regard to ureteroscopy with stone manipulation.

__________________________________________
Patient or Guardian Signature

Name (print)_________________________________
Witness _______________________

The procedure stated on this form, including the possible risks, complications, alternative treatments (including non-treatment) and anticipated results, was explained by me to the patient.

Physician's Signature ____________________________

Date____________