

Informed Consent for Lithotripsy

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition
 The doctor has explained that I/my child/myhave the following medical condition:

 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction

Lithotripsy is a process that uses acoustic or high intensity sound waves (called shock waves) to break stones in the kidney, ureter, bladder and rarely those in pancreas or common bile duct. The procedure will be performed either under sedative or after administering general anaesthesia. The doctor will insert small tubes (stents) into your ureter (the tube connecting the kidney to the bladder).

You will be asked to lie on a table over the lithotripsy machine. The doctor will use X-ray machine to locate the kidney stones. After locating the kidney stones, the doctor will use the lithotripsy machine to send sound waves over the kidney stones. This will help in breaking the kidney stones into small pieces. The doctor will use the X-ray to keep the sound waves focused on the kidney stones and to track their breakdown. These small pieces of kidney stones can now easily pass down your ureter, into the bladder and out of your body along with urine after a few days.

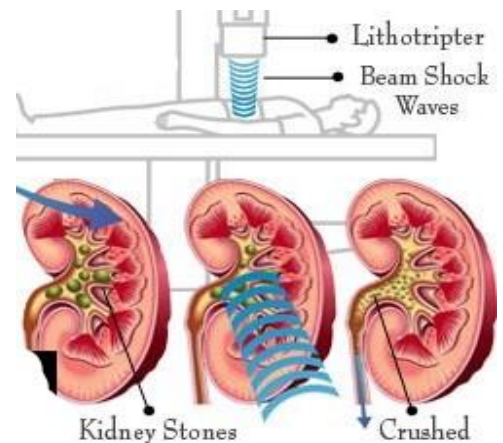
This procedure can be done by two methods:

- Extracorporeal shock wave lithotripsy (ESWL)**

External shock waves are focused on the stone by placing the beam over the body to disintegrate it.

- Intracorporeal (Endoscopic) lithotripsy**

A flexible or rigid scope is used to direct mechanical or ultrasound energy to the stone for pulverisation.



Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Potential Benefits (To be documented by doctor)	Risks and Complications (To be documented by doctor)	Patient Specific Risks (To be documented by doctor)	Alternatives (To be documented by doctor)
<ul style="list-style-type: none"> ▪ It is a non-invasive procedure. So, the recovery period is greatly reduced. ▪ There is also reduced risk of infection and bleeding as compared to surgery. ▪ Lithotripsy treatment takes 45 to 60 minutes which is extremely fast as 	<ul style="list-style-type: none"> ▪ Bleeding on passing urine. ▪ Pain in kidney after treatment. ▪ Bruising or blistering of the skin in the loin or front of abdomen. ▪ Failure to fragment very hard stones. ▪ Stone fragments (pieces) getting stuck in the tube draining the kidney (ureter). ▪ Recurrence of kidney stones. ▪ Severe infection. ▪ Kidney damage / bruising. 	<ol style="list-style-type: none"> 1) 2) 3) 4) 	<ul style="list-style-type: none"> ▪ Tunnel surgery (or percutaneous nephrolithotomy): The doctor will make a small cut in your back and make a narrow tunnel through the skin to the stone inside the kidney. With a special device placed in the tunnel, the doctor will be able to find the stone and remove it. ▪ Ureteroscopy: The doctor will insert an ureteroscope, which looks like a long wire or tube, into the urethra. The doctor will pass the ureteroscope through the bladder

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compared to surgery which may take hours to perform and months to heal completely.

- Others, if any specify:

- Development of a blood clot around the kidney.
- Others, if any specify:

and direct it up to the point in ureter where the stones are located. The ureteroscope has a camera that enables the doctor to see the stones. A cage attached to the ureteroscope will be used to catch the stones and pull it out.

- Others, if any specify:

Specific Notes Related to Procedure (Strike out if not required)

Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker)

Patient's Authorisation

- The doctor has explained my/patient's medical condition and proposed treatment/procedure. I have been explained and have understood the intended benefits/risks known to be attached with the planned treatment/procedure including the risks that are specific to me/ patient and their likely outcomes.
- The doctor has explained other relevant/alternate treatment options and their associated benefits/risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- I was able to ask questions and raise concerns with the doctor about the procedure and its benefits/risks and my/patient's treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
- I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
- I understand that if organs or tissues are removed during the surgery that these may be retained for prescribed tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
- The doctor has explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above-named physician/surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants.
- I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
- I understand that I have the right to refuse treatment before the procedure. I agree that any such refusal/withdrawal shall be in writing and acknowledged by the hospital and I shall be solely responsible for the outcome of such refusal.

- I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. **Yes** **No**
- For purposes of advancing medical education, I consent to the admittance of observers to the operating room. **Yes** **No**

Hospital Logo

Patient Identification Label

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Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:
Declaration by the Doctor I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.				
Name and Signature of the Doctor with Reg No:			Date and Time:	