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Queensland Government

Cystoscopy and Retrograde Pyelogram +/- Insertion of Ureteric Stent Consent

Adult (18 years and over)

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

A. Does the patient have capacity?

☐ Yes ➔ ***GO TO** section B*

☐ No ➔ ***COMPLETE** section A*

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

B. Is an interpreter required?

If *yes*, the interpreter has:

☐ provided a sight translation of the informed consent form in person

☐ translated the informed consent form over the telephone

Name of interpreter:

Interpreter code: Language:

C. Patient/substitute decision-maker requests the following procedure(s)

☐ Cystoscopy

☐ Retrograde pyelogram

☐ +/- Insertion of ureteric stent

Site/side of procedure:

D. Risks specific to the patient in having a cystoscopy and retrograde pyelogram +/- insertion of ureteric stent

(Doctor/clinician to document additional risks not included in the patient information sheet):

E. Risks specific to the patient in *not* having a cystoscopy and retrograde pyelogram +/- insertion of ureteric stent

(Doctor/clinician to document specific risks in not having a cystoscopy and retrograde pyelogram +/- insertion of ureteric stent):

F. Alternative treatment options

(Doctor/clinician to document alternative treatment not included in the patient information sheet):

G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient/substitute decision-maker.

I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature: Date:

DO NOT WRITE IN THIS BINDING MARGIN

CYSTOSCOPY AND RETROGRADE PYELOGRAM +/- INSERTION OF URETERIC STENT CONSENT

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H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the "Cystoscopy and retrograde pyelogram +/- insertion of ureteric stent" patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative treatment options
- that there is no guarantee the procedure will improve the medical condition
- that the procedure may involve a blood transfusion
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if a life-threatening event occurs during surgery, I will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form *(this should be in consultation with the doctor/clinician)*.

I/substitute decision-maker have received the following consent and patient information sheet(s):

☐ "Cystoscopy and retrograde pyelogram +/- insertion of ureteric stent"

☐ "About your anaesthetic"

☐ "Blood and/or manufactured blood products transfusion"

On the basis of the above statements,

1) I/substitute decision-maker consent to having a cystoscopy and retrograde pyelogram +/- insertion of ureteric stent.

Name of patient/substitute decision-maker:

Signature: Date:

2) Student examination/procedure for professional training purposes:

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient/substitute decision-maker consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s) ☐ Yes ☐ No
- assist with examination(s)/procedure(s) ☐ Yes ☐ No
- conduct examination(s)/procedure(s) ☐ Yes ☐ No

DO NOT WRITE IN THIS BINDING MARGIN

Cystoscopy and retrograde pyelogram +/- insertion of ureteric stent

Adult (18 years and over) | Informed consent: patient information

Queensland Government

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.

1. What is a cystoscopy and retrograde pyelogram +/- insertion of ureteric stent and how will it help me/the patient?

A cystoscopy is where the doctor/clinician looks and examines the inside of the bladder and urethra using a fine telescopic-type instrument called a cystoscope.

A retrograde pyelogram is where a catheter is passed from the bladder into the kidney followed by contrast injections to show up the ureter and the kidney on x-ray.

A ureteric stent is inserted if a blockage in the ureter is found. A stent (plastic tube) will be inserted into the ureter to keep it open. The stent is a hollow plastic tube that is curled at each end. The curls help the stent to sit in the kidney and the bladder. The stent helps to drain urine from the kidney into the bladder.

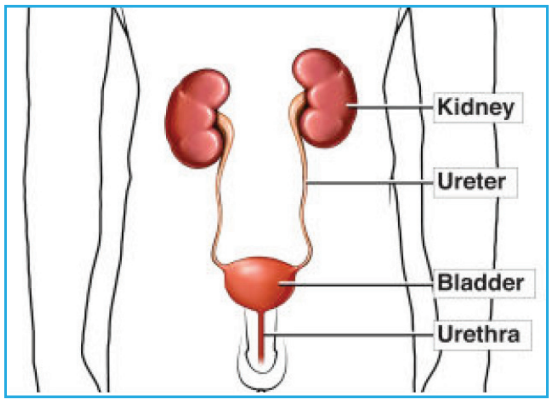


Image 1: Urinary system.
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2. What are the risks?

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

Common risks and complications

- swelling at the exit of the bladder which may stop passage of urine. A catheter may need to be inserted to drain the urine until the swelling goes down
- burning and scalding of urine for a few days after the procedure. This usually settles
- infections, especially urinary tract or urosepsis, may occur, requiring antibiotics and further treatment
- the indwelling stent may cause bladder irritation which causes urinary frequency, burning, flank pain and occasionally blood in the urine. The stent is usually removed after a few weeks
- bleeding may occur and stain the urine colour and sometimes cause blockage of urine flow. It may require a return to the operating room. Bleeding may also lead to the need for a blood transfusion
- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric

- small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy
- increased risk of wound infection, chest infection, heart and lung complications, and blood clot in the leg or lungs for people who are obese and/or smoke.

Uncommon risks and complications

- allergic reaction to the contrast media used as part of the x-ray, which may need emergency treatment
- the tube may pass outside the ureter into the tissues. This may need further surgery to remove and replace the tube
- the catheter may not be able to be passed through the ureteric opening and up to the kidney because of a blockage
- blood clot in the leg causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs.

Rare risks and complications

- damage to the urethra. A false passage may be produced causing leakage of urine or in the long-term, a narrowing that may affect flow of urine
- damage to ureter. A stricture may form. Very rarely, an open operation may be required to repair the damage
- damage to the bladder by puncturing the bladder wall. This may need further surgery
- heart attack or stroke may occur due to the strain on the heart
- death as a result of this procedure is rare.

This procedure will require an anaesthetic.

For more information about the anaesthetic and the risks involved, please refer to the anaesthetic information sheet that has been provided to you. Discuss any concerns with the doctor/clinician.

If you have not been given an anaesthetic information sheet, please ask for one.

What are the risks of not having a cystoscopy and retrograde pyelogram +/- insertion of ureteric stent?

There may be health consequences if you choose not to have the proposed procedure. Please discuss these with the doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure. Please contact the doctor/clinician to discuss.



3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician before signing the consent form.



4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.



5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure. This could be a doctor/clinician undergoing further training, all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes.

6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.

7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure.

8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.

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