Cystoscopy & Retrograde Pyelogram (+/-) Insertion of Ureteric Stent

A. Interpreter / cultural needs

An Interpreter Service is required? Yes No
If Yes, is a qualified Interpreter present? Yes No
A Cultural Support Person is required? Yes No
If Yes, is a Cultural Support Person present? Yes No

B. Condition and treatment

The doctor has explained that you have the following condition: (Doctor to document in patient’s own words)

This condition requires the following procedure. (Doctor to document - include site and/or side where relevant to the procedure)

The following will be performed:

A cystoscopy is where the doctor looks and examines the inside of the bladder and urethra using a fine telescopic-type instrument called a cystoscope. A catheter is passed from the bladder into the kidney followed by contrast media injections into a vein to show up the ureter and the kidney on x-ray. 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 double pigtail tube that sits in the ureter and is held in place at the kidney end and the bladder end by the pig tail shape of the tube.

C. Risks of a cystoscopy & retrograde pyelogram (+/-) insertion of ureteric stent

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:
- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:
- Allergic reaction to the contrast media used as part of the x-ray, which may need emergency treatment.
- Rarely 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 the bladder by puncturing the bladder wall. This may need further surgery.
- Swelling at the exit of the bladder which may stop passage of urine. A tube (catheter) may need to be inserted to drain the urine until the swelling goes down.
- Bacteria may get into the blood stream with the development of septicaemia. Further treatment with antibiotics may be necessary.
- The tube may pass outside the ureter into the tissues. This may need further surgery to remove and replace the tube.
- Bleeding which may stain the urine colour and sometimes cause blockage of urine flow.
- Burning and scalding of urine for a few days after the procedure. This usually settles.
- The catheter may not be able to be passed through the ureteric opening and up to the kidney because of a blockage.
- The indwelling stent may cause bladder irritation and blood in the urine occasionally. The stent is usually removed after a few weeks.
- Rarely, damage to ureter. A stricture may form. Very rarely, an open operation may be required to repair the damage.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic

This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)
I acknowledge that the doctor has explained:

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- About Your Anaesthetic
- Cystoscopy & Retrograde Pyelogram (+/-) insertion of Ureteric Stent
- Blood & Blood Products Transfusion

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,
# Cystoscopy & Retrograde Pyelogram (+/-) Insertion of Ureteric Stent

### 1. What do I need to know about this procedure?
A cystoscopy is where the doctor looks and examines the inside of the bladder and urethra using a fine telescopic-type instrument called a cystoscope. A catheter is passed from the bladder into the kidney followed by contrast media injections into a vein to show up the ureter and the kidney on x-ray. 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 double pigtail tube that sits in the ureter and is held in place at the kidney end and the bladder end by the pig tail shape of the tube.

### 2. My anaesthetic
This procedure will require an anaesthetic. See About Your Anaesthetic information sheet for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor. If you have not been given an information sheet, please ask for one.

### 3. What are the risks of this specific procedure?
There are risks and complications with this procedure. They include but are not limited to the following.

#### General risks:
- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

#### Specific risks:
- Allergic reaction to the contrast media used as part of the x-ray, which may need emergency treatment.
- Rarely 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 the bladder by puncturing the bladder wall. This may need further surgery.
- Swelling at the exit of the bladder which may stop passage of urine. A tube (catheter) may need to be inserted to drain the urine until the swelling goes down.
- Bacteria may get into the blood stream with the development of sepsis. Further treatment with antibiotics may be necessary.
- The tube may pass outside the ureter into the tissues. This may need further surgery to remove and replace the tube.
- Bleeding which may stain the urine colour and sometimes cause blockage of urine flow.
- Burning and scalding of urine for a few days after the procedure. This usually settles.
- The catheter may not be able to be passed through the ureteric opening and up to the kidney because of a blockage.
- The indwelling stent may cause bladder irritation and blood in the urine occasionally. The stent is usually removed after a few weeks.
- Rarely, damage to ureter. A stricture may form. Very rarely, an open operation may be required to repair the damage.

### Notes to talk to my doctor about:

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>