



Queensland Government

Nephrostomy &/or Ureteric Stent Insertion

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

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. Procedure

The following will be performed (*Doctor/doctor delegate to document – include site and/or side where relevant to the procedure*)

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A nephrostomy is a small catheter (tube) that is placed through your skin and into the kidney to drain your urine away.

Depending on your diagnosis you may also require a ureteric stent to be inserted. A ureteric stent is an internal drainage tube placed in your kidney, through your ureter and into your bladder. This is inserted in order to relieve the blockage.

This procedure will require an injection of local anaesthetic and a sedation anaesthetic.

C. Risks of the procedure

In recommending a Nephrostomy &/ Ureteric Stent Insertion, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the puncture site. This may require medication.
- Bleeding or bruising may occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- The catheter may become kinked or blocked. Sometimes it needs to be moved or replaced.
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

Stent Insertion only

- The ureteric stent may become blocked. It may need to be removed.
- Increased urgency and frequency of urination. This is usually temporary.
- Discomfort and pain in kidney and bladder during and after urination. This is usually temporary.

Less common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- Excessive bleeding in the kidney. This may require other treatment and/or corrective surgery.
- Damage to normal kidney tissue. This may require monitoring and/or other treatment.
- An allergy to injected drugs, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

Stent Insertion only

- The ureteric stent may move. It may need to be replaced or removed.

Rare risks and complications include:

- An increased lifetime cancer risk due to the exposure to x-rays.
- Skin burns or damage from exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

If sedation is to be given extra risks include:

- faintness or dizziness, especially when you start to move around
 - fall in blood pressure
 - nausea and vomiting
 - weakness
 - an existing medical condition getting worse
 - heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. This may require emergency treatment
 - stroke resulting in brain damage.
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Nephrostomy &/or Ureteric Stent Insertion

Facility: _____

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URN: _____

Family name: _____

Given name(s): _____

Address: _____

Date of birth: _____

Sex: M F I

D. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, including the risks that are specific to me.
- the sedation/anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

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

- Nephrostomy &/or Ureteric Stent Insertion
- CT or
- Ultrasound

- I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. 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/doctor delegate.
- 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.
- I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

On the basis of the above statements,

I request to have the procedure

Name of Patient: _____

Signature: _____

Date: _____

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD: _____

No ▶ Name of Substitute Decision Maker/s: _____

Signature: _____

Relationship to patient: _____

Date: _____ PH No: _____

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

E. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (D) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: _____

Designation: _____

Signature: _____ Date: _____

F. Interpreter's statement

I have given a sight translation in _____

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: _____

Signature: _____ Date: _____

DO NOT WRITE IN THIS BINDING MARGIN

Consent Information - Patient Copy Nephrostomy &/or Ureteric Stent Insertion

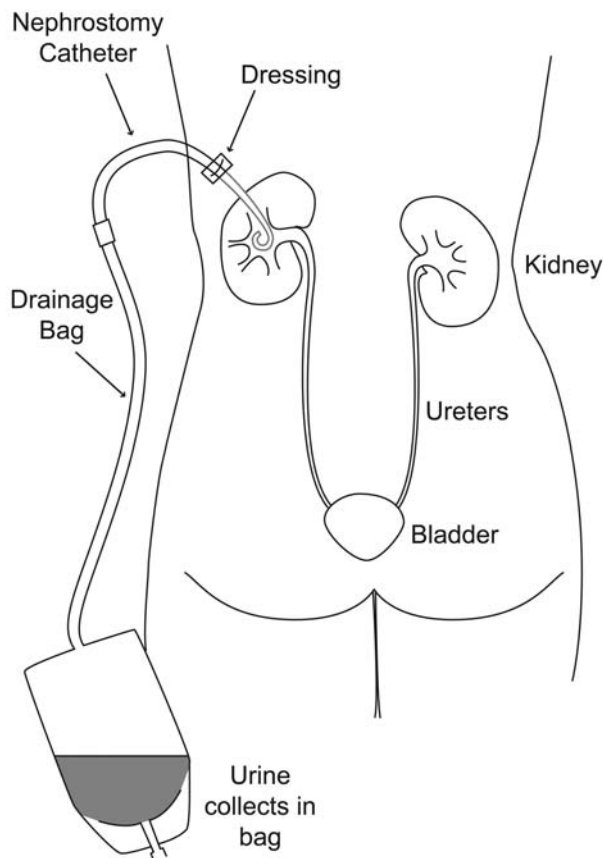
1. What is a Nephrostomy and Ureteric Stent?

A nephrostomy is a small catheter (tube) that is placed into the kidney to drain your urine away. A nephrostomy is performed when there is a blockage in the ureter stopping the flow of urine to your bladder. If urine cannot drain, pressure rises and the kidney may be damaged.

Using imaging as a guide a needle is inserted into the kidney so the nephrostomy catheter can be introduced.

Depending on your diagnoses you may also require a ureteric stent to be inserted. A ureteric stent is an internal drainage tube placed in your kidney, through your ureter and into your bladder. This is inserted in order to stop or to temporarily relieve the blockage.

This procedure is performed in medical imaging with guidance from imaging machines such as ultrasound, CT or x-ray. For more information on these imaging methods and the risks involved in their use, please read the **CT or Ultrasound Patient Information Sheet** (if you do not have this information sheet please ask for one).



Nephrostomy - Herston Multi Media Unit, RBWH, 2009

2. Will there be any discomfort, is any anaesthetic needed?

This procedure will require an injection of local anaesthetic and a sedation anaesthetic.

3. What is sedation?

Sedation is the use of drugs that give you a 'sleepy-like' feeling. It makes you feel very relaxed during a procedure that may be otherwise unpleasant or painful. You may remember some or little about what has occurred during the procedure.

This procedure may only have a light sedation. You need to be able to fully co-operate at times by holding your breath when instructed by the doctor.

Sedation is generally very safe but has a risk with side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

The risk to you will depend on:

- whether you have any other illness
- personal factors, such as whether you smoke or are overweight.

4. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

- You will be told when to have your last meal and drink. This is to make sure your stomach is empty so that if you vomit during the procedure there will be nothing to go into your lungs.
- Please tell the staff if you are or suspect you might be pregnant.
- *If you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin) or any other drug that is used to thin your blood ask your doctor/health practitioner if you should stop taking it before the procedure as it may affect your blood clotting.*
- *List or bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements.*
- *Do not drink any alcohol and stop recreational drugs 24 hours before the procedure as these may alter the affects of the sedation anaesthetic. If you have a drug habit please tell your doctor.*

5. During the procedure

A fine needle (IV cannula) may be inserted into a vein in your arm.

The doctor will inject local anaesthetic into your skin.

A small cut is made into your skin. You must remain as still as possible. At times, you may be asked to hold your breath.

Using imaging as a guide the doctor will insert a needle into the kidney.

Iodinated 'Contrast' (once called x-ray dye) will be injected to check the position of the needle in the kidney.

If required, a ureteric stent may be inserted over a wire passed through the ureter and into the bladder. The

Consent Information - Patient Copy

Nephrostomy &/or Ureteric Stent Insertion

wire may irritate your bladder and make you feel like you need to pass urine. This feeling is only temporary.

The nephrostomy catheter is then inserted into your kidney and connected to a drainage bag to collect the urine. The nephrostomy may be sutured to help keep it in place and a dressing is applied.

6. After the procedure

It is normal for your urine to be blood stained. This should settle with in a couple of hours after your procedure.

The recovery time varies depending on the sedation given. It varies between 2 hours to 6 hours.

The IV cannula will be removed after you have recovered.

If a ureteric stent was inserted, it should be removed in 6 to 12 weeks. The doctor will discuss this with you and how long you are likely to need the nephrostomy catheter.

7. What are the risks of this specific procedure?

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the puncture site. This may require medication.
- Bleeding or bruising may occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- The catheter may become kinked or blocked. Sometimes it needs to be moved or replaced.
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

Stent Insertion only

- The ureteric stent may become blocked. It may need to be removed.
- Increased urgency and frequency of urination. This is usually temporary.
- Discomfort and pain in kidney and bladder during and after urination. This is usually temporary.

Less common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.

- Excessive bleeding in the kidney. This may require other treatment and/or corrective surgery.
- Damage to normal kidney tissue. This may require monitoring and/or other treatment.
- An allergy to injected drugs, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

Stent Insertion only

- The ureteric stent may move. It may need to be replaced or removed.

Rare risks and complications include:

- An increased lifetime cancer risk due to the exposure to x-rays.
- Skin burns or damage from exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

If sedation is to be given extra risks include:

- faintness or dizziness, especially when you start to move around
- fall in blood pressure
- nausea and vomiting
- weakness
- an existing medical condition getting worse
- heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. This may require emergency treatment
- stroke resulting in brain damage.

8. What are the safety issues?

If a nephrostomy catheter has been left insitu, take care not to pull on the tube. Notify staff if the tube has fallen out.

Notes to talk to my doctor/ health practitioner about:

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1. What is CT?

Computed Tomography (CT) or 'CAT' scans are special x-ray scans that produce cross-sectional pictures of the body using x-rays and a computer. CT is used when your doctor needs more information than what an ordinary x-ray can provide. The CT machine looks like a large doughnut with a narrow table in the middle. The table moves through the circular hole in the centre of the scanner.



2. Will there be any discomfort, is any anaesthetic needed?

A CT Scan is a painless procedure, no anaesthetic is required. The CT machine is open at both ends so patients who are claustrophobic have little difficulty with this test.

3. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your scan.

- Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.

4. During the procedure

You will be positioned on the CT table by a Radiographer. The Radiographer will not be in the room during the scan, but they will be able to see you and communicate with you through an intercom. During the scan, you will hear a whirring or humming noise and you will feel the table move slowly through the CT scanner. You should remain as still as possible, as the slightest movement can blur the pictures. For some scans, you will be asked to hold your breath for up to 20 seconds. The whole procedure takes approximately 10 to 20 minutes depending on what part of the body is being scanned.

5. Contrast

You will sometimes be given contrast as part of your CT scan. Contrast allows your organs to be seen more clearly on x-rays. The Contrast can be given as a drink (oral contrast) and / or as an injection (Iodinated Contrast).

Oral Contrast is used to show the stomach and intestines more clearly.

Iodinated Contrast is used to show the organs and blood vessels of your body more clearly. A fine needle (IV cannula) will be put into a vein in your arm, making it possible to inject the Contrast. For more information on Iodinated Contrast and the risks involved in its use, please read the **Iodinated Contrast Patient Information Sheet** (if you do not have this information sheet please ask for one).

6. After the procedure

The IV cannula will be removed (if inserted).

7. What are the risks of this specific procedure?

The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.

Less common risks and complications include:

- No known less common risks.

Rare risks and complications include:

- An increased lifetime cancer risk due to the exposure to x-rays.
- Death as a result of this procedure is very rare.

Notes to talk to my doctor/ health practitioner about:

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1. What is an Ultrasound?

Ultrasound scans assess internal organs and help to diagnose a variety of conditions. They are also performed to assess disease in the arteries or veins.

An Ultrasound machine is made up of a console containing a computer, a display screen and a probe (transducer). The probe is a small hand-held device that resembles a microphone.

Ultrasound pictures are produced by passing ultrasonic (high frequency) soundwaves into the area being scanned.

Ultrasound does not use x-rays.

2. Will there be any discomfort, is any anaesthetic needed?

An Ultrasound is a painless procedure. No anaesthetic is required.

If scanning is performed over an area of tenderness, you may feel pressure or minor discomfort from the probe.

3. Preparation for the procedure

There are different preparations required depending on the area of the body being scanned. The medical imaging department will give you instructions on how to prepare for your scan.

4. During the procedure

The lights in the room will be dimmed so that the pictures on the screen can be seen more clearly.

A gel will be applied to your skin over the area to be scanned. The gel allows the probe to slide easily over the skin and helps produce clearer pictures.

The probe will be moved back and forth slowly over the area of interest until the area is completely examined.

You could be asked to hold your breath or roll into different positions during the scan.

Once the scan is complete, the gel will be wiped off your skin.

The Ultrasound will take between 15 and 60 minutes. This time frame is dependent on what body part is being scanned and the type of investigation is required.

In some ultrasound studies, the probe is inserted into a natural opening in the body.

These procedures include:

- Transrectal Ultrasound where the probe is inserted into a man's rectum to view the prostate.
- Transvaginal Ultrasound where the probe is inserted into a woman's vagina to view the uterus and ovaries.

These procedures may cause minimal discomfort.

If you are having an intimate examination the staff will describe the procedure to you, and your verbal consent for this will be obtained.

A second staff member may also be in the room during these procedures.

5. What are the risks of this specific procedure?

There are no known risks from an ultrasound. It is considered to be a very safe procedure.

Notes to talk to my doctor/ health practitioner about:

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