



Queensland
Government

Percutaneous Nephrolithotomy (PCNL) 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)

Percutaneous nephrolithotomy (PCNL)

Site/side of procedure:

D. Risks specific to the patient in having a percutaneous nephrolithotomy (PCNL)

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

E. Risks specific to the patient in not having a percutaneous nephrolithotomy (PCNL)

(Doctor/clinician to document specific risks in not having a percutaneous nephrolithotomy [PCNL]):

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

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SW9300

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H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the "Percutaneous nephrolithotomy (PCNL)" 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):

- ☐ "Percutaneous nephrolithotomy (PCNL)"
- ☐ "About your anaesthetic"

On the basis of the above statements,

1) I/substitute decision-maker consent to having a percutaneous nephrolithotomy (PCNL).

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

Percutaneous nephrolithotomy (PCNL)

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

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 percutaneous nephrolithotomy (PCNL) and how will it help me/the patient?

A percutaneous nephrolithotomy is a minimally invasive surgical procedure to remove stones from the kidney.

First, the doctor/clinician looks inside the bladder using a cystoscope, which is like a telescope. Then a catheter (tube) is put through the opening of the ureter (which carries urine from the kidney to the bladder) and into the kidney. Contrast medium (once called x-ray dye) can then be injected along this tube into the kidney so that the kidney can be seen on x-ray during the procedure.

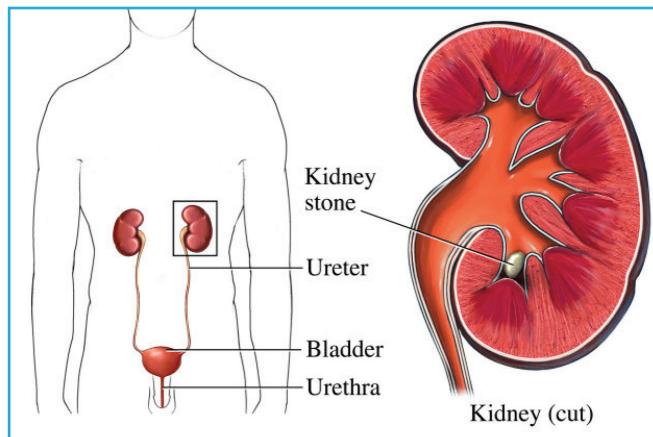


Image 1: Kidney stone.

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After being placed in a face up or down position, a needle is put into the outer lower back to puncture the kidney, with the x-ray guiding the way. Once the kidney is punctured, the track is slowly widened. The kidney is then inspected with a telescope called a nephroscope. Small stones can then be removed. If the stone(s) are too big, the stone(s) will be shattered using mechanical energy such as a lithoclast or ultrasound. After the operation, a drain is passed into the kidney, exiting the body through the same wound. It may require ureteric stent or nephrostomy tube (drain) or both. This is usually based on surgeon preference, however, the ultimate decision will be made at the end of the operation.

Two to three days after the operation and before the drain is removed, an x-ray may be taken by injecting contrast medium through the drain into the kidney. If there is no blockage, the drain will usually be removed.



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

- infections, especially urinary tract or urosepsis, may occur, requiring intravenous antibiotics and further treatment including longer hospital stay
- bleeding may occur and 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

- blood clot in the leg causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs
- injury to the pleura (lining of the lung cavity). This may require a tube to be put into the chest to reinflate the lung
- during the procedure, a small fragment of stone may fall into the ureter causing a blockage. If this happens, a stent (a drainage tube between the kidney and the bladder) may be inserted
- the aim of the procedure is to either clear the stone altogether or break up the stone. If breaking up of the stone is done, further surgery may be needed to remove other pieces of the stone from within the kidney.

Rare risks and complications

- there is a very rare risk of severe bleeding requiring angioembolisation (a minimally invasive procedure in which radiologists access arteries under image guidance to selectively block the blood supply of target tissues) or open exploration of the kidney. If this occurs, the kidney may have to be removed
- damage to abdominal organs such as bowel, spleen, liver. Further surgery and repair may be required
- 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 percutaneous nephrolithotomy (PCNL)?

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.