Print this Document

Before completing consent please read "Guidance For Health Professionals" for consent form 1 provided on the CD

Click here to read Guidelines (under the section called New Department of Health "Guidelines to Consent" page 40)

CONSENT FORM
for
UROLOGICAL SURGERY

(Designed in compliance with DH Department of Health consent form 1)

PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT

Patient Details or pre-printed label

Patient's NHS Number or Hospital number	
Patient's surname/family name	
Patient's first names	
Date of birth	
Sex	
Responsible health professional	
Job Title	
Special requirements *e.g. other language/other communication method*	

To be retained in patient's notes

Patient identifier/label

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
LAPAROSCOPIC RADICAL NEPHRECTOMY **SIDE**..... THIS INVOLVES THE REMOVAL OF YOUR KIDNEY THROUGH SEVERAL KEYHOLE INCISIONS RATHER THAN THE MORE CONVENTIONAL INCISION. IT REQUIRES THE PLACEMENT OF A TELESCOPE AND INSTRUMENTS INTO YOUR ABDOMINAL CAVITY VIA THREE OR FOUR SMALL INCISIONS. THE ADRENAL MAY ALSO BE REMOVED. ONE INCISION WILL NEED TO BE ENLARGED TO REMOVE THE KIDNEY.	- GENERAL/REGIONAL

Statement of health professional (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained:

The intended benefits TO REMOVE KIDNEY WITH ABNORMALITY WHICH MIGHT BE CANCEROUS

Serious or frequently occurring risks including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. Please tick the box once explained to patient

COMMON
- ❑ TEMPORARY SHOULDER TIP PAIN
- ❑ TEMPORARY ABDOMINAL BLOATING
- ❑ TEMPORARY INSERTION OF A BLADDER CATHETER AND WOUND DRAIN

OCCASIONAL
- ❑ INFECTION, PAIN OR HERNIA OF INCISION REQUIRING FURTHER TREATMENT

RARE
- ❑ BLEEDING REQUIRING CONVERSION TO OPEN SURGERY OR TRANSFUSIONS
- ❑ ENTRY INTO LUNG CAVITY REQUIRING INSERTION OF TEMPORARY DRAINAGE TUBE
- ❑ MAY BE A HISTOLOGICAL ABNORMALITY OTHER THAN CANCER

VERY RARELY
- ❑ RECOGNISED (AND UNRECOGNISED) INJURY TO ORGANS/BLOOD VESSELS REQUIRING CONVERSION TO OPEN SURGERY (OR DEFERRED OPEN SURGERY)
- ❑ INVOLVEMENT OR INJURY TO NEARBY LOCAL STRUCTURES –BLOOD VESSELS, SPLEEN, LIVER, LUNG, PANCREAS AND BOWEL REQUIRING MORE EXTENSIVE SURGERY
- ❑ ANAESTHETIC OR CARDIOVASCULAR PROBLEMS POSSIBLY REQUIRING INTENSIVE CARE ADMISSION (INCLUDING CHEST INFECTION, PULMONARY EMBOLUS, STROKE, DEEP VEIN THROMBOSIS, HEART ATTACK AND DEATH.)

ALTERNATIVE THERAPY: OBSERVATION, EMBOLISATION, CHEMOTHERAPY, IMMUNOTHERAPY AND THE CONVENTIONAL OPEN SURGICAL APPROACH.

Covid 19
- it is not possible to give an accurate estimate of contracting Covid 19 while in hospital
- Elective patients who develop hospital-acquired Covid-19 have a postoperative 30 day mortality of 16.2%, with the two-thirds who experience pulmonary complications having a mortality rate of 23.8%
(Source - https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/tool-5/#3)

A blood transfusion may be necessary during procedure and patient agrees **YES or NO (Ring)**

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided **BAUS INFORMATION LEAFLET (21/059)**

Contact details (if patient wishes to discuss options later) _____

Statement of interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signature of interpreter: Print name: Date:

Copy (i.e. page 3) accepted by patient: yes/no (please ring)

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
LAPAROSCOPIC RADICAL NEPHRECTOMY **SIDE**..... THIS INVOLVES THE REMOVAL OF YOUR KIDNEY THROUGH SEVERAL KEYHOLE INCISIONS RATHER THAN THE MORE CONVENTIONAL INCISION. IT REQUIRES THE PLACEMENT OF A TELESCOPE AND INSTRUMENTS INTO YOUR ABDOMINAL CAVITY VIA THREE OR FOUR SMALL INCISIONS. THE ADRENAL MAY ALSO BE REMOVED. ONE INCISION WILL NEED TO BE ENLARGED TO REMOVE THE KIDNEY.	- GENERAL/REGIONAL

Statement of health professional (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained:

The intended benefits TO REMOVE KIDNEY WITH ABNORMALITY WHICH MIGHT BE CANCEROUS

Serious or frequently occurring risks including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. Please tick the box once explained to patient

COMMON
- ❑ TEMPORARY SHOULDER TIP PAIN
- ❑ TEMPORARY ABDOMINAL BLOATING
- ❑ TEMPORARY INSERTION OF A BLADDER CATHETER AND WOUND DRAIN

OCCASIONAL
- ❑ INFECTION, PAIN OR HERNIA OF INCISION REQUIRING FURTHER TREATMENT

RARE
- ❑ BLEEDING REQUIRING CONVERSION TO OPEN SURGERY OR TRANSFUSIONS
- ❑ ENTRY INTO LUNG CAVITY REQUIRING INSERTION OF TEMPORARY DRAINAGE TUBE
- ❑ MAY BE A HISTOLOGICAL ABNORMALITY OTHER THAN CANCER

VERY RARELY
- ❑ RECOGNISED (AND UNRECOGNISED) INJURY TO ORGANS/BLOOD VESSELS REQUIRING CONVERSION TO OPEN SURGERY (OR DEFERRED OPEN SURGERY)
- ❑ INVOLVEMENT OR INJURY TO NEARBY LOCAL STRUCTURES –BLOOD VESSELS, SPLEEN, LIVER, LUNG, PANCREAS AND BOWEL REQUIRING MORE EXTENSIVE SURGERY
- ❑ ANAESTHETIC OR CARDIOVASCULAR PROBLEMS POSSIBLY REQUIRING INTENSIVE CARE ADMISSION (INCLUDING CHEST INFECTION, PULMONARY EMBOLUS, STROKE, DEEP VEIN THROMBOSIS, HEART ATTACK AND DEATH.)

ALTERNATIVE THERAPY: OBSERVATION, EMBOLISATION, CHEMOTHERAPY, IMMUNOTHERAPY AND THE CONVENTIONAL OPEN SURGICAL APPROACH.

Covid 19
- it is not possible to give an accurate estimate of contracting Covid 19 while in hospital
- Elective patients who develop hospital-acquired Covid-19 have a postoperative 30 day mortality of 16.2%, with the two-thirds who experience pulmonary complications having a mortality rate of 23.8%
(Source - https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/tool-5/#3)

A blood transfusion may be necessary during procedure and patient agrees **YES or NO (Ring)**

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided **BAUS INFORMATION LEAFLET ((21/059)**

Contact details (if patient wishes to discuss options later) _____

Statement of interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signature of interpreter: Print name: Date:

..... side laparoscopic nephrectomy
under General Anaesthesia (Key hole removal of kidney)

Patient identifier/label

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 2, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree

- to the procedure or course of treatment described on this form.
- to a blood transfusion if necessary
- that any tissue that is normally removed in this procedure could be stored and used for medical research (after the pathologist has examined it) rather than simply discarded. PLEASE TICK IF YOU AGREE☐

I understand

- that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)
- that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told

- about additional procedures which may become necessary during my treatment. I have listed below any procedures which **I do not wish to be carried out** without further discussion.

_____
_____

Signature of Patient:		Print please:	Date:

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here. (See DOH guidelines).

Signed_____
Date_____
Name (PRINT) _____

Confirmation of consent

(to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance). On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature of Health Professional	Job Title
Printed Name	Date

Important notes: (tick if applicable)

☐See also advance directive/living will (eg Jehovah's Witness form)
☐Patient has withdrawn consent (ask patient to sign/date here) ...../.....

RADICAL LAPAROSCOPIC (KEYHOLE) NEPHRECTOMY (REMOVAL OF A KIDNEY FOR SUSPECTED CANCER)

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Radical nephrectomy lap.pdf

Key Points

- The aim of laparoscopic nephrectomy is to remove a tumour-bearing kidney, using a telescopic (keyhole) technique through several small incisions in your abdomen
- In some patients, the adrenal gland and nearby lymph nodes are also removed
- One of the keyhole incisions needs to be enlarged to remove your kidney
- The procedure is normally well-tolerated with an average length of stay of around three days
- Recovery normally takes four to six weeks, but it can be longer
- Regular, long-term follow-up with scans is required after removal of a kidney tumour

What does this procedure involve?

Removal of your tumour-bearing kidney through three or four keyhole incisions, using a telescope and operating instruments put into your abdominal (tummy) cavity. One incision will need to be enlarged to remove the kidney.

What are the alternatives?

- **Observation alone** – leaving the tumour in your kidney and observing it carefully for any signs of enlargement

- **Open radical nephrectomy** – removing the whole kidney and its surrounding tissues through an abdominal or loin incision
- **Open partial nephrectomy** – removing only the part of the kidney containing the tumour, through an abdominal or loin incision
- **Robotic-assisted partial nephrectomy** – removing part of the kidney containing the tumour using a keyhole technique with robotic asistance

What happens on the day of the procedure?

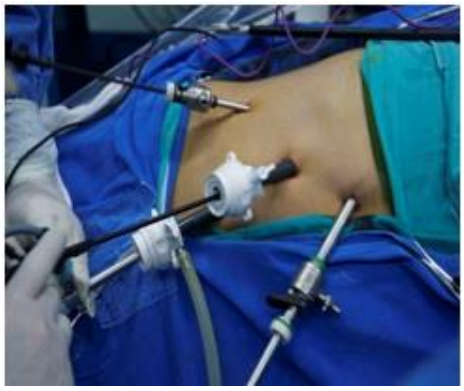
Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and we may give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

- we carry out the procedure under a general anaesthetic meaning that you will be asleep throughout
- we may give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we inflate your abdominal (tummy) cavity by injecting carbon dioxide gas using a special needle
- we place a telescope & operating instruments into your abdominal cavity through three or four small incisions (pictured)



- we free your kidney and its surrounding fat using these instruments, and extract the kidney from your abdomen by enlarging one of the port incisions
- we close the wounds with absorbable stitches or clips which normally disappear within two to three weeks and inject local anaesthetic into the wounds for pain relief

- we put a catheter in your bladder to monitor your urine output; this is removed as soon as you are mobile
- we sometimes put a drain down to the area where the kidney was removed, to prevent fluid accumulation; this is removed when it stops draining
- the procedure takes from one to three hours to complete, depending on complexity
- you can expect, on average, to be in hospital for three days

Following major abdominal surgery, some urology units have introduced Enhanced Recovery Pathways. These actually start before you are admitted to hospital. After your surgery, they are designed to speed your recovery, shorten your time in hospital and reduce your risk of re-admission.

We will encourage you to get up and about as soon as possible. This reduces the risk of blood clots in your legs and helps your bowel to start working again. You will sit out in a chair shortly after the procedure and be shown deep breathing/leg exercises. We will encourage you to start drinking and eating as soon as possible.

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Pain or discomfort at the incision site	 Almost all patients
Shoulder tip pain due to irritation of your diaphragm by the carbon dioxide gas	 Between 1 in 2 & 1 in 10 patients
Temporary abdominal bloating (gaseous distension)	 Between 1 in 2 & 1 in 10 patients

Bleeding, infection, pain or hernia at the incision site requiring further treatment		1 in 33 patients (3%)
Recognised (or unrecognised) injury to organs/blood vessels requiring conversion to open surgery (or deferred open surgery)		Between 1 in 10 & 1 in 50 patients
Bleeding requiring transfusion or conversion to open surgery		Between 1 in 10 & 1 in 250 patients
Entry into your lung cavity requiring insertion of a temporary drainage tube		Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)		Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)
Involvement or injury to nearby local structures (blood vessels, spleen, liver, lung, pancreas & bowel) requiring more extensive surgery		Between 1 in 50 & 1 in 250 patients
The abnormality in the kidney may turn out not to be cancer		Between 1 in 50 & 1 in 250 patients
Dialysis may be required to stabilise your kidney function if your other kidney does not function well		Between 1 in 50 & 1 in 250 patients

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will get some twinges of discomfort in your incisions which may go on for several weeks; this can used be controlled by simple painkillers such as paracetamol
- you should have recovered completely after 10 to 14 days
- most people can return to work after two to four weeks
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- the pathology results on your kidney will be discussed in a multi-disciplinary team (MDT) meeting
- you and your GP will be informed of the results at the earliest possible opportunity
- we normally arrange a follow-up appointment for you once the pathology results are available

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

For several years, BAUS has collected data from urologists undertaking this surgery. You can view these data, by unit and by Consultant, in the Surgical Outcomes Audit section of the BAUS website.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the free NHS Smoking Helpline on **0300 123 1044**.

Driving after surgery

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Information Standard;
- the Patient Information Forum; and

- the Plain English Campaign.

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.