

**Ureteroscopy +/- Biopsy of Ureter**  
**Covid 19 Version**

# CONSENT FORM

for

## UROLOGICAL SURGERY

(Designed in compliance with  consent form 1)

### PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT

### Patient Details or pre-printed label

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



Patient identifier/label

Patient Copy

<b>Name of proposed procedure</b> (Include brief explanation if medical term not clear)		<b>ANAESTHETIC</b>
<b>URETEROSCOPY +/- BIOPSY</b>	<b>SIDE</b> .	- GENERAL/REGIONAL - LOCAL - SEDATION
TELESCOPIC EXAMINATION OF URETER AND INSIDE OF KIDNEY +/- BIOPSY AND POSSIBLE PLACEMENT OF PLASTIC TUBE OR STENT. THIS PROCEDURE INCLUDES CYSTOSCOPY AND RADIOLOGICAL IMAGING Pictures may be taken of the bladder lining or ureter		

**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 DIAGNOSE AND TREAT URETERIC AND KIDNEY ABNORMALITIES  
TO FIND OUT WHETHER THERE IS CANCER IN URETER OR KIDNEY

**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

<p>COMMON</p> <p><input type="checkbox"/> MILD BURNING OR BLEEDING ON PASSING URINE FOR SHORT PERIOD AFTER OPERATION</p> <p><input type="checkbox"/> TEMPORARY INSERTION OF A BLADDER CATHETER</p> <p><input type="checkbox"/> INSERTION OF URETERIC STENT WITH FURTHER PROCEDURE TO REMOVE IT</p> <p><input type="checkbox"/> NO GUARANTEE OF CURE AS OFTEN DIAGNOSTIC PROCEDURE ONLY</p> <p>OCCASIONAL</p> <p><input type="checkbox"/> KIDNEY DAMAGE OR INFECTION NEEDING FURTHER TREATMENT</p> <p><input type="checkbox"/> FAILURE TO PASS TELESCOPE IF URETER IS NARROW</p> <p><input type="checkbox"/> DELAY IN KIDNEY REMOVAL IF ABNORMALITY TURNS OUT TO BE CANCER</p> <p>RARE</p> <p><input type="checkbox"/> FINDING CANCER REQUIRING ADDITIONAL THERAPY</p> <p><input type="checkbox"/> DAMAGE TO URETER WITH NEED FOR OPEN OPERATION OR TUBE PLACED INTO KIDNEY DIRECTLY FROM BACK TO ALLOW ANY LEAK TO HEAL</p> <p><input type="checkbox"/> VERY RARELY, SCARRING OR STRICTURE OF URETER REQUIRING FURTHER PROCEDURES</p> <p><input type="checkbox"/> RISK OF ANAESTHESIA</p> <p><b>ALTERNATIVE THERAPY:</b> OPEN BIOPSY, OTHER X-RAY INVESTIGATIONS, FURTHER OBSERVATION OR REMOVAL OF KIDNEY AND URETER WITHOUT BIOPSY</p> <p><b>Covid 19</b></p> <p>- it is not possible to give an accurate estimate of contracting Covid 19 while in hospital</p> <p>- 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%</p> <p>(Source - <a href="https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/tool-5/#3">https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/tool-5/#3</a>)</p>
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**A blood transfusion** may be necessary during procedure and patient agrees **YES** or **NO** (Ring)

<b>Signature of Health Professional</b>	<b>Job Title</b>
<b>Printed Name</b>	<b>Date</b>

The following leaflet/tape has been provided

**BAUS INFORMATION LEAFLET (21/141)**

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.

<b>Signature of interpreter:</b>	<b>Print name:</b>	<b>Date:</b>
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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.

Pictures may be taken of the bladder lining

Signature of Patient:		Print please:	Date:
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**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) .....



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# DIAGNOSTIC URETEROSCOPY (TELESCOPIC SURGERY TO INVESTIGATE THE URETER & KIDNEY)

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

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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/Diagnostic\\_ureteroscopy.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Diagnostic_ureteroscopy.pdf)

## Key Points

- The aim of this procedure is to examine your bladder, ureter (the tube that drains urine from the kidney into the bladder) and kidney using a thin telescope passed through your urethra (waterpipe)
- We use a “semi-rigid” telescope (ureteroscope) to examine your ureter and a flexible uretero-roscope to examine your kidney
- Sometimes a biopsy (tissue sample) may be taken for analysis, and a laser fibre may be used to destroy an abnormality that is found
- The procedure is normally used to provide information in addition to that obtained from scans e.g. CT scanning

## What does this procedure involve?

This involves using a telescope (semi-rigid or flexible) passed into your bladder through your urethra (waterpipe) to look at the your ureter and/or kidney. We sometimes need to leave a temporary stent in your ureter after the procedure.

## What are the alternatives?

- **Observation** – sometimes with a repeat CT scan using contrast medium (dye) instead of looking directly into the ureter and kidney

- [Percutaneous nephroscopy](#) – is sometimes necessary to look directly into the kidney by puncturing the kidney through the skin, but this would only be in exceptional circumstances

## **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 an 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.

Your imaging will be reviewed by the team to make sure they know which kidney they intend to inspect if only one side is being examined.







## **Details of the procedure**




- we normally use a full general anaesthetic and you will be asleep throughout the procedure
- we usually give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we put a telescope into your bladder, through your urethra (waterpipe), and use it to pass a guidewire up into your kidney, using X-ray control.
- we then pass the ureteroscope (semi-rigid or flexible) up the full length of your ureter into the kidney.
- we may take a biopsy using either a tiny pair of forceps or a specially designed “basket” passed through the telescope
- if any abnormality is found, we may use a laser (normally used to break kidney stones) to destroy it
- we often insert a temporary drainage tube (a ureteric catheter or a stent with a string attached) into the ureter at the end of the procedure; we normally remove it on the first post-operative morning but, sometimes, it needs to stay in for a week or two
- occasionally, we need to perform a “second-look” ureteroscopy at a later date if we fail to reach the kidney at the initial procedure; if this is the case, we leave a stent in your ureter until the second procedure

- occasionally, we put in a bladder catheter which is removed the following morning
- most patients will be able to go home on the same day as their procedure, or early on the first post-operative morning
- if an abnormality is found, you may be advised to have this procedure repeated on a regular basis in case the abnormality grows again; it is perfectly safe to perform ureteroscopy repeatedly.

## 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. The impact of 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
Mild burning or bleeding on passing urine for a short time after the procedure (especially if you have a ureteric stent inserted)	 Almost all patients
Temporary insertion of a ureteric stent which needs to be removed later	 Almost all patients
Failed to access the ureter requiring further surgery or other treatment	 1 in 20 patients (5%)
Temporary insertion of a bladder catheter	 Between 1 in 10 & 1 in 50 patients
Infection requiring antibiotic treatment	 Between 1 in 50 & 1 in 100 patients
Minor damage to the wall of the ureter (small perforation, mucosal abrasion, bleeding) requiring stenting or percutaneous nephrostomy	 1 in 100 patients (1%)

Narrowing of the ureter due to delayed scar formation (stricture) which may require further treatment	 Between 1 in 100 & 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)
Major damage to the wall of the ureter (large perforation, avulsion of the ureter) requiring further surgery	 Less than 1 in 1000 patients (less than 0.1%)

### 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. Individual hospitals may have different rates, and the medical staff can tell you the risk for your hospital. You have a higher risk if you 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 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
- you should drink twice as much fluid as you would normally for the first 24 to 48 hours, to flush your system through and reduce the risk of infection
- recovery from uretero-rensoscopy is usually rapid; you may return to work when you are comfortable enough and when your GP is satisfied with your progress
- if you have had a stent put in, you may get pain in your kidney area when you pass urine, or in your bladder; this usually settles quickly but, if you feel unwell or feverish, you should contact your GP to check for a urine infection



- if you develop a fever, pain in the area of the affected kidney, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately

## **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.

### ***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 **0800 169 0 169**.

### ***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.