

## Space for Medical Institution Name and Logo

ט 1997 /OUROL/KDNY/5504/0076 נובמבר

### טופס הסכמה: הוצאה מלעורית של אבני כליה

## CONSENT FORM: PERCUTANEOUS NEPHROLITHOTOMY (PCNL)

The percutaneous nephrolithotomy (PCNL) approach involves the formation of a conduit and insertion of a device (nephroscope) into the kidney in the waist area.

Various instruments are introduced through the device and used to extract the stone(s). In some cases, the stone cannot be fully extracted or all stones cannot be removed at once, and the procedure must be repeated or additional procedures must be preformed, such as the use of an extracorporeal shockwave lithotripsy (ESWL) machine. The insertion of the device into the kidney may also be unsuccessful.

When the procedure is completed, a catheter is inserted to serve as a drain (nephrostome) for a few days.

The procedure is conducted under local, regional or general anesthesia.

There is often a need to perform a second look through the nephrostomy conduit to extract stone fragments left after the initial procedure. This procedure is usually performed without anesthesia.

A few days following the operation, the catheter (nephrostome) is removed and the incision in the skin is usually closed within a few more days.

Name of Patient: \_\_\_\_\_  
Last Name First Name Father's Name ID No.

I hereby declare and confirm that I have been given a detailed oral explanation by:

Dr. \_\_\_\_\_  
Last Name First Name

regarding the percutaneous nephrolithotomy (henceforth: "the primary operation").

I have been given an explanation concerning the possible alternatives in my circumstances, including open surgery and extracorporeal shockwave lithotripsy (ESWL), and the benefits and risks involved in each.

I hereby declare and confirm that I have been given an explanation concerning the side effects following the primary operation, including pain and discomfort in the waist, frequency and a burning sensation during urination and bloody urine. In cases where an impairment of the flow of urine from the kidney to the urinary bladder is expected, a catheter will be placed in the ureter for a few weeks. In cases where there is continued drainage of urine through the skin incision, a catheter will be placed in the urinary bladder and/or ureter for a few days to allow the incision to close.

In addition, I have been given an explanation concerning the possible complications, including: hemorrhage; urinary tract infection or infection in area of nephrostome insertion; damage to the collecting urinary system and/or damage to other organs which may, at times, necessitate switching to open surgery to repair damages.

Complications in the urinary system may, in rare cases, lead to loss of the kidney.



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I hereby give my consent to perform the primary operation.

In addition, I hereby declare and confirm that I have been given an explanation and understand the possibility that during the primary operation the need to extend or modify the procedure or to perform additional or different procedures may arise in order to save my life or prevent physical harm, including additional surgical procedures that cannot be fully or definitely predicted at this time but whose significance has been made clear to me. I, therefore, also give my consent to such an extension, modification or performance of different or additional procedures, including additional surgical procedures, which the hospital's physicians deem essential or necessary during the primary operation.

I hereby also consent to the administration of local anesthesia after having been given an explanation concerning the possible complications of local anesthesia, including various degrees of allergic reactions to the anesthetic drug. If the decision is made to perform the primary operation under regional or general anesthesia, I will be given an explanation concerning the anesthesia by an anesthesiologist.

I know and agree that the primary operation and any other procedure will be performed by any designated physician, according to the institutional procedures and directives, and that there is no guarantee that it will be performed, fully or in part, by a specific person, as long as it is performed in keeping with the institution's standard degree of responsibility and in accordance with the law.

\_\_\_\_\_

Date

\_\_\_\_\_

Time

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Name of Guardian (Relationship)

\_\_\_\_\_

Guardian Signature (for incompetent, minor or mentally ill patients)

I hereby confirm that I have given the patient / the patient's guardian\* a detailed oral explanation of all the above-mentioned facts and considerations as required, and that he/she has signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

\_\_\_\_\_

Name of Physician

\_\_\_\_\_

Physician Signature

\_\_\_\_\_

License No.

\* Cross out irrelevant option.



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