

**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 performed, 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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