

Kidney Stone Center

Patient Informed Consent

Please familiarize yourself with this form as you will be asked to sign it on the day of your treatment

Extracorporeal Shock Wave Lithotripsy (ESWL) is a technique to treat urinary stones. The goal of this treatment is to pulverize urinary stones into sand-sized particles small enough to be passed out through the urinary tract. I understand that there are alternative methods to treat urinary stones, which include:

- A. No treatment of the urinary stone(s).
- B. Manipulation of a stone in the ureter back into the kidney with placement of a tube for urinary drainage.
- C. Internal (scope) examination of the urinary bladder and/or ureter with possible retrieval of stone(s) in the ureter including possible laser fragmentation.
- D. Percutaneous Lithotripsy (PNL), a puncture/scope technique through the side directly into the kidney.
- E. Surgical removal of stone(s) through an incision.

I realize that ESWL **MAY or MAY NOT** successfully fragment my stone(s). I further realize that successful ESWL treatment may result in stone fragments of varying size and that some fragments may be too large to pass easily or at all. I recognize that some stones will require the placement of a tube into my kidney, either through the bladder or through my side to facilitate passage of fragments before ESWL is done. I further recognize that some fragments may require any or all of the above alternative treatments to be used following ESWL including possible repeat ESWL. I understand that radiographs (x-rays) and other diagnostic studies are necessary following ESWL to assess the success of treatment and to diagnose urinary drainage problems, which might result from ESWL. I understand that any tubes placed in my urinary tract before, during and after ESWL treatment will need to be removed in a timely fashion.

RISKS OF ESWL

- A. The stone may be incompletely fragmented and require alternative treatment.
- B. There may be bruising of tissue along the path of the shock wave.
- C. There may be bleeding from ESWL sufficient enough to require transfusion.
- D. Damage to the kidney has occurred and may require the removal of the kidney,
- E. Urinary infection associated with stones may become aggravated and become life threatening
- F. Death is a rare possibility.
- G. Machine malfunction may occur necessitating removal from the lithotripter, rescheduling of your treatment and anesthetic.

THESE ARE NOT PROBABLE RESULTS BUT THEY ARE STATISTICAL POSSIBILITIES.

PREGNANCY

I understand that ESWL should not be performed if I am pregnant. A pregnancy test is required on **ALL** women where pregnancy is a possibility.

PATIENT ACKNOWLEDGEMENT

I understand that my medical care will be provided by a team of physicians consisting of my personal physician (urologist) or urologists working under the auspices of the Kidney Stone Center.

I have been given an opinion as to the appropriateness of ESWL for my condition by my personal physician (urologist) and a second opinion by the Kidney Stone Center physician(s). I have been given the right to a third opinion if I so desire.

If my personal urologist is a participating member of the Kidney Stone Center, they and the urologist at the Center have agreed to share my care and the professional fees paid by me or my insurance carrier for such care. I understand that it is my responsibility to seek follow-up care from my personal physician (urologist) after ESWL treatment. I will be given instructions on necessary post-treatment care.

I have been allowed to ask questions about the treatment. I have read this form and/or it has been explained to me. I understand that by signing this form, I am consenting to the performance of ESWL upon my urinary stone (s) and any of the above mentioned alternative procedures necessary for my best health. I further acknowledge that the medical information I have provided the Kidney Stone Center is accurate and that I have disclosed any uncertainty concerning its accuracy and have been informed of the importance of providing complete and accurate information. As to any incomplete or possibly inaccurate information, I have been given both the means and the opportunity to check the information, which I believe, may be inaccurate. By signing this document, I agree that any problem, risks or complications which may arise either in whole or in part as a result of inaccurate or incomplete information shall be my responsibility.

VISITORS: Students and/or Medical Sales Representatives may be present during your procedure for observation only.

OTHER PRACTITIONERS: I understand that other practitioners may participate in performing this treatment or procedure. The categories of other practitioners who may perform significant portions of the treatment or procedure may include but are not limited to Urologic Residents, Physician's Assistants, Surgical Assistants or Medical Equipment Representatives.

"I hereby acknowledge specifically that I have been provided no guarantees, promises or warranties of any kind in regard to ESWL."