WELCOME TO THE KIDNEY STONE CENTER
OF THE
ROCKY MOUNTAINS

Extracorporeal Shock Wave Lithotripsy (ESWL) is a medical treatment plan for kidney stones, emphasizing convenience, comfort and safety. Usually ESWL permits you to be admitted, have the required treatment and be discharged all in one day – usually a matter of hours.

Please read all of the following information. If you have any questions regarding this information, please call The Kidney Stone Center before your scheduled treatment.

BEFORE YOUR TREATMENT, DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT (UNLESS OTHERWISE DIRECTED BY YOUR PHYSICIAN). YOUR TREATMENT MAY BE CANCELLED IF YOU HAVE HAD ANYTHING BY MOUTH (including gum, mints, cigarettes etc.)

1. Brush your teeth the morning of treatment but do not swallow.
2. If you routinely take daily medication in the AM, you may take it the morning of treatment with a **SMALL** sip of water.
3. **DO NOT** use any body lotions or oils the morning of treatment. Deodorant is encouraged.
4. If your procedure is scheduled during your menstrual cycle, you are still able to have the procedure.
5. **ARRANGE FOR SOMEONE TO DRIVE YOU HOME AFTER THE TREATMENT.** You will **NOT** be treated if you fail to arrange for someone to drive you home. Riding public transportation is **NOT** an acceptable alternative.
6. Notify your doctor if there is any change in your physical condition such as a cold, fever, infection or a change in the condition for which you are having ESWL.

MORNING OF TREATMENT

1. Wear comfortable shoes and loose fitting clothing.
2. Please arrive at the time you were told to be at the Kidney Stone Center and report to the reception desk. **You must bring your insurance cards, photo ID, co-payment or any deductible due at the time of service.**
3. After registration, the nurse will escort you to the pre-op room where you will be prepared for the treatment. You will have a conference with the treating physician as well as the anesthesiologist. You will discuss the informed consent with the physician. If you have any questions please feel free to ask the urologist at this time.
4. Contact lenses, hairpins, eye makeup and jewelry should not be worn while having treatment. We recommend that you leave valuables at home.

AFTER YOUR TREATMENT

We will give you detailed instructions on post treatment care and what to do in the unlikely event that complications develop. You will be discharged when the physician and staff feel your condition is stable. If your condition warrants, your physician may admit you to the hospital.

QUESTIONS

We wish to make your treatment as comfortable as possible. If you need more information about the Kidney Stone Center, please feel free to call 303-839-6060 or go online to *kidneystonecenter-rm.com*

The Kidney Stone Center
REGISTRATION FORM

Today's Date:	Referring Urologist:

PATIENT INFORMATION

Patient Name: Last: First:	MI:	Email:
Address: [Address/ P.O Box, City, State, ZIP Code]		

Social Security #:	Sex:	Date of Birth:	Home phone:	Cell phone:
Marital Status:	Height:	Weight:	Occupation:	Employer:

INSURANCE INFORMATION

(Please bring a copy of your insurance cards)

Person responsible for bill:	Date of Birth:	Address (if different):	Home phone:
Primary insurance:		Policy #:	

Subscriber's name:	Subscriber's SSN:	Date of Birth:	Group #	Co-Payment:
Patient's relationship to subscriber:				

Secondary insurance (if applicable):	Subscriber's name:	Policy #:	Group #:
Patient's relationship to subscriber:			

IN CASE OF EMERGENCY

Name of local friend or relative:	Relationship to patient:	Home phone:	Work phone:

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize The Kidney Stone Center or insurance company to release any information required to process my claims.

Patient/Guardian signature

Date

Patient Name: _____ **DOB**_____

LITHOTRIPSY PRE-OPERATIVE MEDICAL INFORMATION

Have you ever had hypertension (high blood pressure)?

☐ Yes ☐ No if yes, list any medications you are taking for this _____

_____

Have you ever experienced any blood disorders – leukemia and/or easy bleeding?

☐ Yes ☐ No if yes, describe the problem _____

_____

Have you ever had a pulmonary embolism (blood clots that pass to your lungs)?

☐ Yes ☐ No

Have you ever had phlebitis (inflammation of a vein)?

☐ Yes ☐ No

List all operations you have had and approximate date(s):

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Do you have a history of lung problems?

☐ Yes ☐ No if yes what was the diagnosis?

Do you use oxygen?

☐ Yes ☐ No

_____

_____

Do you smoke?

☐ Yes _____ packs per day? ☐ No

Do you have a heart (cardiac) pacemaker or internal defibrillator?

☐ Yes ☐ No

Do you have a history of heart problems?

☐ Yes ☐ No if yes what was the diagnosis?

_____

****REMEMBER YOU MUST BE OFF ALL BLOOD THINNERS 7 DAYS PRIOR TO LITHOTRIPSY.****
EXAMPLES- ASPIRIN, IBUPROFEN & FISH OIL

Patient Name: _____ **DOB**_____

LITHOTRIPSY PRE-OPERATIVE MEDICAL INFORMATION

Height_____ **Weight**_____

Do you have a history of kidney stones? ☐ Yes ☐ No if yes, complete the following:

Number passed spontaneously	**Number removed surgically**	**Right or Left**
_____	_____	_____

Are you paralyzed?

☐ Yes ☐ No if yes, describe approximate level: _____

Do you have a history of diabetes?

☐ Yes ☐ No

Do you have a history of cancer? If yes, complete the following:

Site/Location	Month/Year of Diagnosis
_____	_____
_____	_____

Please list any additional medical conditions._____

_____

Please list all drug allergies._____

_____

_____

Please list all medications, supplements and herbs that you are taking._____

_____

_____

Please let us know where you had your CAT Scan and X-ray done._____

<u>Women</u>

Are you currently pregnant? ☐ Yes ☐ No

Have you had a Tubal Ligation or Hysterectomy? ☐ Yes ☐ No

Kidney Stone Center of the Rocky Mountains
1800 Emerson Street • Denver CO 80218 • 303-839-6060

Important Billing Information

As for your procedure, we want to make sure you understand how you will be billed for the services you receive. At a minimum, you will receive two separate bills. Depending on your specific procedures and insurance, you may also get additional bills.

The success of your procedure depends on a team effort by many dedicated professionals, including those in our Center.

You may receive a bill from:

The Kidney Stone Center

The Surgery Center or hospital where the procedure was performed

The Anesthesiologist

We realize that these multiple bills can be confusing. Our staff will do their very best to help you with questions and guide you to the proper sources of information. Please contact your insurance company to verify your benefits and facility coverage. If you have any questions about this information, please contact us at 720-588-4173 or 303-839-6060.

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."

KIDNEY STONE CENTER OF THE ROCKY MOUNTAINS
PRE-OP DIET INSTRUCTIONS

BEFORE YOUR TREATMENT, DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT (UNLESS OTHERWISE DIRECTED BY YOUR PHYSICIAN). YOUR TREATMENT MAY BE CANCELLED IF YOU HAVE HAD ANYTHING BY MOUTH (including gum, mints, cigarettes etc.)

PREP #1 -STANDARD PREP:

1. **Take two 5mg Dulcolax (generic Bisacodyl) laxative tablets as directed at noon the day before treatment.**
2. **Have lunch completed no later than 2 PM the day before treatment.**
3. **Clear liquids ONLY (*NO carbonated beverages*) after 2 PM the day before treatment (i.e. water, broth, plain gelatin, sports drinks, popsicles).**
4. **Absolutely nothing by mouth after midnight.**
5. **The morning of your procedure do not eat or drink anything until your treatment is done.**

PREP #2 –GOOD PREP:

1. **Take two 5mg Dulcolax (generic Bisacodyl) laxative tablets at 8 AM and two 5mg Dulcolax (generic Bisacodyl) laxative tablets at 2 PM as directed the day before treatment.**
2. **Have lunch completed no later than 2 PM the day before treatment.**
3. **Clear liquids ONLY (*NO carbonated beverages*) after 2 PM the day before treatment (i.e. water, broth, plain gelatin, sports drinks, popsicles).**
4. **Absolutely nothing by mouth after midnight.**
5. **The morning of your procedure do not eat or drink anything until your treatment is done.**

PREP #3 –SPECIAL PREP:

1. **Begin clear liquid diet (i.e. water, broth, plain gelatin, sports drinks, popsicles) the morning before treatment. *NO SOLID FOOD and NO carbonated beverages* the day before treatment.**
2. **Take two 5mg Dulcolax (generic Bisacodyl) laxative tablets at 8 AM and two 5mg Dulcolax (generic Bisacodyl) laxative tablets at 2 PM as directed the day before treatment.**
3. **Be sure to drink plenty of clear liquids throughout the day.**
4. **Absolutely nothing by mouth after midnight.**
5. **The morning of your procedure do not eat or drink anything until your treatment is done.**

It is important to follow these instructions completely. Failure to adhere to pre-op diet instructions will impact the quality of your treatment and could lead to cancellation of your procedure

IMPORTANT: Do not discontinue prescribed anticoagulant drugs without clearance from your prescribing physician. You may be scheduled for ESWL once the Kidney Stone Center receives written clearance from your prescribing physician.

The following medications contain ingredients, which may interfere with your blood's ability to clot. You must discontinue these one week prior to ESWL. This list **MAY NOT** contain all medications. Please check with your primary care physician, urologist or the Kidney Stone Center (303-839-6060).

Please continue to take any other medications that you may be taking under the direction of your physician.

Acetylsalicylic Acid
Actron
Acuprin 81
Advil
Aggrenox
Aleve
Alka Seltzer
Ama Arthritis Pain
Amigesic
Anacin (all products)
Anaflex 750
Anaprox
Anaprox/DS
Ansaid
Anturane
Apixaban
Arthritis Pain
Arthropan
Arthrotec
Ascriptin
Aspergum
Aspertab (all)
Aspirin (all products)
Axotal

Backache Caplets
Bayer Aspirin
Brilinta
Buffaprin
Bufferin
Buffex
Buffinol (all products)

Cataflam
Clinoril
Clopidogrel
CMT
Congestril
Cope
Coricidin
Cosprin
Cotylbutazone
Coumadin
Cramp End

Dabigatran
Darvon Compound 65
Daypro
Disalcid
Doan's (all products)
Dolgesic
Dolobid
Dristan

Easprin
EC-Naprosyn
Ecotrin
Effient
Eliquis
Empirin
Epromate-M
Equagesic
Etodolac
Excedrin (all products)

Feldene
Fenoprofen
Fiorinal

Genpril
Genprin

Halfprin
Haltran
Healthprin (all products)
Heparin

Ibifon 600 caplets
Ibren
Ibu-4,6,8 (all products)
Ibuprin
Ibuprofen
Ibuprohm
Indocin
Indocin SR
Indomethacin

Jantoven

Ketoprofen
Ketorolac

Lanorinal
Lodine
Lovenox

Magnaprin
Marthritic
Meclodium
Meclomen
Medipren (all products)
Meloxicam
Midol
Mobic
Mobidin
Mono-Gesic
Motrin (all products)

Nabumetone
Nalfon
Naproxen
Naproxen Sodium
Naprosyn
Norgesic
Nuprin

Orudis
Oruvail
Oxyphenbutazone

P-A-C (all products)
Pamprin IB
Panasal 5/500
Percodan
Persantin
Phenaphen #3,4
Phenylbutazone
Piroxicam
Plavix
PMS-ASA
Ponstel
Pradaxa
Prasugrel
Premysyn

Q-Profen

Relafen
Rivaroxaban
Robaxisal
Roxiprin
Rufen

Salflex
Salsitab
Salsalate

Tanderil
Tolectin (all products)
Toradol
Trendar
Triaminicin Cold
Trigesic
Trisate

Vanquish
Voltaren

Warfarin

Xarelto

Zorprin

DISCONTINUE ALL HERBAL SUPPLEMENTS FOR 1 WEEK PRIOR TO TREATMENT INCLUDING VITAMIN E AND FISH OIL