

Kidney Stone Center of the Rocky Mountains  
Patient Informed Consent

1. Procedure: I authorize Dr. \_\_\_\_\_ to perform the following procedure(s).

- Right Left Shock Wave Lithotripsy (SWL)
- Right Left Cystourethroscopy with stone dislodgement/manipulation
- Right Left Cystourethroscopy with stent placement
- Right Left Ureteroscopy with possible laser lithotripsy/stone basketing, retrograde pyelogram and stent placement into the ureter

I understand the reason for this procedure is: ureteral and/or kidney stone(s)

Alternative procedures include:

- no treatment of the urinary stones
- medical expulsive therapy
- Percutaneous Nephrolithotomy (PNL): a puncture/scope through the side directly into the kidney
- surgical removal of stone(s) through an incision.

2. Risks: This authorization is given with the understanding that my operation or procedure involves risks and hazards. The more common risks include (but are not limited to): infection, bleeding (including delayed bleeding), nerve injury, blood clots, heart attack, allergic reactions and pneumonia. These risks can be serious and possibly fatal. Some significant and substantial risks of this particular operation or procedure include (but are not limited to): sepsis, bleeding, injury to ureter/kidney/bladder, bruising of tissue along the path of the shock wave, incomplete fragmentation of the stone requiring alternative treatment, stricture formation in the urethra and/or ureter, stone migration, inability to access stones(s), no stones, need for further procedures, loss of kidney and/or death. If a stent is placed and it is not removed in a timely manner (less than three months usually), the kidney may stop functioning. Machine malfunction may occur necessitating rescheduling.

3. I understand that SWL should not be performed if I am pregnant.

4. I realize that Shock Wave Lithotripsy **MAY** or **MAY NOT** successfully break up my stones. I further realize that successful Shock Wave Lithotripsy 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 stent into my kidney, either through the bladder or through my side to facilitate passage of fragments before Shock Wave Lithotripsy is done. I further recognize that some fragments may require any or all the above alternative treatments to be used following Shock Wave Lithotripsy including possible repeat Shock Wave Lithotripsy. I understand that x-rays and other diagnostic studies are necessary following Shock Wave Lithotripsy to assess the success of treatment and to diagnose urinary drainage problems, which might result from Shock Wave Lithotripsy. I understand that any tubes placed in my urinary tract before, during and after Shock Wave Lithotripsy treatment will need to be removed in a timely fashion.

5. Drugs and Anesthesia: The administration of drugs and anesthesia, even local, also involves risks, most importantly, a rare risk of reaction to medications causing death. I consent to the use of drugs and anesthesia as may be considered necessary by the person responsible for these services.

6. Additional Procedures: If my doctor discovers different, unexpected conditions at the time of the procedure, I authorize him/her to perform such treatments as he/she deems necessary.

