

**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](http://kidneystonecenter-rm.com)

## The Kidney Stone Center REGISTRATION FORM

Today's Date:		Referring Urologist:		
<b>PATIENT INFORMATION</b>				
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:
<b>INSURANCE INFORMATION</b>				
<b>(Please bring a copy of your insurance cards)</b>				
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:				
<b>IN CASE OF EMERGENCY</b>				
Name of local friend or relative:		Relationship to patient:	Home phone:	Work phone:
<p>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.</p>				
<hr style="border: none; border-top: 1px solid black;"/> Patient/Guardian signature			<hr style="border: none; border-top: 1px solid black;"/> 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. \_\_\_\_\_

**Women**

Are you currently pregnant?  Yes  No

Have you had a Tubal Ligation or Hysterectomy?  Yes  No



## 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 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.





**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.

<b>A</b> Acetylsalicylic Acid	Daypro	<b>M</b> Magnaprin	<b>S</b> Salflex
Actron	Disalcid	Marthritic	Salsitab
Acuprin 81	Doan's (all products)	Meclodium	Salsalate
Advil	Dolgesic	Meclomen	
Aggrenox	Dolobid	Medipren (all products)	<b>T</b> Tanderil
Aleve	Dristan	Meloxicam	Tolectin (all products)
Alka Seltzer		Midol	Toradol
Ama Arthritis Pain	<b>E</b> Easprin	Mobic	Trendar
Amigesic	EC-Naprosyn	Mobidin	Triaminic Cold
Anacin (all products)	Ecotrin	Mono-Gesic	Trigesic
Anaflex 750	Effient	Motrin (all products)	Trisate
Anaprox	Eliquis		
Anaprox/DS	Empirin	<b>N</b> Nabumetone	<b>V</b> Vanquish
Ansaid	Epromate-M	Nalfon	Voltaren
Anturane	Equagesic	Naproxen	
Apixaban	Etodolac	Naproxen Sodium	<b>W</b> Warfarin
Arthritis Pain	Excedrin (all products)	Naprosyn	
Arthropan		Norgesic	<b>X</b> Xarelto
Arthrotec	<b>F</b> Feldene	Nuprin	
Ascriptin	Fenoprofen		<b>Z</b> Zorprin
Aspergum	Fiorinal	<b>O</b> Orudis	
Aspertab (all)		Oruvail	
Aspirin (all products)	<b>G</b> Genpril	Oxyphenbutazone	
Axotal	Genprin		
		<b>P</b> P-A-C (all products)	
<b>B</b> Backache Caplets	<b>H</b> Halfprin	Pamprin IB	
Bayer Aspirin	Haltran	Panasal 5/500	
Brilinta	Healthprin (all products)	Percodan	
Buffaprin	Heparin	Persantin	
Bufferin		Phenaphen #3,4	
Buffex	<b>I</b> Ibifon 600 caplets	Phenylbutazone	
Buffinol (all products)	Ibren	Piroxicam	
	Ibu-4,6,8 (all products)	Plavix	
<b>C</b> Cataflam	Ibuprofen	PMS-ASA	
Clinoril	Ibuprohm	Ponstel	
Clopidogrel	Indocin	Pradaxa	
CMT	Indocin SR	Prasugrel	
Congestril	Indomethacin	Premysyn	
Cope			
Coricidin		<b>Q</b> Q-Profen	
Cosprin	<b>J</b> Jantoven		
Cotybutazone		<b>R</b> Relafen	
Coumadin	<b>K</b> Ketoprofen	Rivaroxaban	
Cramp End	Ketorolac	Robaxisal	
		Roxiprin	
<b>D</b> Dabigatran	<b>L</b> Lanorinal	Rufen	
Darvon Compound 65	Lodine		
	Lovenox		

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