

Patient Information to be retained by patient

Percutaneous nephrolithotomy (PCNL)

affix patient label

What does this procedure involve?

The breakdown and removal of kidney stones using a telescope passed through a small incision in the back.

Why do I need this procedure?

To remove the large stones in the kidney that are either causing symptoms or affecting the function of the kidney. The decision to choose this method of stone removal rather than other procedures will have been discussed in the clinic prior to surgery.

Are there any alternatives?

Alternatives to this procedure include observation, external shock wave treatment, ureteroscopic stone surgery (telescope via the natural waterpipe) and open stone surgery (larger incision in the back).

How do I prepare for it?

You will receive a pre-operative assessment appointment to prepare you for this operation and provide you with advice regarding medication prior to the procedure. It is therefore vital that you attend. You can continue to take your regular medication unless you have been told otherwise. If you are taking any anti-coagulation medication it is important that you are given advice on when to stop this prior to the procedure.

You will be admitted to hospital on the same day as your surgery. You will be asked not to eat and drink for six hours before the surgery.

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What does it involve?

You will be given a general anaesthetic and you will be asleep throughout the procedure. You will usually be given an injection of antibiotics before the procedure, after checking for allergies.

Firstly, the surgeon inserts a small tube up the ureter and into your kidney by using a telescope passed into your bladder. A puncture hole is then made through the skin into the kidney using X-ray as a guide. Finally, the surgeon passes a telescope through the skin into the kidney and the stones are broken into pieces and removed. At the end of the procedure a catheter is usually left in your bladder as well as a drainage tube from your kidney.

It may be necessary to puncture the kidney at more than one site if you have many stones scattered throughout the kidney.

What happens afterwards?

You should be told how the procedure went, and what the follow up plan is. If you are in any discomfort tell the medical staff so that pain relief medication can be given. The day after surgery, you may have a further X-ray to see if all the stones have been cleared. If the X-ray is satisfactory, the tube in your kidney will be clamped, and

then later removed along with the bladder catheter. The site of the kidney drainage tube may leak for 24-48 hours. The average hospital stay is often between two and five days.

Are there any risks or complications?

As with all procedures, there are risks from having this procedure. You should be reassured that, although these complications are well recognised, most patients do not suffer any significant problems following this procedure.

Common (Happens to more than 1 in 10 patients)

- Blood in the urine: This commonly disappears after 12-24 hours. If it continues please contact your GP.
- Raised temperature: Despite being given intravenous antibiotics in theatre, you may still develop an infection, particularly if the kidney stones formed as a result of urinary infections. This is managed with a continued course of antibiotics.

Occasional (Happens to fewer than 1 in 10 patients)

- Need to make more than one puncture: To access all the stones in your kidney, more than one puncture may be required to gain full access to them.
- Some stone fragments may remain: It may not be possible to fully remove all your stones. Some fragments may also move into your ureter (drainage tube), which may require insertion of a temporary stent. You will also be followed up after the surgery and checked for any remaining fragments. Further treatment may be required.
- You may form new stones: Around half of stone formers produce further stones in their lifetime, and prevention measures will be discussed with you following the surgery.
- Attempts to access the kidney may not be successful: A specialist radiologist will create a tract from the skin to the kidney. In some situations, due to anatomical variations, accessing the kidney is not possible. The surgeon will discuss the options available if this occurs.

Rare (Happens to less than 1 in 50 patients)

- Severe kidney bleeding: If a major blood vessel is harmed during the procedure, you may need a blood transfusion, embolization of the kidney (stopping the blood supply to all or part of the kidney) or as a last resort removal of the kidney
- damage to the lung, bowel, spleen or liver which will need surgery
- kidney damage or infection needing further treatment
- irrigating fluids may get into the blood system and cause a strain on the heart

Hospital-acquired infection

- Colonisation with MRSA (0.9% or 1 in 110)
- Clostridium difficile bowel infection (0.01% or 1 in 10,000)
- MRSA bloodstream infection (0.02% or 1 in 5000)

What should I look out for at home?

By the time of your discharge from hospital you should be given advice about:

- your likely recovery at home
- when to resume normal activities
- contact details if you have concerns once you are home
- any follow-up appointments or tests.

When you get home, drink twice as much fluid as you would normally to flush your system through and keep bleeding to a minimum. Aim to keep your urine permanently colourless to reduce the risk of further stone formation.

If you develop a fever, severe pain when passing urine, you cannot pass urine or any bleeding gets worse, contact your GP immediately.

When can I resume normal activities?

It may take at least two weeks to recover fully from your operation. You should not expect to return to work during this time.

It is your responsibility to make sure you are fit to drive following surgery. You do not normally need to tell the DVLA that you have had surgery, unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should inform your insurance company of your surgery.

Patient copy

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Percutaneous nephrolithotomy (PCNL)

(Side: _____)

NHS number: _____
 Name of patient: _____
 Address: _____
 Date of birth: _____
 CR number: _____

A procedure to remove stones from the kidney

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To break down and remove kidney stones using a telescope passed through a small incision in the back.*

Significant, unavoidable or frequently occurring risks:

- *Blood in the urine*
- *Raised temperature*
- *Failure to remove all of the stones*

Uncommon but more serious risks:

- *Movement of stones into the ureter causing pain post-operatively*
- *Kidney damage or infection requiring further treatment*

Rare but serious risks:

- *Injury to lung, bowel, spleen or liver*
- *Bleeding from the kidney requiring blood transfusion, embolization or removal of the kidney*

Any extra procedures which may become necessary during the procedure (including associated risks):

- *Insertion of chest drain*
- *Damage to other organs requiring surgery*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Percutaneous nephrolithotomy (PCNL) (CHA3658) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: _____ Name (PRINT): _____ Date: _____

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Percutaneous nephrolithotomy (PCNL) (CHA3658) which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

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