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### Consent for ureteroscopy

The doctor has explained that I have the following condition:

\_\_\_\_\_

The following procedure will be performed:

\_\_\_\_\_

An endoscopic examination of the bladder followed by examination of the ureter (the tube joining the bladder and kidney) using another telescope. If a stone is seen, it will be broken into small pieces using a fragmentation machine (such as a laser or other device), and removed. A special tube called a stent may be placed in the ureter to prevent it from becoming blocked after the procedure. The stent will be removed later once any swelling has gone down.

There are some risks/ complications from the procedure, which include:

- a) Rarely there can be damage to the urethra, the passage that brings the urine out of the bladder. A false passage or perforation (hole in the urethra or ureter) may be produced causing leakage of urine. In the long term, a stricture or narrowing can form that may affect flow of urine.
- b) Damage to the bladder with perforation of the bladder. This may need further surgery.
- c) Swelling at the exit of the bladder which may result in urine retention. A tube (catheter) may need to be put in place to drain the urine until the swelling goes down.
- d) Bacteria may get into the blood stream with the development of septicemia (blood infection). Further treatment with antibiotics may be necessary.
- e) Bleeding which may stain the urine color and sometimes cause blockage of urine flow.
- f) Burning or pain with urination for a few days after the procedure.
- g) The catheter or endoscopes may not be able to be passed through the opening to the ureter and up to the kidney because of a blockage or narrowing.
- h) Rarely there can be damage to ureter. A stricture may form. Very rarely an open operation may be required to repair the damage.
- i) If a stent is placed, it is necessary to follow up to have it removed or changed. Failure to do so can result in stone growth on the stent, pain, bleeding, infection, or loss of kidney function.

The doctor has explained any significant risks and problems specific to me, and the likely outcomes if complications occur. The doctor has also explained relevant treatment options as well as the risks of not having the procedure.

**I have read and understand the above:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_