



1. Identification and description of the procedure

The percutaneously nephrostomy consists in placing a fine calibre catheter in the kidney through a small orifice in the skin of the lumbar area. It has two objectives:

- Evacuate the urine from a kidney which has difficulties to perform it by its natural track (urethra) due to obstruction, calculi, infection, etc.
- Insert contrast to study the morphology or take pressures inside the organ to evaluate the function and recuperation after correcting the disease.

The procedure is performed with local anaesthesia in the puncture area and until entering the kidney.

The length of time that this catheter remains is variable depending on the motive for which it was placed. With diagnosis purpose it is usually placed just a few days. With therapeutic purposes it can be left various weeks to improve or recuperate the kidney function. In some cases this nephrostomy is the definite manner in which to maintain the kidney function. In these patients a thicker catheter is usually placed.

2. Purpose of the procedure and benefits that are expected to be achieved

- Direct the urine from the obstructed kidney.
- Performing studies to diagnosis the cause of the obstruction.
- If necessary, apply treatments through it.

3. Reasonable alternatives to this procedure

Nephrostomy by open surgery.

4. Foreseeable consequences of its performance

Already described in sections one and two of this document.

5. Foreseeable consequences of its non performance

In your current situation, the medical professional considers the present recommendation as the best option among the possibilities. However, and as you have received all information, you are free to accept it or not.

In case of not accepting this recommendation you must know that there is an elevated probability of persistence and/or progression of the symptoms which you are suffering and your base disease. The possible complications that the future may bring and their reach are partly unforeseeable, including a vital risk.

6. Risks

From this operation it is possible but not frequent to expect the following secondary effects or complications:

- Impossibility of performing the puncture.
- Allergic reactions to the local anaesthesia that could cause an anaphylactic shock of serious consequences (including death).
- Vagal reactions: lypothemias, cardio-respiratory arrest.
- Sepsis.
- Perforation of an intestinal loop, via biliary or other routes with the consequent risk of peritonitis and haemorrhage.
- Incoercible haemorrhage, both during the surgery as well as postoperative. The consequences of said haemorrhages can be diverse depending on the type of treatment that is needed, ranging from minimal seriousness up to the possibility of certain death as a direct consequence of the bleeding or due to secondary effects of the treatments applied.
- Broken instruments or catheters leaving remainders in the interior of the track and which require manoeuvres or interventions for its extraction.

7. Risks depending on the patient's clinical situation

As regards the patient, he/she must report his/her possible allergies to medicines, problems with coagulation, cardiopulmonary and renal diseases, existence of prosthesis, pacemakers, current medicines or any other relevant circumstance that might complicate the operation or aggravate postoperative recovery.

Given the patient's current health situation (diabetes, obesity, immunodepression, hypertension, anaemia, old age...) the frequency or the seriousness of risks or complications might increase, hence the general surgical risk is greater.

Declaration of consent

Mr./Mrs./Miss. aged , with home address at
..... , National Identity No. and SIP number
.....

Mr./Mrs./Miss. aged , with home address at
..... acting in the capacity of (the patient's legal representative, relative or close
friend) , with National Identity No.

Hereby declare:

That the Doctor has explained to me that it is advisable/necessary in my
situation to perform a
.....
and that I have adequately understood the information he/she has given me.

In on , 2

Signed: Mr./Mrs./Miss. With National Identity Card No

Signed: Dr. With National Identity Card No

Associate number

Revocation of the consent

I hereby revoke the consent granted on the date of , 2 and I do not wish
to carry on with the treatment that I hereby terminate on this date.

In on , 2

Signed: The Doctor

Signed: The patient

Associate number:

