



Information and consent form for removal of JJ-stent IN ROOMS

Surname: _____

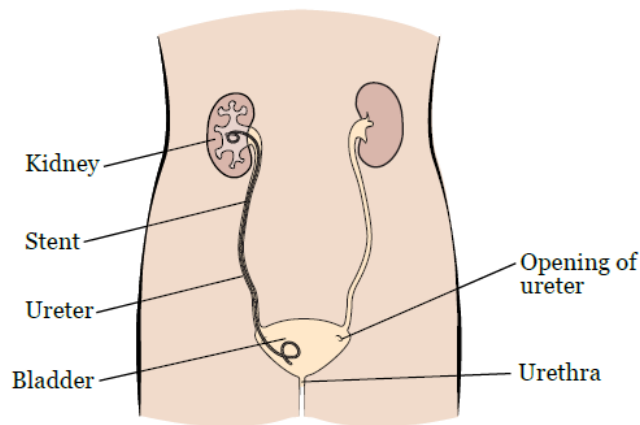
Forename: _____

Date of Birth: _____

What is a JJ-stent?

A stent is a plastic tube that runs from the kidney to the bladder inside the kidney tube (ureter). It has a loop at each end to prevent the stent from migrating to either your kidney or to the bladder.

A stent is placed to facilitate drainage of urine from the kidney to the bladder.



Why do we insert a JJ-stent?

A JJ-stent is inserted to relieve any blockage in the ureter.

Like for instance:

- A stone in the ureter
- Sometimes surgery or disease close to the ureter can cause a blockage in the ureter

After surgery to the ureter or instrument insertion into the ureter or kidney, you might need a JJ-stent to help the healing process and to facilitate drainage of urine.

The JJ-stent is inserted in theatre under general anesthesia. You will receive some antibiotics in theatre before the procedure. The urologist will use a camera (cystoscope) to look inside the bladder. The JJ-stent will be pushed up the ureter until the upper tip is inside the kidney. We use x-rays in theatre to make sure the position of the stent is correct.

Removal of the stent in the rooms:

The JJ-stent will be removed while you are awake. No anaesthetic is given for this procedure, thus you are allowed to eat/ drink prior to the procedure.

The urologist will use a cystoscope to find and remove the stent.

Declaration by Doctor

- I declare that I have explained the nature and consequences of the operation to be performed and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature: _____

Doctor's name: _____

Date: _____

Declaration by patient

- I acknowledge the surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.

Signature of patient: _____ Date: _____

Interpreter's declaration - where needed

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.

Interpreter's signature: _____ Date: _____