

# URETERORENOSCOPY (URS) AND URETERAL STENT INSERTION (IF APPLICABLE) SPIEGELUNG DES HARNTRAKTES (URS) GGF. MIT HARNLEITERSCHIENUNG

Information und Anamnese für Patienten zur Vorbereitung des erforderlichen Aufklärungsgesprächs mit dem Arzt

Hospital / Clinic / Practice: [Klinik / Praxis:]



Patient data: [Patientendaten:]

englisch

Procedure scheduled to take place on (date):

left links

right rechts

## Dear patient,

a ureterorenoscopy (visual inspection of the ureter and renal pelvicalyceal system with an endoscope) has been scheduled for you for closer examination or treatment.

This form will serve to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain to you the advantages and disadvantages of the scheduled procedure compared with alternative methods available, and inform you of any risks specific to your case. The doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the procedure/examination suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview.

## REASONS FOR EXAMINATION

### GRÜNDE FÜR DIE UNTERSUCHUNG

The visual inspection of the ureter or the renal pelvicalyceal system with an endoscope (ureterorenoscopy) enables the doctor to view the entire urinary tract from the inside. This type of examination may become necessary for several reasons, for instance:

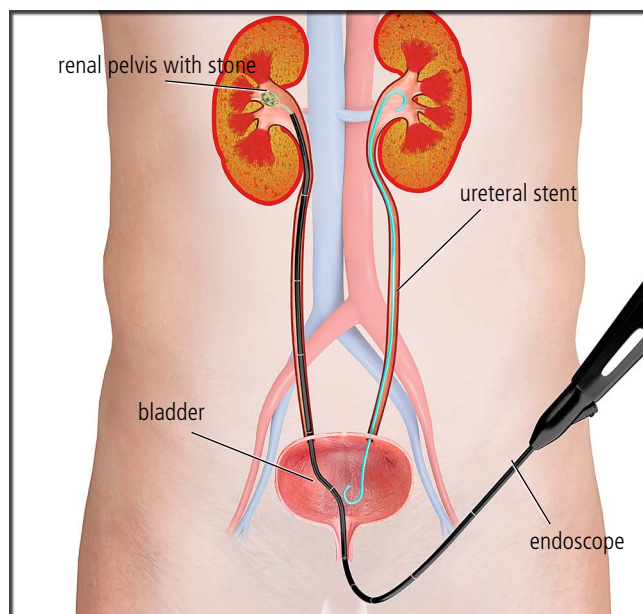
- fragmentation and removal of stones from the ureter/kidney  
Steinzertrümmerung mit Steinbergung aus Harnleiter/Niere
- collection of a tissue/urine sample for examination in case of bleeding of unknown origin or formation of new tissue  
Gewebeentnahme/Uringewinnung bei unklaren Blutungen oder Gewebebildungen
- diagnosis/treatment of urine flow disorders  
Diagnostik/Behandlung bei Harntransportstörungen
- removal (resection) of small tumours from the urinary tract or the renal pelvicalyceal system  
Herausschneiden (Resektion) von kleineren Tumoren aus Harnleiter oder Nierenbeckenkelchsystem
- removal of foreign objects in cases where a ureteral stent/nephrostoma has shifted or a stone sling/stone basket has been torn off  
Bergung von Fremdkörpern bei verrutschten Harnleiterschienen/Nierenfisteln oder abgerissenen Steinschlingen/-körbchen
- support for ureteral stent insertion  
Unterstützung der Harnleiterschienen-Anlage
- ablation of a bleeding vessel  
Verödung eines blutenden Gefäßes

## COURSE OF EXAMINATION ABLAUF DER UNTERSUCHUNG

The procedure is usually carried out under a general anaesthetic or spinal anaesthesia. You will receive the appropriate information regarding the anaesthesia from an anaesthetist.

The examination requires the use of an endoscope. An endoscope is a flexible, steerable or inflexible, thin device used together with a camera and a source of light as well as a light guide in order to view the urinary tract from the inside. During the procedure, the

endoscope is inserted through the urethra and the bladder into the ureter all the way to the renal pelvicalyceal system (ureterorenoscopy). The small camera constantly transmits images to a monitor so that the doctor can see where he/she is steering the endoscope. With a flexible endoscope, the tip of the instrument can be steered actively and angled. This enables the doctor to view areas of the renal pelvicalyceal system (such as the lower pole calyces) which are difficult to access. If a flexible endoscope is used, a tube (a so-called sheath) is sometimes inserted first via a guide wire all the way into the ureter in order to be able to steer the endoscope through the urinary tract more easily.



The procedure is usually carried out under X-ray guidance, including the administration of a contrast medium if need be. In some cases, it may be advisable to administer antibiotics as a

precautionary measure prior to the procedure in order to prevent urinary tract infection. Your doctor will inform you regarding the reasons for the procedure in your particular case, its projected duration as well as whether antibiotics should be taken beforehand.

The ureter is usually very narrow and leads into the bladder at the ureteral opening. This opening is sometimes very narrow, which would make injuries inevitable if the endoscope were inserted through it. For safety reasons, a full endoscopy is then not done immediately and a ureteral stent is inserted first. This ensures proper urine flow from the kidney into the bladder, and the ureter will widen within a few days. The ureterorenoscopy can then be carried out safely during a second procedure.

Whether or not ureterorenoscopy will be possible without prior ureteral stent insertion won't become apparent until the procedure is attempted. Alternatively, the ureteral opening can be dilated (with a bougie) or widened by way of a minor surgical intervention (slitting). However, this increases the risk of side effects.

### POSSIBLE ADDITIONAL MEASURES

#### MÖGLICHE ERWEITERUNGSMASSNAHMEN

If scarring has caused a constriction of the urethra (meatal stenosis, urethral stricture), it will have to be dilated or surgically slit in a separate procedure (using a bougie, meatotomy, direct visual internal urethrotomy).

In extremely rare cases, ureterorenoscopy can lead to injury of the ureter. It may then be necessary to withdraw urine from the outside through a puncture (percutaneous nephrostomy) or to restore proper urine flow through open surgery (ureter reconstruction).

### ALTERNATIVE METHODS ALTERNATIV-VERFAHREN

Diagnosing diseases of the urinary tract is also possible by way of radiological tomography (MRI, CT) or excretion urography. However, minor tissue alterations may not be detected with those methods and they do not allow for a tissue sample to be collected.

Stones can also be treated with analgesics and waiting for spontaneous passage, oral dissolution therapy, shock wave therapy, open surgery or percutaneous kidney stone operation. Each of these procedures has its advantages and disadvantages. Your doctor will tell you what they are.

### PROSPECTS OF SUCCESS ERFOLGSAUSSICHTEN

After a tissue sample has been collected and examined under a microscope, it is usually possible to make a clear diagnosis. However, the collected tissue sample may be too small, so that pathological alterations may be overlooked.

Stones can usually be removed completely. Should any stones remain inside the urinary tract, the procedure may have to be repeated in order to remove them. In some cases, it may prove more helpful to push stones which are lodged in the urinary tract back into the kidney in order to treat them with oral dissolution therapy, shock wave therapy or percutaneous kidney stone operation later.

### DIRECTIONS FOR PREPARATION AND AFTERCARE

#### HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please read the following section carefully and follow the instructions of the doctor and of the assistance personnel closely.

#### Preparation:

**Medication:** It is important for you to inform your doctor of any medication you take or inject on a regular basis or have taken over the course of the past eight days prior to the procedure. This is particularly important if you take any anticoagulant agents such as Aspirin [ASA], Marcumar®, Heparin, Plavix®, Ticlopidin,

Clopidogrel, Eliquis®, Lixiana®, Xarelto®, Pradaxa® etc. Please also let your doctor know if you take any over-the-counter medication and herbal remedies or pain killers such as ibuprofen, paracetamol or morphine-based medication. Your doctor will let you know if and for how long you need to stop taking your medication.

**Urinary tract infection:** If you are already suffering from a urinary tract infection, it should be treated with antibiotics prior to the procedure.

**Food, drink and smoking:** As a general rule, you may not eat anything any more for several hours prior to the procedure and not drink any juices with pulp, milk, broth or alcohol. Please follow the respective instructions of your anaesthetist.

#### Aftercare:

If **antibiotics** have been prescribed as a precautionary measure in your case, please take them as instructed.

**Small amounts of blood** in the urine are common after ureterorenoscopy and usually disappear within a matter of a few days. If you discover blood in your urine, it may be necessary to drink more fluids. Should there be a lot of blood in your urine, please contact your doctor immediately.

Please inform your doctor immediately or come to the clinic if you experience symptoms such as **pain, circulatory problems, shortness of breath, nausea, fever or chills or any other side effects** after the procedure. These symptoms may appear even days after the procedure and must be examined immediately.

If the procedure is performed **on an out-patient basis**, it is necessary for an adult to come and collect you. Please also make sure there will be an adult at home to supervise you for 24 hours after the procedure. Your reaction capacity may be impaired after the procedure. Therefore, for a period of **24 hours after the procedure**, you must not actively participate in road-traffic (not even as a pedestrian) nor participate in any risky activities, especially activities without secure support. You should also refrain from taking any important personal or economic decisions during this period.

In the course of the procedure, a **ureteral stent** may have to be inserted temporarily (usually for 2-6 weeks) in order to ensure proper urine flow from the kidney into the bladder. Your doctor will let you know after the procedure whether this was necessary in your case. The ureteral stent will then have to be removed in any event after a particular period of time. Please follow the instructions of your doctor with regard to this.

Please make sure you **drink enough fluids**, between 1.5-2 litres over the course of the day, unless you cannot drink that much for other medical reasons.

### COMPLICATIONS AND SIDE EFFECTS

#### RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is well known that **any medical procedure is accompanied by certain risks**. If complications occur, they may sometimes require additional treatment or surgery and, in extreme cases, can sometimes even be **life-threatening** or lead to permanent damage – even after some time. Please understand that, for legal reasons, any possible risks associated with this procedure must be listed, even if some of these only occur in exceptional cases. During the interview, your doctor will inform you of any risks specific to your case. You may also choose to waive a detailed explanation. In that event, please pass over this section on risks and confirm your waiver with your signature in the final section of this form.

Since the insertion of the endoscope will lead to a dilation of the ureteral opening during the procedure, a **backward flow of**

**urine from the bladder into the kidneys** may develop on rare occasions (vesicoureteral reflux). This may lead to recurring urinary tract infections or impaired kidney function. In individual cases, this reflux may have to be treated separately.

**Urinary tract infections** may sometimes occur after the procedure, resulting in a temperature, flank pain or discomfort when urinating. In most cases, such infections can be treated successfully with antibiotics. In rare cases, germs may be introduced into the bloodstream, leading to dangerous blood poisoning (toxaemia) or inflammation of the endocardium (endocarditis) as a result.

**Blood** may sometimes appear **in the urine** and disappear after a few days. In rare cases, the bladder will have to be rinsed via a urinary catheter.

Due to **irritation of the mucous membrane of the bladder** or small injuries of the urethra, urinating may be painful after the procedure. These symptoms usually disappear without treatment after a few days. On rare occasions, **urination may also be temporarily impaired** after the procedure. In very rare cases, urinating may even be impossible (urinary retention). In that event, a plastic tube (urinary catheter) will have to be inserted into the bladder.

If a tissue sample is taken from a malignant tumour in the urinary tract, **tumour cells can theoretically be introduced to other areas of the body**, leading to the formation of metastases, or the tumour may grow more aggressively after the procedure.

If tissue is removed from the ureter, scars are cut or stones are removed, the **ureter wall** or, in rare cases, the kidney, bladder or urethra, **may be perforated**, or the **ureter may be ruptured**. This will result in urine escaping from the urinary tract, leading to discomfort or a fever. **Injury of neighbouring organs** (e.g. bowel, larger blood vessels) cannot be ruled out entirely. If injuries are severe, surgical intervention may become necessary or a dangerous infection can result. In extreme cases, loss of the affected organ may result. Long-term insertion of a ureteral stent or nephrostoma may also be necessary in some cases.

Should **severe blood loss** occur, the use of donor blood/blood components (**transfusion**) may be required in exceptional cases. This can lead to transmission of diseases, such as hepatitis in very rare cases (causing dangerous inflammation of the liver), HIV in extremely rare cases (causing AIDS), BSE (causing a form of Creutzfeldt-Jakob disease) or also of other dangerous – even unknown – diseases.

In rare cases, **urine flow** from the kidney into the bladder may be obstructed through swelling of the ureter mucous membrane (oedema), a blood clot or the passage of remaining stones. This can lead to **pain**. In very rare cases, the **ureter may become constricted through scarring**. In those cases, further treatment and, if need be, additional procedures (such as percutaneous nephrostomy, another ureterorenoscopy) will be required.

Occasionally, ureteral stent insertion will lead to **irritations**, leading to pain during urination through **urine backflow** through the stent into the kidney. Medication can then help to alleviate those symptoms.

**Allergic reactions** (intolerance symptoms), e.g. to medication (antibiotics, sedatives, analgesics), disinfectants or latex involving skin rash, itching, swelling or nausea and coughing may occur. Severe reactions such as shortness of breath, spasms, tachycardia or circulatory shock, however, are rare. Due to insufficient perfusion, temporary or permanent organ damage, e. g. brain damage, paralysis or kidney failure may then occur even despite adequate intensive care.

**Damage to the skin, soft tissue or nerves** (for instance through injections, disinfectants or positioning during the procedure) is rare. Sensory disturbance, numbness, paralysis and pain may then result. They are usually temporary. Permanent nerve damage or scars are rare.

Sometimes blood clots (**thromboses**) may form, causing obstruction of a blood vessel. Such blood clots may then travel to other parts of the body and block the vessels of other organs (**embolism**). This may then lead to e.g. lung embolism, stroke or kidney failure resulting in permanent damage. If anticoagulant agents are administered to prevent formation of blood clots, the risk of bleeding or post-procedure bleeding is increased. If Heparin is administered, it may result in **severe coagulopathy** (HIT), leading to thromboses and obstruction of blood vessels.

**Radiation exposure** through X-ray is usually low and long-term damage is not to be expected. However, if additional radiological examinations have to be carried out because of other illnesses, the maximum admissible radiation dose may be exceeded, leading to long-term damage. Please show your X-ray record card to your doctor should you own one. If a woman is pregnant, the unborn child may be damaged through radiation. Please inform your doctor if you are pregnant or unsure if you are.

## Important Questions for Outpatients

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are discharged from the hospital/clinic/surgeon's practise? Wer wird Sie abholen, sobald Sie aus Klinik/Praxis entlassen werden?

Name and age of the person picking you up: [Name und Alter des Abholers]

Where can you be reached within the 24 hours after surgery? Wo sind Sie in den nächsten 24 Stunden nach dem Eingriff erreichbar?

Street, house number, postcode, place: [Straße, Hausnummer, PLZ, Ort]

Telephone: [Telefonnummer]

Name and age of person looking after your: [Name und Alter der Aufsichtsperson]

Who is your physician (the one whose care you are in/who referred you/family surgeon)? Wer ist Ihr überweisender Arzt / Hausarzt / weiter betreuender Arzt?

Name: [Name]

Street, house number: [Straße, Hausnummer]

postcode, place: [PLZ, Ort]

Telephone: [Telefonnummer]

## Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

yes=ja no=nein

### Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days?  yes  no

Aspirin® (ASS),  Heparin,  Marcumar®,  Plavix®,  
 Ticlopidin,  Clopidogrel,  Xarelto®,  Pradaxa®.  
**Angaben zur Medikamenteneinnahme:** Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt?  Aspirin® (ASS),  Heparin,  Marcumar®,  Plavix®,  Ticlopidin,  Clopidogrel,  Xarelto®,  Pradaxa®.

Any other: \_\_\_\_\_  
Sonstiges:

When did you take the last dose? \_\_\_\_\_  
Wann war die letzte Einnahme?

Do you take any other medications?  yes  no

Nehmen Sie andere Medikamente ein?

If so, which ones: \_\_\_\_\_  
Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.)  
(Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Have you had surgery on the urinary tract?  yes  no

Hatten Sie bereits eine Operation am Harntrakt?

Were there any complications?  yes  no

Traten dabei Komplikationen auf?

If so, what complications? \_\_\_\_\_  
Wenn ja, welche?

Have you taken an antibiotic recently (in the last four weeks)?  yes  no

Haben Sie in letzter Zeit (4 Wochen) ein Antibiotikum eingenommen?

If so, which antibiotic? \_\_\_\_\_  
Wenn ja, welches?

Do you have frequently recurring urinary tract infections (more frequent than twice a year)?  yes  no

Leiden Sie unter häufig wiederkehrenden Harnwegsinfektionen (öfter als 2x/Jahr)?

Do you suffer from stiffness of the hips or knees?  yes  no

Leiden Sie unter einer Versteifung der Hüft-, Kniegelenke?

Are you pregnant?  not certain  yes  no  
Sind Sie schwanger?  nicht sicher

Do you smoke?  yes  no

Rauchen Sie?

If so, what and how much daily: \_\_\_\_\_  
Wenn ja, was und wie viel täglich:

Do you drink alcohol regularly?  yes  no

Trinken Sie regelmäßig Alkohol?

If so, what and how much: \_\_\_\_\_  
Wenn ja, was und wie viel:

Do you have or have you ever had any of the following diseases or symptoms thereof:

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Blood diseases / blood clotting disorders?  yes  no

increased tendency to bleed (e.g. frequent nosebleeds, increased bleeding after surgery, minor wounds

or dental treatment),  tendency to bruise (frequent bruising possibly for no particular reason).

**Bluterkrankung/Blutgerinnungsstörung?**  Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung),  Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders?  yes  no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Allergies / Oversensitivity?  yes  no

Medications,  foods,  contrast media,  iodine,  sticking plaster,  latex (e.g. rubber gloves, balloons)  pollen (grass, trees),  anaesthetics,  metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

**Allergie/Überempfindlichkeit?**  Medikamente,  Lebensmittel,  Kontrastmittel,  Jod,  Pflaster,  Latex (z.B. Gummihandschuhe, Luftballon),  Pollen (Gräser, Bäume),  Betäubungsmittel,  Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Any other: \_\_\_\_\_  
Sonstiges:

Heart, circulatory or blood vessel diseases?  yes  no

Heart attack,  chest pain and/or tightness (angina pectoris),  high blood pressure.

**Herz-/Kreislauf-/Gefäß-Erkrankungen?**  Herzinfarkt,  Angina pectoris (Schmerzen im Brustkorb, Brustenge),  hoher Blutdruck.

Any other: \_\_\_\_\_  
Sonstiges:

Blood clot (thrombosis), blood vessel occlusion (embolism)?  yes  no

Blutgerinnsel (Thrombose)/Gefäßverschluss (Embolie)?

Metabolic diseases?  yes  no

Diabetes (sugar sickness),  gout.

**Stoffwechsel-Erkrankungen?**  Diabetes,  Gicht.

Any other: \_\_\_\_\_  
Sonstiges:

Thyroid diseases?  yes  no

Underactive thyroid,  overactive thyroid.

**Schilddrüsenerkrankungen?**  Unterfunktion,  Überfunktion.

Any other: \_\_\_\_\_  
Sonstiges:

Kidney diseases?  yes  no

Kidney insufficiency,  kidney inflammation

**Nierenerkrankungen?**  Nierenfunktionsstörung (Niereninsuffizienz),  Nierenentzündung.

Any other: \_\_\_\_\_  
Sonstiges:

Communicable (contagious) diseases?  yes  no

Hepatitis,  tuberculosis,  HIV.

**Infektionskrankheiten?**  Hepatitis,  Tuberkulose,  HIV.

Any other: \_\_\_\_\_  
Sonstiges:

Any other acute or chronic diseases / illnesses?  yes  no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: \_\_\_\_\_  
Bitte kurz beschreiben:

If certain answers are preselected, please correct them if anything has changed.



## Ärztl. Dokumentation zum Aufklärungsgespräch

Wird vom Arzt ausgefüllt

Über folgende Themen (z. B. mögliche Komplikationen, die sich aus den spezifischen Risiken beim Patienten ergeben können, nähere Informationen zu den Alternativmethoden, Erfolgsaussichten) habe ich den Patienten im Gespräch näher aufgeklärt:

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### planned procedure Geplanter Eingriff:

- fragmentation and removal of stones from the ureter/kidney  
Steinzertrümmerung mit Steinbergung aus Harnleiter/Niere
- collection of a tissue/urine sample for examination in case of bleeding of unknown origin or formation of new tissue  
Gewebeentnahme/Uringewinnung bei unklaren Blutungen oder Gewebeneubildungen
- diagnosis/treatment of urine flow disorders  
Diagnostik/Behandlung bei Harntransportstörungen
- removal (resection) of small tumours from the urinary tract or the renal pelvicalyceal system  
Herausschneiden (Resektion) von kleineren Tumoren aus Harnleiter oder Nierenbeckenkelchsystem
- removal of foreign objects in cases where a ureteral stent/nephrostoma has shifted or a stone sling/stone basket has been torn off  
Bergung von Fremdkörpern bei verrutschten Harnleiterschienen/Nierenfisteln oder abgerissenen Steinschlingen/-körbchen
- support for ureteral stent insertion  
Unterstützung der Harnleiterschienen-Anlage
- ablation of a bleeding vessel  
Verödung eines blutenden Gefäßes

### Capability to give wilful consent:

Fähigkeit der eigenständigen Einwilligung:

- The patient is capable of making a decision on the recommended procedure by himself/herself and issuing its consent for the procedure. Der/Die Patient/in besitzt die Fähigkeit, eine eigenständige Entscheidung über den empfohlenen Eingriff zu treffen und seine/ihre Einwilligung in den Eingriff zu erteilen.
- The patient is represented by the carer, i.e. guardian with a document of evidence of guardianship. This person is entitled to making a decision on behalf of the patient.  
Der/Die Patient/in wird von einem Betreuer bzw. Vormund mit einer Betreuungsurkunde vertreten. Dieser ist in der Lage, eine Entscheidung im Sinne der Patienten zu treffen.

City, date, time [Ort, Datum, Uhrzeit]

Doctor's signature [Unterschrift der Ärztin/des Arztes]

### Refusal by the patient Ablehnung des/der Patienten/in

Ms./Mr. \_\_\_\_\_ informed me in detail about the suggested surgery and the resulting negative effects due to my

rejection. I understood the information relating to this and could discuss my insights on this information with the surgeon. I hereby declare that I reject the suggested procedure. Frau/Herr \_\_\_\_\_ hat mich umfassend über den bevorstehenden Eingriff und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und konnte meine Erkenntnisse über die mir erteilten Informationen mit dem Arzt diskutieren. Hiermit lehne ich den mir vorgeschlagenen Eingriff ab.

City, date, time [Ort, Datum, Uhrzeit]

Signature of the patient/guardian/tutor/possible witness  
[Unterschrift der Patientin / des Patienten / Betreuer / Vormund / ggf. des Zeugen]

### Statement and consent of the patient

Erklärung und Einwilligung des/der Patienten/in

Please tick the appropriate fields and confirm your statement with a signature: Bitte kreuzen Sie die zutreffenden Kästchen an und bestätigen Sie Ihre Erklärung anschließend mit Ihrer Unterschrift:

- I hereby confirm that I have understood all the parts of this explanation for patients.** I have read this explanatory document in its entirety (five pages). During my explanatory appointment, Dr. \_\_\_\_\_ has given me a comprehensive procedure of the planned operation, its risks, complications and side effects in my specific case, and the advantages and disadvantages of the alternative methods.

**Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe.** Diesen Aufklärungsbogen (4 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit Frau/Herrn Dr. \_\_\_\_\_ wurde ich über den Ablauf des geplanten Eingriffs, dessen Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.

- I hereby deliberately waive my rights to more detailed explanations.** However I also confirm that I have been informed by the treating physician of the necessity of this operation, of its type and extent, and of the fact that this operation has its risks.

**Ich verzichte bewusst auf eine ausführliche Aufklärung.** Ich bestätige hiermit allerdings, dass ich von dem behandelnden Arzt über die Anforderlichkeit des Eingriffes, dessen Art und Umfang sowie über den Umstand, dass der Eingriff Risiken birgt, informiert wurde.

- I hereby assure that I have no further questions and do not need additional time for consideration.** I consent to the suggested procedure. I have answered all questions to my anamnesis completely and to my best knowledge.

**Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkzeit benötige. Ich stimme dem vorgeschlagenen Eingriff zu.** Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also applies to any necessary additional measures (such as ureteral stent insertion) as well as to any required changes or additions to the procedure, for instance percutaneous nephrostomy.

Meine Einwilligung bezieht sich auch auf alle notwendigen Neben- und Folgemaßnahmen (z. B. Einlage einer Harnleiterschienen), sowie auf erforderliche Änderungen oder Erweiterungen des Eingriffs, z. B. Anlage einer äußeren Nierenfistel.

I affirm that I am in a position to follow the medical instructions I have received in regard to what is expected of me.

Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

- I agree that my copy of this explanatory form may be sent to the following e-mail address:** Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

\_\_\_\_\_ e-mail address [E-Mail-Adresse]

Place, Date, Time [Ort, Datum, Uhrzeit]

Signature of patient / legal guardian(s)  
[Unterschrift Patientin / Patient / Betreuer / Vormund]

Copy/Kopie:  received/erhalten  
 waived/verzichtet

Signature Copy received/waived  
[Unterschrift Kopie erhalten/verzichtet]