Cambridge University Hospitals NHS
NHS Foundation Trust

Patient agreement to investigation or treatment

Laparoscopic live donor nephrectomy (removal of kidneys from live donors using a key-hole technique)

Authors: Cambridge Transplant Unit

Brief description:

- This procedure relates to the safe removal of a kidney from a living donor by means of a key-hole technique. The removed kidney is then transplanted to a recipient. The aim of this procedure is to safely make a kidney available for transplantation from a living donor.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website: http://www.addenbrookes.org.uk/consent
- Guidance for health professionals can be found on the Addenbrooke's intranet site http://nww.addenbrookes.nhs.uk/consent
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (eg requires an interpreter or other additional communication method)

....

....

About laparoscopic live donor nephrectomy

Under general anaesthesia, four 2cm holes (occasionally more) are made in the abdomen (tummy). The location of these holes will depend upon the side of the kidney that is being removed. A telescope attached to a camera is passed through one of these holes to allow the surgeon to see what is happening inside the abdomen. The inside of the abdomen can then be viewed on a television monitor. Instruments are passed through the other three holes and the kidney is freed up from its neighbouring structures such as the bowel, spleen, pancreas, adrenal gland on the left side or bowel, liver and adrenal gland on the right side.

The kidney is then freed from its attachments all around until it is attached only to the vessels taking blood in and out of the kidney and the ureter (the tube which takes urine from the kidney to the bladder). At this stage, one of the holes is enlarged (usually the one just below the belly button although this is not always the case) to allow the surgeon's hand to be inserted in order to hold the kidney and take it out. The ureter and the blood vessels are then stapled and divided and the kidney is removed from the patient through this enlarged hole.
The abdomen is then closed after placing a drain (plastic tube to remove any fluid or blood collected) inside the tummy).

Before your procedure

- You will be counselled regarding the risks and benefits of this procedure in detail by live donor transplant co-ordinators. You will also meet Professor Bradley or Mr Butler and either Mr. Jamieson, Mr Huguet or Mr. Praseedom (Consultant Surgeons) in their respective clinics who will discuss the pros and cons of the procedure in detail with you.
- When you are seen in the surgical clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a health food shop. It helps us if you bring with you, details of anything you are taking (for example, bring the packaging with you).
- This procedure involves the use of general anaesthetic. See below for further details about the types of anaesthesia/sedation we shall use. The anaesthetist would have seen you on the ward prior to this and discussed the various options with you.
- Most people who have this type of procedure will need to stay in hospital for around three days following the operation. Occasionally you may be well enough to go home sooner and sometimes you may need to stay in for longer.

- You will be seen on ward G5 a week prior to the operation for blood tests and final check ups. At the time of admission for the procedure, you will be seen by the surgeons who will go through the consent forms with you and clearly mark the side of your body where the operation will take place.
- Very occasionally your operation may be delayed or cancelled due to unexpected emergencies or bed crisis within the hospital. In the unlikely event of this happening, we will make every effort to reschedule your operation at the earliest opportunity.

During the procedure (operation/treatment) itself

- Once you are put to sleep (general anaesthesia), the staff will position you properly for the operation. The surgeons then start the procedure and the operation itself will take approximately three hours.
- The duration of the operation would depend partly on whether the recipient is ready to receive the kidney in the adjacent theatre.
- If there are any technical difficulties during the operation and the surgeons feel that it would not be safe or appropriate to continue with keyhole surgery, then the operation will be converted to an open operation. This would involve opening the abdomen through a longer cut and the kidney is then freed from the surrounding structures by standard open surgery and subsequently removed. The chances of conversion from a keyhole technique to open surgery are approximately 1 in 20.
- In very unusual circumstances it may not be possible to complete the transplant in the recipient once the kidney has been removed from you. In the event of this happening it would be technically possible to perform a second operation to replace the kidney in you, although it would have to be put in the lower part of the abdomen (like a transplanted kidney). This may increase your risk of complications. Alternatively the kidney could be offered anonymously to another suitably matched recipient, used for research, or disposed of. Please let the surgeons know what you would like them to do if this were to happen

After the procedure (operation/treatment)

- As you have had a general anaesthetic, you will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, patients will have a small, plastic tube in one of the veins of their arm. This would be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward.
- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.

- There will be a catheter (tube) in your bladder to drain the urine. This will be removed the following day.
- **Eating and drinking**: After this procedure, you should not have anything to eat or drink until your medical team considers it to be safe - this is usually about four to six hours.
- **Getting around and about**: After this procedure, we will try to get you mobile (up and about) as soon as we can to help prevent complications from lying in bed. Typically, you will be able to get up after four to six hours.
  If we think you will have problems getting about, we will arrange for extra assistance for example: nursing help and physiotherapy. Typically you should be up and about the following morning and having breakfast.
- **When you can leave hospital**: Most people who have had this type of procedure will be able to leave hospital after two or three days. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion.
- **When you can resume normal activities including work**: Most people who have had this procedure can resume limited normal activities the following day. You might need to wait a little longer before resuming more vigorous activities. When you will be ready to return to work will depend on your usual health, how fast you recover and what type of work you do. Please ask your doctor for their opinion.
- **Special measures you need to take after the procedure**: You should aim to be fully mobile within 24 hours of the procedure. You will be given more detailed information about any special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of problems (for example: infection).
- **Check-ups and results**: Before you leave hospital, you will be given details of when you need to return to see us for example: in outpatient clinics. At this time, we can check your progress and discuss with you any further treatment we recommend.

Intended benefits of the procedure

- There are no physical benefits from having this operation.

Who will perform my procedure?

- This procedure will be performed by Mr. Jamieson, and/or Mr Huguet and/or Mr. Praseedom (Consultant Transplant Surgeons).

Alternative procedures that are available

- The operation to remove a normal kidney for live donation can also be done by the open technique. This would involve a longer cut along the upper part of the tummy with or without removal of part of the twelfth rib.

- The disadvantages with this approach is:
    - a larger scar,
    - weakness of the muscles with a tendency to develop a bulge in the line of the scar,
    - higher chance of chronic pain in the scar,
    - longer hospital stay,
    - and a delayed return to work, compared to the laparoscopic (keyhole) approach.

- In about 1 in 20 of cases, the keyhole approach may need to be converted to the open approach during the operation in order to safely take out the kidney. Thus by agreeing to undergo the keyhole approach, you are also consenting to have the abdomen opened using the older conventional open surgical incision (cut) in case of difficulties.

Serious or frequently occurring risks

The operation to remove a kidney is a complex and major procedure irrespective of the technique employed (keyhole or open). The following should be noted when agreeing to this procedure:

- The risk of major problems in the first few days, such as the need to return to theatre for surgery, blood transfusions and heart problems, is about 1 in 100.
- The risk of dying from this operation is between 1 in 1600 and 1 in 2400.
- All major operations have an inherent risk of bleeding and infection, but this can be identified and treated appropriately. You will be given a single dose of antibiotic into a vein at the beginning of the operation in order to minimise the risk of infection.
- There is a risk of deep vein thrombosis (DVT - blood clot in the leg) and pulmonary embolism (PE - clots lodging in the lung with the potential to cause death) as with any other major operation. You will be give special stockings (to prevent DVT) to wear throughout your stay in the hospital. You will also be given a blood thinning injection (Clexane) during your stay and a special calf compression device will be applied to your legs during the operation. This will help maintain the normal flow of blood in the leg veins and to minimise the risk of DVT and PE.
- Injury to other organs during the operation is very uncommon, but a well described complication. Any such problems would be promptly dealt with upon identification.
- Chest infections and constipation in the immediate period after the operation are relatively common. This will settle down with mobilisation and laxatives.
- Any operation inside the tummy will cause scar tissue and adhesions within the tummy which normally do not cause any problems. Very occasionally this may result in chronic abdominal pain or obstruction which might require surgery.
- Surgical wounds can get infected and not heal. Any surgical wound in the abdomen has the slight risk of developing a hernia (2 - 5%), which again can be repaired if it occurs in your case.

- Patients who donate one kidney during their life have been shown to have an increased tendency to lose a small amount of protein in their urine and have an increased chance of developing high blood pressure later in life. The implications of these are not fully known.
- Other complications that can occur include long term wound pain, urinary infection, swelling of testicles, drug/dressing allergies, pneumothorax (trapped air in the chest), pleural effusion (fluid around the lungs), fluid collections in the abdomen requiring drainage, leak from the pancreas and leg paraesthesia (pins & needles or numbness in the leg)
- The risks of general anaesthetic are given below.
- Please note that the above is not a comprehensive list of everything that can go wrong.

Information and support

- You might be given some additional patient information before or after the procedure for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff including the surgical staff.
- The renal live donor co-ordinators are
  - Jim O' Sullivan 01223 596177
  - Alison Wray 01223 216356.
  - Carol Grenz 01223 56760
- They can be contacted during the working week. For any urgent out of hours problems please call ward G5 on 01223 217711 and ask for the transplant Senior House Officer or Surgical Registrar or the Nephrology Registrar
- British Transplantation Society www.bts.org.uk
- NICE (National Institute for Clinical Excellence) www.nice.org.uk

Your anaesthesia

The type chosen by your anaesthetist depends on the surgery you are undergoing as well as your health and fitness. Sometimes the different types of anaesthesia are used in combination. Normally this procedure would be done under a general anaesthesia (GA).

General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic.

The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given. Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel, and systems, such as Patient Controlled Anaesthesia (PCA) may be set up to continue pain control on the ward.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick; others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 to 1 in 100 people)
  Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.
- Uncommon side effects and complications (1 in 1000 people)
  Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).
- Rare or very rare complications (1 in 10,000 to 1 in 100,000)
  Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.

Local anaesthesia

Your wounds will be infiltrated with local anaesthetic during the operation in order to numb and reduce the pain immediately after the operation. The area of numbness will be restricted and some sensation of pressure may be present. Usually the local anaesthetic will be given by the doctor doing the operation.

We are currently working towards a smoke-free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS Stop Smoking helpline on 0800 169 0 169

Help with this leaflet:

If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Document history

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Addenbrooke's Hospital

Consent Form (Adults)

Patient agreement to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

....

❑ Special requirements ....
(eg other language/other communication method)

Name of proposed procedure or course of treatment

Laparoscopic live donor nephrectomy **Side (left/right)**.............

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

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

- The intended benefits of the procedure ....

...... There are no physical benefits from having this operation.

....

....

- Any serious or frequently occurring risks from the procedures including those specific to the patient ....

......As stated on page 5...

....

- Any extra procedures that might become necessary during the procedure

❑ Blood transfusion ❑ Other procedure (please specify) ....

....

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

- The following information leaflet has been provided: ....

.... Version/Date/Ref: 3/February 2011/CF174....................

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

Health professional's signature: ....Date: ....

Name (PRINT): .... Job title: ....
Contact details (if patient wishes to discuss details later)
❑ I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:
Interpreter's signature... Date: ....

Name (PRINT): ....

Important notes: (tick if applicable)
❑ The patient has withdrawn consent (ask patient to sign/date here) ....
❑ See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

Addenbrooke's Hospital

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.** Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

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

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

....

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. **Yes** **No**

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research. If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital. ☐ ☐

I agree to the use of photography for the purpose of diagnosis and treatment. ☐ ☐

I agree to anonymised photographs being used for medical teaching. ☐ ☐

If it is not possible to complete the transplant in the recipient I would like:

The kidney to be transplanted back in me ☐
To offer the kidney anonymously to another recipient ☐
To donate the kidney for research ☐
To have the kidney destroyed ☐

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature:... Date: ....
Name (PRINT): ....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: .... Date: ....
Name (PRINT): ....

Confirmation of consent (to be completed by a 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 s/he has no further questions and wishes the procedure to go ahead.

Signature.. Date: ....
Name (PRINT): .... Job Title: ....