Patient information and consent to laparoscopic live donor nephrectomy (removal of kidneys from live donors using a key-hole technique)

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Laxatives and painkillers may be required after your hospital stay; please ensure you have appropriate supplies at home.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team.

- Please call one of the renal live donor coordinators on 01223 596177, 01223 586979 or 01223 256760 if you have any questions or concerns about this procedure. Alternatively, for any problems out of hours, please call ward G5 on 01223 217711 and ask for the transplant senior house officer, surgical registrar or the nephrology registrar.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

Laparoscopic live donor nephrectomy, CF174, V8, June 2017
About laparoscopic live donor nephrectomy

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.

Under general anaesthesia, three 1cm 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 two holes and the kidney is dissected free 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.

When the kidney is ready to be removed clips are applied to the ureter (the tube that drains urine to the bladder) and this is divided. The blood vessels (arteries and veins) then have to be divided. This is done with a stapling device that seals the vessels with rows of small metal (titanium) staples. The kidney is removed through a short horizontal incision (usually 6cm) made just above the pubic bone.

The abdomen is then closed with dissolvable stitches and tissue glue.

Intended benefits

There are no physical benefits from having this operation.

Who will perform my procedure?

This procedure will be performed by one (or more) of the consultant transplant surgeons.

Before your procedure

We will counsel you in detail regarding the risks and benefits of this procedure by live donor transplant co-ordinators. You will also meet one of the consultant surgeons in their respective clinics who will discuss the pros and cons of the procedure in detail with you.

At 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.

We will ask if you are taking any tablets or other types of medication - these might have been 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, please bring the medication and packaging with you).

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This procedure involves the use of general anaesthetic. See below for further details about the types of anaesthesia/sedation we shall use. The anaesthetist will see you on the ward before your procedure and will discuss 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.

**Hair removal before an operation**
For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

During surgery, you may lose blood. If you lose a considerable amount of blood your doctor may want to replace the loss with a blood transfusion as significant blood loss can cause you harm. The blood transfusion can involve giving you other blood components such as plasma and platelets which are necessary for blood clotting. Your doctor will only give you a transfusion of blood or blood components during surgery, or recommend for you to have a transfusion after surgery, if you need it. A blood transfusion is needed in less than 1 in 200 operations.

Compared to other everyday risks the likelihood of getting a serious side effect from a transfusion of blood or blood component is very low. Your doctor can explain to you the benefits and risks from a blood transfusion. Your doctor can also give you information about whether there are suitable alternatives to blood transfusion for your treatment. There is a patient information leaflet for blood transfusion available for you to read.

**During the procedure**
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 is a liver transplant, we will have one theatre and we will perform the live donor transplant sequentially, i.e. the recipient will not be taken to theatre until the donor operation has been completed.

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 100.

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**

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward. There will be a catheter (tube) in your bladder to drain the urine. This will be removed the following day.

After certain major operations you may be transferred to the intensive care unit (ICU/ITU), high dependency unit (HDU), intermediate dependency area (IDA) or fast track/overnight intensive recovery (OIR). These are areas where you will be monitored much more closely because of the nature of your operation or because of certain pre-existing health problems that you may have. If your surgeon or anaesthetist believes you should go to one of these areas after your operation, they will tell you and explain to you what you should expect.

**If there is not a bed in the necessary unit on the day of your operation, your operation may be postponed as it is important that you have the correct level of care after major surgery.**

**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 about after the procedure.** We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. Typically, you will be able to get up after four to six hours, and you should be up and about the following morning and having breakfast. If you have any mobility problems, we can arrange nursing or physiotherapy help.

**Leaving 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.

**Resuming 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 after the procedure:** 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.

You should aim to be fully mobile within 24 hours of the procedure. We will give you more detailed information about any special measures you need to take after the procedure. We will also give you 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, we will give you an appointment for an outpatient clinic or for the results of your surgery. At this time, we can check your progress and discuss any further treatment.

**Significant, unavoidable or frequently occurring risks of this procedure**

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 overall 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 less than 5 in 100
- the risk of dying from this operation is approximately 1 in 3000.

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• 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 given special graduated compression socks (to prevent DVT) to wear throughout your stay in the hospital. You will also be given a daily blood thinning injection (Clexane) in your tummy starting from the evening before your surgery for a period of two weeks. The ward staff will teach you how to self-administer this injection during your stay so that you are able to manage the injections when you return home. A special calf compression device will be applied to your legs during the operation to 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 and 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 all possible complications.

**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.

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The disadvantages with this approach are:

- 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.

**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 586979.
- Carol Grenz 01223 256760

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, surgical registrar or the nephrology registrar.

British Transplantation Society [www.bts.org.uk](http://www.bts.org.uk)
NICE (National Institute for Clinical Excellence) [www.nice.org.uk](http://www.nice.org.uk)

**Anaesthesia**

Anaesthesia means ‘loss of sensation’. There are three types of anaesthesia: general, regional and local. **The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness.** Sometimes different types of anaesthesia are used together.

**Before your operation**

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery.
To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

**Pre-medication**
You may be prescribed a ‘premed’ prior to your operation. This is a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. *Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.*

**Moving to the operating room or theatre**
You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be performed, this may be performed at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

**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.

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 at the correct level of unconsciousness for the period of the surgery. 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.
Regional anaesthesia

Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you and, if you are to have a general anaesthetic as well, whether the regional anaesthesia will be performed before you are given the general anaesthetic.

Local anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted. Some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations such as stitching a cut, but may also be injected around the surgical site to help with pain relief. Usually a local anaesthetic will be given by the doctor doing the operation.

Sedation

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents you from feeling pain and the sedation makes you drowsy. Sedation also makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your co-operation is needed. You may remember a little about what happened but often you will remember nothing. Sedation may be used by other professionals as well as anaesthetists.

What will I feel like afterwards?

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.
What are the risks of 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 performed in an emergency.

Very common (1 in 10 people) and common side effects (1 in 100 people)
Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
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
Muscle pains
Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications
Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: www.rcoa.ac.uk
Information about important questions on the consent form

1  Creutzfeldt Jakob Disease (‘CJD’)
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2  Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3  Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4  Use of Tissue
As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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Contact number 01223 245151
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Version number/Ref 8/CF174/Doc ref 1868
There are no physical benefits from having this operation. Please refer to the risks in the information leaflet. Risks include:

- major problems in the first few days, such as the need to return to theatre for surgery;
- blood transfusions and heart problems; death; bleeding and infection; deep vein thrombosis (DVT - blood clot in the leg) and pulmonary embolism (PE - clots lodging in the lung with the potential to cause death); injury to other organs during the operation;
- chest infections and constipation in the immediate period after the operation;
- scar tissue and adhesions within the tummy;
- surgical wounds can get infected and not heal;
- 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.

**b)** the possible risks involved. Addenbrooke's always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient.

**c)** what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
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d) any extra procedures that might become necessary during the procedure such as:
☐ Blood transfusion  ☐ Other procedure (please state)

2 The following information leaflet has been provided:

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or ☐ I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:
☐ General and/or regional anaesthesia  ☐ Local anaesthesia  ☐ Sedation  ☐ None

Signed (Health professional): Date: D D / M M / Y Y Y Y

Name (PRINT): Time (24hr): H H : M M

Designation: Contact/bleep no:

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.
☐ Yes ☐ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.
☐ Yes ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.
☐ Yes ☐ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training.
☐ Yes ☐ No

Patient safety – at the heart of all we do

Addenbrooke's Hospital | Rosie Hospital

File in the procedures and consents section of the casenotes

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4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

5 Donor specific choices

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
Consent Form

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I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ......................................................... Date: D.D./M.M./Y.Y.Y.Y.
Name of patient (PRINT):

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.

Signed: ......................................................... Date: D.D./M.M./Y.Y.Y.Y.
Relationship to patient:

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): ......................................................... Date: D.D./M.M./Y.Y.Y.Y.
Name of witness (PRINT):
Address:

D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ......................................................... Date:
Name (PRINT): ......................................................... Job title:

Please initial to confirm all sections have been completed:
Consent Form

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For staff use only:
Hospital number:
Surname:
First names:
Date of birth:
NHS no: _ _ _ / _ _ _ / _ _ _
Use hospital identification label

E  Interpreter's statement (if appropriate)
I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): .......................................................... Date: ...D.../M.M./Y.Y.Y.Y.Y...
Name (PRINT): ........................................................................
Or, please note the language line reference ID number: ...

F  Withdrawal of patient consent
☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): .......................................................... Date: ...D.../M.M./Y.Y.Y.Y.Y...

Signed (Health professional): .................................................. Date: ...D.../M.M./Y.Y.Y.Y.Y...

Name (PRINT): .......................................................... Job title: ..........................................................