

CENTRAL WEST UROLOGY UROLOGICAL SURGEONS

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All correspondence to :
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Also at: **Bathurst and Lithgow**

PATIENT INFORMATION PERCUTANEOUS NEPHROLITHOTOMY

Percutaneous nephrolithotomy is a minimally invasive procedure designed to treat the stone(s) in your kidney. You will be admitted to hospital and will undergo the procedure under general anaesthetic in the operating suite. Through a 2-3 cm incision in your side, we would aim to pass a telescope into your kidney and either remove the stone intact or break it up into pieces which can then be grasped and removed. The operation generally takes between one and two hours and you could expect to be in hospital for 2-3 nights. After the procedure, you will wake up with a catheter in the bladder as well as a tube coming out from the side of the operation. You can expect to have moderate discomfort in the first 2-3 days which will gradually improve over the next 2-3 weeks. Generally it is possible to get back to most normal activities after 2-3 weeks. You will only be left with a very small scar on the side. In some cases (usually where the stone is large), a temporary internal tube is left between the kidney and bladder (ureteric stent) to allow proper healing to take place

The success rate of the procedure varies from 95% for small stones measuring up to 1.5 cm in size down to 50% or less for very large stones which fill up most of the kidney. It is possible you may need a second percutaneous procedure or follow up lithotripsy.

Possible complications

1. Complications related to the general anaesthetic depending on your medical condition such as heart or lung problems. Your anaesthetist will explain these in more detail.
2. There is a 10% risk of needing a blood transfusion because of bleeding, a 1% risk of very serious bleeding which may be dangerous and a 0.1% chance of losing the kidney because of very serious bleeding. In 1-2% of patients there may be delayed bleeding after discharge home requiring readmission to hospital
3. There is a 1% chance of minor damage to either the lung cavity or to the bowel, both of which are very close to the kidney. In this situation, usually the holes in the lung cavity and bowel will heal up by themselves but you may be in hospital for longer.
4. There is a 1-2% risk of clots which can form in the leg (DVT) and then travel to the lung (pulmonary embolus).
5. There is a 5% chance of systemic infection which may require intravenous antibiotics and further treatment.

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6. If you have a ureteric stent placed, this may cause urinary irritation and discomfort until removed.

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I have read the above information and understand the procedure, likely outcome and possible complications of percutaneous nephrolithotomy. I also understand that it is not practical to mention all known possible complications and that those listed above are representative. The percentages listed are average and may vary depending on your medical condition and other factors. Dr Nicholson has explained all issues to my satisfaction and I am happy to proceed with percutaneous nephrolithotomy.

Patient signature:

Witness signature:

Patient name:

Witness name:

Date:

Date: