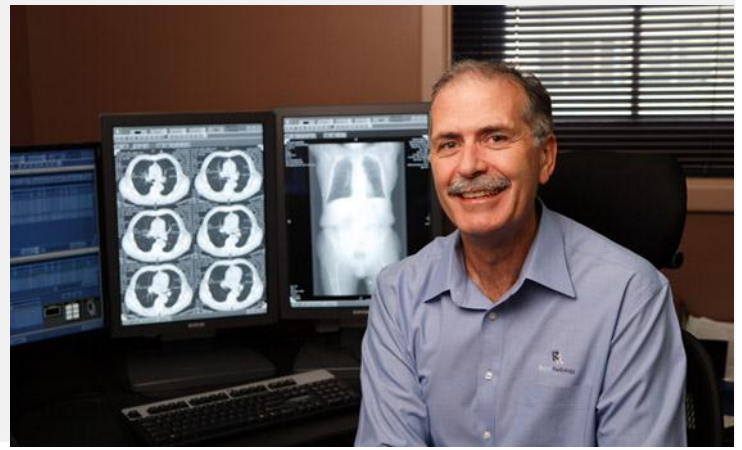


Name: _____

MRN: _____

Appointment Time: _____ AM / PM

Appointment Date: ____ / ____ / ____



NEPHROSTOGRAM PATIENT INFORMATION

What is a Nephrostogram?

A nephrostogram is a procedure performed on a patient to check that the nephrostomy tube is working and is in the correct position.

This procedure is performed in the radiology department by a radiologist (specialist doctor) with the assistance of a radiographer (person who takes and processes x-ray images) and a nurse.

Is there any preparation involved?

There is no preparation required.

Can I take my medication as normal?

Medications can be taken as normal.

Before your procedure please let the radiographer know if you are, or think you may be pregnant.

What will happen during the procedure?

You will be asked to change into a hospital gown. The radiologist will talk to you about the procedure and will explain any risks involved.

You will need to lie on the x-ray examination table, and the radiologist will inject some contrast medium (x-ray dye) into the nephrostomy tube and a series of x-ray images are taken to show the kidney and the nephrostomy tube.

How long will the procedure take?

The procedure will usually take about 30 minutes.

Are there any risks?

The examination will involve a small dose of x-ray radiation. The potential benefits of diagnosing a medical condition are believed to be greater than the risks from receiving a small dose of x-ray radiation.

Please Note:

Please bring the following to your appointment:

- Request form (if referral from GP / Specialist)
- Medicare Card
- Any relevant previous x-rays

Obtaining your results:

Your images will be processed and then reported by a Radiologist. A copy of the report will be sent back to the doctor / specialist who referred you for the examination.

You will need to follow up the results of your examination with your referring doctor / specialist.

Repatriation General Hospital

Daws Road, Daw Park, South Australia 5041

Ph: 8275 1906 | F: 8275 1116

www.repatradiology.com.au | repat.radiology@health.sa.gov.au

Opening Hours: Monday—Friday, 8.30am—5pm

NEPHROSTOGRAM PATIENT INFORMATION

There is a very small risk of *infection*. We reduce this risk by using single use sterile equipment and a standard aseptic technique.

There is a small risk of *allergic reaction* to the contrast (x-ray dye). You will be asked some questions before the procedure and we ask that you tell us if you have any allergies. If you do experience an allergic reaction, such as itching or swelling of the face, it will be treated immediately with medication.

If you have had a previous contrast (x-ray dye) allergic reaction, it is important to advise the radiology staff prior to your appointment, please contact the department on 8275 1906.

Other risks will be explained to you by the radiologists before the procedure is undertaken.

What happens after the procedure?

The nephrostomy site will be redressed following the procedure.

Who can I contact if I am not sure about something?

If you have any questions at all, please do not hesitate to contact our reception staff on 8275 1906 and they will assist with your questions, or direct you to the most appropriate staff member to assist you.

Version 1 Created December 2015 (review December 2018)

Questions?

Please feel free to call us on 82751906 for any questions before or after the procedure and you will be directed to the appropriate health care professional.

Where can I park?

You may park your car on Daws Road, or in the "Clinics" outpatients car park, this is the first entrance on the left off Daws Road. Follow the walkway to Repat Radiology, it is well signposted.

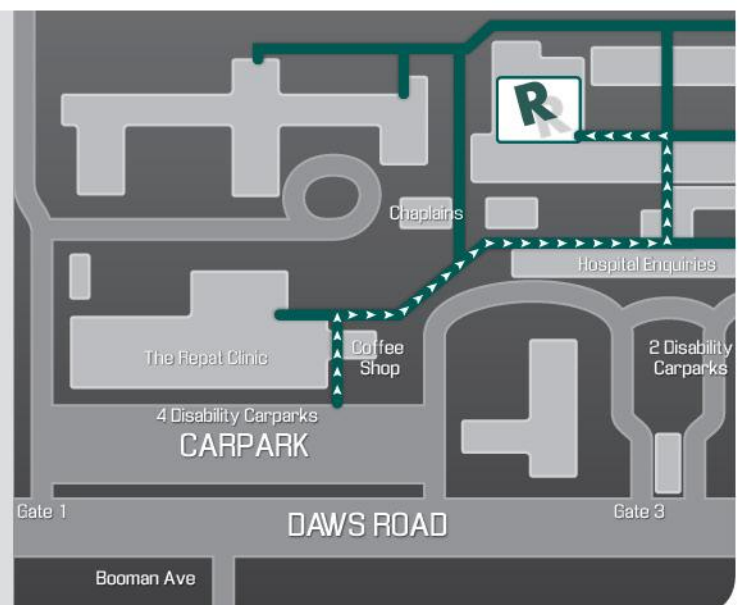
Repatriation General Hospital

Daws Road, Daw Park, South Australia 5041

Ph: 8275 1906 | F: 8275 1116

www.repatradiology.com.au | repat.radiology@health.sa.gov.au

Opening Hours: Monday—Friday, 8.30am—5pm



/// PATIENT CONSENT FORM

Surname:
Given name(s):
Date of birth:
Sex:
MRN:

I _____ have been given the **Nephrostogram Patient Information Sheet**.

I have read or have had read to me the patient information sheet and consent to have the procedure.

- I have been informed of the risks and benefits of this procedure.
- I was able to ask questions and raise any concerns about the proposed procedure. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time including after I have signed this form.

My signature below is evidence that I give my consent to have this medical procedure performed.

Patient Signature: _____ Printed Name: _____ Date: _____

Radiologist/delegate statement

I have explained to the patient the proposed procedure and confirm that the above named patient has read or has had read to them and understands the patient information sheet. The patient has consented to proceed with the procedure.

Signature: _____ Date: _____ Designation: _____

Additional information discussed with patient: