

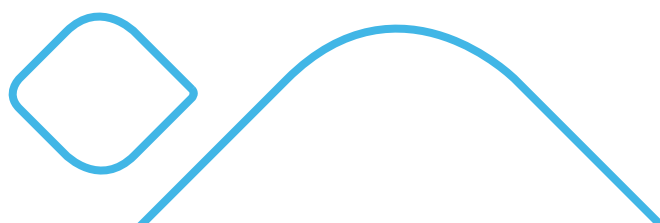
Ureteroscopic stone removal

Information for patients

This leaflet explains to you what is involved in ureteroscopic stone removal and will hopefully answer any questions you may have. But please do ask any member of the team caring for you, any questions which are not addressed here.

This leaflet explains:

- What does the procedure involve?
- What are the alternatives to this procedure?
- What should I expect before the procedure?
- What happens during the procedure?
- What happens after the procedure?
- What should I expect when I get home?
- What else should I look out for?
- Are there any other important points?
- Contact information



What does the procedure involve?

Telescopic removal or fragmentation of a stone(s) in the ureter, the tube connecting the kidney to the bladder or in the kidney itself, with possible placement of a soft plastic tube (stent) between the kidney and the bladder. The procedure also includes cystoscopy and x-ray screening.

What are the alternatives to this procedure?

Open surgery, shockwave therapy or observation to allow spontaneous passage of the stone.

What should I expect before the procedure?

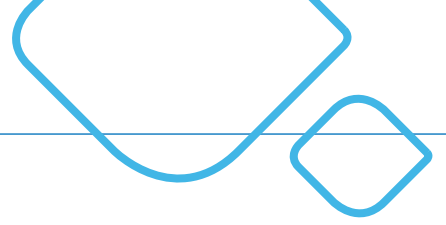
You will normally be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment a week or two before your admission, to assess your general fitness, to screen for MRSA and to perform some routine tests. After admission, you will be seen by a member of the surgical team and the anaesthetist. An x-ray may be taken in advance to confirm the position of your stone.

You will be asked not to eat or drink for six hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you pleasantly sleepy.

What happens during the procedure?

Normally a full general anaesthetic will be used and you will be asleep throughout the procedure. You will be given injectable antibiotics before the procedure, after checking for an allergies.

A telescope is inserted into the bladder through the water pipe (urethra). A flexible guidewire is inserted into the affected ureter up to the kidney. A longer, thin telescope is then passed up to the stone. The stone is disintegrated using a mechanical probe or laser and the fragments are extracted with special retrieval devices. A ureteric stent may be left in place and you make wake up with a bladder catheter.



What happens after the procedure?

If a bladder catheter has been used this will be removed later in the day or the following morning. You will be able to go home once you are passing urine normally. Most patients go home the same day as their operation.

Are there any side effects?

Most procedures have a potential for side effects. You should be reassured that, although these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period after the operation.
- Temporary insertion of a bladder catheter.
- Insertion of a stent from the kidney to the bladder which needs a further procedure to remove it.
- The stent may cause pain, some bleeding and frequency of urination

Occasional (between 1 in 10 and 1 in 50)

- Inability to remove the stone.
- Kidney damage or infection requiring further treatment.
- Failure to pass the telescope if the ureter is too narrow.
- Recurrence of stones.

Rare (less than 1 in 50)

- Damage to the ureter with need for open operation or tube to be placed into the kidney through your back to allow any leak to heal.
- Very rarely, scarring or stricture of the ureter requiring further procedures.

What should I expect when I get home?

When you leave the hospital, you will be given a discharge summary of your admission. This holds important information about your hospital stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or attend another hospital, please take this summary with you to allow the doctors to see the details of your treatment. This is particularly important if you need to consult another doctor within a few days of your operation.

When you get home, you should drink twice as much fluid as you would normally for a few days to flush your system through and minimise any bleeding.

You may experience pain in the kidney over the first 24-72 hours, due to the swelling caused by the insertion of the telescope or the presence of the stent. Anti-inflammatory painkillers will help this pain which normally settles after 72 hours. You should not expect to return to work within seven days.

What else should I look out for?

If you develop a fever, a severe pain on passing urine, inability to pass urine, or worsening bleeding, you should contact your GP immediately. Small blood clots or stone fragments may also pass down the ureter from the kidney, resulting in renal colic; in this event contact your GP immediately.

Are there any other important points?

If a stent has been inserted, you will be informed before your discharge when the stent needs to be removed. Ureteric stents are most commonly removed in the urology outpatient department under local anaesthetic.

It is important your fluid intake is sufficient for you to pass two litres of urine a day.



Contact information

Urology Outpatients Department:

01225 825990 (Mon-Fri 9am-5pm)

Urology Nurse Specialists

01225 824034 (Mon-Fri 9am-5pm)

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If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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