

URETEROSCOPIC STONE REMOVAL

What is it?

To inspect the bladder and other structures of the urinary tract, telescopic instruments can be passed along the water pipe into the bladder and up to the kidneys to examine the structure of these organs, and if necessary remove stones. Ureteroscopy is the use of an instrument called a ureteroscope which is passed along the water pipe to where a stone has become lodged in the ureter or the kidney.

These instruments can either be rigid or flexible, the latter being used when the stone is in the mid or upper ureter, nearer to the kidney, or in the kidney.

Why is it performed?

You have a stone in either the ureter (the tube that drains the urine from the kidney to the bladder) or kidney. The stone needs to be removed as it is unable to pass on its own.

You may have had Lithotripsy (shockwave) treatment, but this has been unsuccessful, and the stone has not broken into small enough pieces to pass. If it is left untreated the stone could block the passage of urine from the kidney not allowing it to drain sufficiently.

What are the alternative to this procedure?

Open or keyhole surgery, Lithotripsy or observation to allow spontaneous passage.

What preparations should be made?

You will receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

Please can you bring a list of all your current medication with you when you attend your pre-assessment. If you take **Warfarin** or **Clopidogel** please ensure that your consultant is aware, as these may have to be stopped before the operation but this information will be given to you at the pre-assessment.

You will come into the hospital same day admission unit (SDAU) or the Day Procedure Unit (DPU) on the day of surgery. We will be given instructions on when to stop eating and drinking once you have your operation date and time of admission.

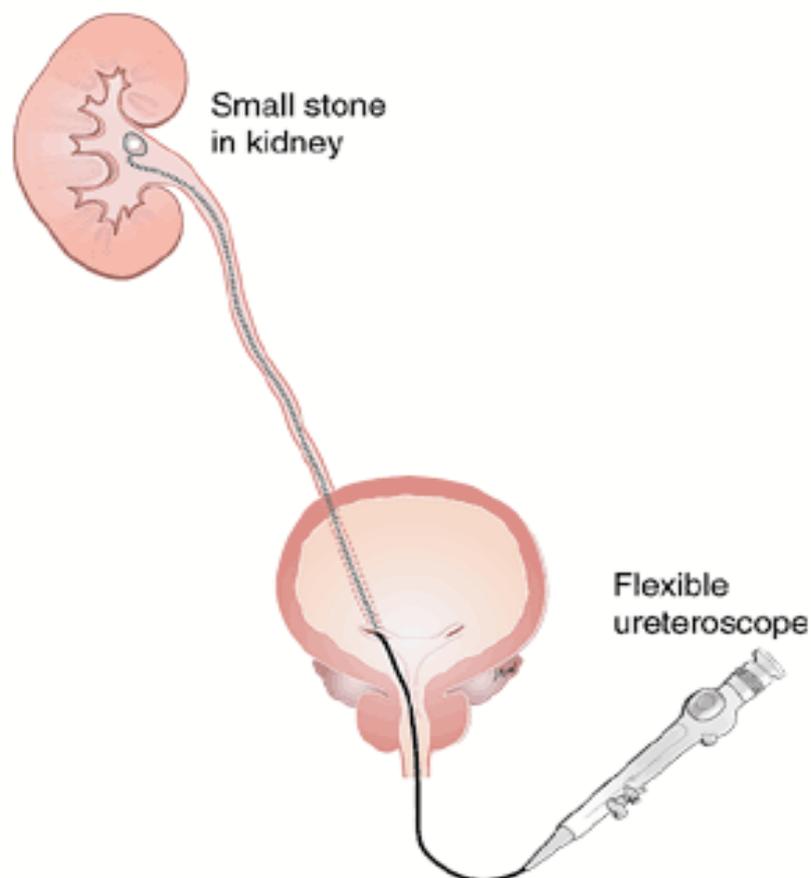
After admission, you will be seen by members of the medical team (which may include the Consultant, Specialist Registrar, and House Officer) and nursing staff on SDAU. During the admission process, you will be asked to sign a consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

You will be given elasticated stockings provided by the ward to wear which will help prevent thrombosis (clots) in the veins. You will also receive blood thinning injection during your stay in hospital to reduce your risk of getting blood clots.

How is the operation performed?

- The operation is performed under general or spinal anaesthetic, and takes approximately 60 minutes.
- The average hospital stay is 1 day.
- You will be given injectable antibiotics before the procedure and after checking for any allergies.

A telescope is inserted into the bladder through the water pipe (Urethra). Under X-ray screening a flexible guide wire is inserted into the affected ureter up to the kidney. A longer telescope (either rigid or flexible) is then inserted into the ureter and passes up to the kidney. The stone or stones are disintegrated using a mechanical probe or laser and the fragments extracted with special retrieval devices. A stent may then need to be inserted to the ureter (pipe connecting kidney to bladder) to prevent any blockage of the ureter due to swelling, and to allow the easy passage of the urine into the bladder. See leaflet "having a ureteric stent". This will need removing at a later date and is usually performed under local anaesthetic.



What happens afterwards?

You may have a drip in your arm to keep you hydrated, which will be stopped when you are eating and drinking normally.

Occasionally a small tube called a catheter is inserted into the bladder if there is bleeding during the operation. This would then be removed the following day.

You might experience some discomfort or pain after the operation, painkillers will be given to make you comfortable.

Are there any side effects?

Most procedures have a potential for side-effects. You should be reassured that although all the 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 with further procedure to remove it.
- The stent may cause some pain, frequency and bleeding in the urine.

Occasional (between 1 in 10 and 1 in 50)

- Inability to retrieve the stone or movement of the stone back into the kidney where it is not retrievable.
- Kidney damage or infection needing further treatment.
- Failure to pass the telescope if the ureter is narrow
- Recurrence of stones.

Rare (less than 1 in 100)

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

At Home

You may have lightly blood stained urine for 24 – 48 hours, this is quite normal. You should only need to contact your G.P. if you are unable to pass urine, if there are blood clots or persistent heavy bleeding, burning or stinging on passing urine or you feel feverish. However if you drink twice as much fluid as normal for the first few days this can minimise any bleeding.

You may experience pain in the kidney over the first 24-72 hours, due to the swelling caused by insertion of the instruments or the presence of a stent, Anti-inflammatory painkillers will help this pain which settles after 72 hours.

You can return to work when you feel able, and comfortable. However most people feel tired and will require 3 – 5 days off work.

It is not advisable to drive for 24 hours after a general anaesthetic and many insurers will not cover you for a further period. For more information please check with your individual insurer.

If you have a stent in place post operatively this is usually removed 4-6 weeks after discharge in the Day Procedure unit.

Following that you will be seen again by the Urologist in the outpatients department in approximately 3 months time.

Points of contact:

If you have any other questions, or require more information prior to your treatment, please contact the Urology nurse practitioners on **01603 289410**, between the hours of 08.00 to 17.00 or leave a message on the answer machine.

If you have any questions, or require more information following your surgery please contact **Edgefield ward on 01603 289962**

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References;. Patientwise- Edited by Dr P Wise, Dr R Pietroni and S Wilkes
Fast Facts, Urinary stones, D.Tolley, J.Segura, Health Press 2002
British Association of Urologists

This sheet describes a surgical procedure. It has been given to you because it relates to your condition and may help you understand it better. It does not necessarily describe your problem exactly. If you have any questions please ask your doctor.

