Clinical Procedure for the Management of Ureteric Stent Problems

For use in:	Wards and A&E
By:	All Medical staff
For:	Junior Doctors/Specialist Nurses/Physician Associates
Division responsible for document:	Surgical Division
Key words:	Stent, ureter, stone
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If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	No

Version and Document Control:

Version Number	Date of Update	Change Description	Author
1.1	27/07/2020	Additional wording on monitoring compliance	Melissa Gabriel

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Objective

To ensure eligible staff safely undertake management of ureteric stent problems.

Rationale

This document was written to enable staff to follow the correct procedure for ureteric stent problems according to current agreed evidence based clinical practice in the urology department.

Presentation

History

80% of patients with an indwelling ureteric stent will experience stent related symptoms. This is especially so with younger patients and those who have had them inserted for renal tract stone disease.

Patients with long term stents as a consequence of malignant ureteric obstruction have less morbidity from their stents.

Urinary frequency, dysuria, haematuria (especially following activity) and loin pain exacerbated when voiding (due to reflux of urine up and alongside stent) are all symptoms associated with indwelling ureteric stents. These symptoms can mimic and be caused by a urinary tract infection.

There may be additional symptoms of urinary tract infection / pyelonephritis:

- Fever.
- Nausea, vomiting and dehydration.
- Loin pain and tenderness and / or generalised abdominal pain.

<u>Examination</u>

- Pulse, BP, Temperature.
- Abdominal examination.

Investigation and Management:

<u>Investigation</u>

Standard observations and

- Urinalysis
  - Leucocytes and red blood cells are common findings in patients with an indwelling ureteric stent. This could be due to infection or trauma to the bladder by the stent. The presence of nitrites suggests urinary tract infection.
  - Urinalysis - All patients require an MSU for C&S.
- Bloods
  - U+E's, FBC, CRP.
  - Blood cultures if the patient is pyrexial >38°C, has signs of systemic inflammatory response syndrome (SIRS) or sepsis.

All patients will need an X-Ray KUB to confirm satisfactory stent position. If there are signs of sepsis and USS Renal tract will also be required.

<u>Management</u>

- Analgesia:
  - Non-steroidal anti-inflammatory per rectum e.g. Diclofenac.
  - Supplemented if necessary, with regular IV Paracetamol, an oral opiate or parenteral opiate if vomiting.
- Anti-emetic.
  - IV Fluids if unable to maintain sufficient oral intake.

Prescribe an empirical oral antibiotic (until C&S results on MSU are available) and if necessary intravenous antibiotics according to local Trust guidelines.

Follow up:

If patient is awaiting ureteroscopic stone surgery and presents as an emergency with ureteric stent related symptoms, please inform a stone team consultant who will need to review the date for planned surgery.

Monitoring compliance

To ensure that this document is compliant with the above standards any adverse outcomes will be entered onto Datix and reviewed by the Departmental Governance

Team who will ensure that these are investigated and are discussed at relevant governance meetings to review the results and make recommendations for further action.

Summary of development and consultation process undertaken before registration and dissemination

The authors listed above drafted this document on behalf of the urology department who have agreed the final content.

This version has been endorsed by the Clinical Guidelines Assessment Panel.

References

No references were applicable