

**Patient
Information**

Ureteroscopy

Introduction

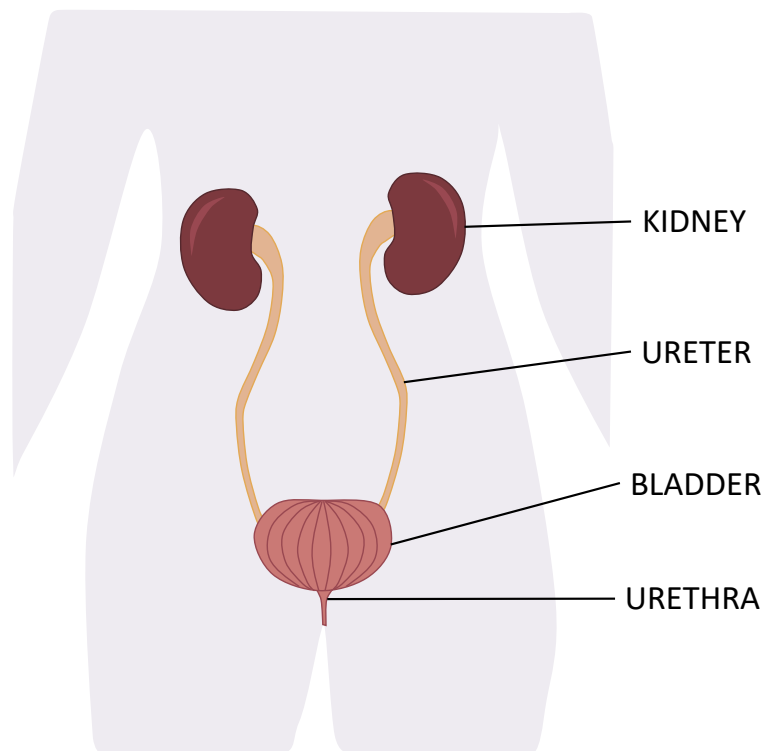
This leaflet is for patients about to have a rigid or flexible ureteroscopic operation.

Ureteroscopy is used for treatment and investigation of stones, tumours or obstruction such as narrowing of the ureter. It is also useful for investigating symptoms such as blood in the urine, pain or abnormal cells found in urine.

What is a ureteroscopy?

Ureteroscopy (or ureterorenoscopy), is the inspection of the inside (lumen) of the ureter and kidney. The ureter is the small tube that carries urine from each kidney to the urinary bladder.

A specially designed fine telescope is passed through the urethra and urinary bladder up the ureter and can go all the way up to the inside of the kidney. This can be done either with a rigid or flexible instrument.



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Urology

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Patient Information

Ureteroscopy is performed under general anaesthetic (while you are asleep) or spinal anaesthetic (where you are aware but numb from the waist down so unable to feel the operation).

A stent (internal plastic tube) may be required if the ureter is too tight to pass the ureteroscopy. This helps to widen the passageway and is usually left in place for 4 to 6 weeks before repeating the ureteroscopy.

Once the operation has been performed, the stent is often left in place but with a string attached for easy removal at a later date. This string will be visible on the outside and is usually fixed to the thigh in women or the penis in men.

You will receive an appointment for removal of the stent by our specialist nurses for the following week.

Most of these operations are performed as a day case. This means that you will be allowed to go home later the same day. You will usually be told in advance if you need to stay overnight. This will be the case if you have no one at home with you or if you are at high risk of developing a post-operative infection.

Additional procedures

Cystoscopy

This is essential to inspect the bladder and find the opening of the ureters into the urinary bladder.

Guide wire insertion

This is placed at the beginning of the operation as a safety wire to allow stent insertion if there are any complications during the operation.

Stent insertion

A stent may be necessary to avoid ureteric obstruction from tissue swelling after the operation and encourage healing. Stents can however be associated with symptoms such as blood in urine, pain in the bladder or kidney when passing urine, or increased frequency of passing urine. These symptoms settle once the stent is removed.

**Patient
Information****Before the operation**

You will be seen in the pre-admission clinic where we will check that you are fit and well enough to have the operation.

It is important that you provide information about your previous and on-going health problems during this consultation. You should take your current medications or a list of them to this consultation.

Please feel free to ask any questions you may have.

You may also be asked to sign a consent form for the operation.

You will be given instructions about diet and what to bring with you when you are admitted for the ureteroscopy.

On the day of your operation

You should arrange for an adult to be with you for the first 24 hours following discharge. If this is not possible, please make sure that the nursing staff are aware when you are admitted as we may need to keep you in the hospital overnight.

You will not be able to eat or drink (except water) for 6 hours before your operation (this includes chewing gum or sucking sweets). You can drink water only up to 2 hours before the operation. This is to make sure that we can safely give you an anaesthetic.

Before the operation, the surgeon or a member of their team will put a mark on the correct side of your body for the ureteroscopy after confirming on the X-ray or scan.

An anaesthetist will also see you before your operation and assess your fitness for anaesthesia.

Ureteroscopy is usually performed under a general anaesthetic where you will be asleep throughout the operation or spinal anaesthetic where you will be numb from the waist down.

**Patient
Information**

After the operation

Pain and mobilisation

You may feel discomfort in the bladder or kidney, or when passing urine after the operation. You should be mobile once the anaesthetic has worn off. You will be allowed home once you have recovered from the anaesthetic and are able to pass urine.

At home

You should arrange for an adult to be with you for the first 24 hours following discharge. If this is not possible, please do make sure that the nursing staff are aware when you are admitted.

Driving

You should be able to drive 24 to 48 hours after the operation.

Time off work

You should not require more than a couple of days off work for this operation, unless there are other issues. We can provide a medical note in these circumstances.

Alternatives

This depends on the reason for the ureteroscopy and will be discussed with you before the operation. The alternatives include X-ray studies or scans, lithotripsy (shock wave treatment for kidney stones), laparoscopic (keyhole) or open operations. Ureteroscopy is usually chosen when it is considered the safest and most effective option.

Benefits

Ureteroscopy is an endoscopic procedure and therefore we use the normal body passageways. There are no cuts or wounds from this procedure. The benefits of the procedure include diagnosing and treating your condition.

**Patient
Information****Risks****Blood in urine**

This is usually mild and can be related to the operation or the presence of a stent, if placed after surgery.

Infection

About 3 in every 100 patients will develop an infection after this operation. We would usually keep you in hospital overnight for observation if we think you are at higher risk. All patients are given antibiotics at the beginning of the operation to avoid this complication. Most infections can be treated with antibiotics at home, but if you become unwell you may need to be admitted to hospital for antibiotic treatment into the vein.

Failure

It is not always possible to perform this operation. So it may be decided to carry out the operation on another occasion, or to use an alternative approach.

Repeat procedure

A second or even a third attempt with ureteroscopy may sometimes be considered the best approach to a problem, if you have a stone or tumour requiring additional treatment.

Ureteric injury

The ureter is a very narrow tube and injury to it is a risk. Injury to the ureter happens in less than 1% of cases but may result in perforation of the ureter. If such an injury is recognised at the time, necessary steps will be taken to remedy the situation, most commonly this will be the insertion of a stent. Rarely this would require open surgery to repair.

Ureteric stricture and obstruction

This is uncommon but may be related to a previous stone, laser treatment of a stone or treatment of a tumour in the ureter. This may cause pain or obstruction to your kidney requiring a further procedure or operation.

Exposure to radiation

We may need to use X-ray to guide the passage of the ureteroscope or monitor treatment. The risks from the small amount of radiation used are small.

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The exposure is equivalent to 2 to 10 months of natural background radiation (depending on the number of X-rays required).

Readmission to hospital

The rate of readmission is less than 7 in every 100 patients. This is usually due to infection, pain or bladder irritation related to the stent.

Contact information

If you have any further questions or problems following your operation, help or advice can be obtained from:

Advanced Nurse Practitioners

Cheltenham General Hospital

Tel: 0300 422 5193

Tel: 0300 422 3640

Monday to Friday, 8:00am to 4:00pm

Chedworth Surgical Unit

Cheltenham General Hospital

Tel: 0300 422 3320

Monday to Friday, 8:00am to 8:00pm

Your Consultant's secretary

Tel: 0300 422 6902 (select option 1)

Monday to Friday, 8:00am to 4:00pm

Further information

The British Association of Urological Surgeons (BAUS)

Please visit the following webpages:

www.baus.org.uk/patients/information_leaflets/185/ureteroscopy_for_stones

www.baus.org.uk/patients/information_leaflets/186/diagnostic_ureteroscopy

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You may also wish to visit the Gloucestershire Hospitals NHS Foundation Trust website at www.gloshospitals.nhs.uk and enter **Urology** into the search box.

When the Urology page opens, scroll towards the bottom of the page and select leaflet '**Having a ureteric stent GHPI1718**' to view or download.

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85