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Patient information

Rigid Cystoscopy and Ureteric Stent Insertion

Urology Directorate

Your doctor has advised you to have a rigid cystoscopy and ureteric stent insertion. This leaflet explains what to expect when you have a rigid cystoscopy and ureteric stent insertion.

What is cystoscopy and stent insertion?

- This procedure involves telescopic inspection of bladder and urethra and insertion of a soft plastic tube (stent) into the ureter (the pipe that runs between the kidney and the bladder). The stent has a curl on each end which holds it in place. X-ray imaging to help in the correct placement of the stent may be used.

Why would I be having this done?

- A ureteric stent may be placed for a variety of reasons. Stents allow urine to drain from the kidney to the bladder around a blockage or join in the ureter. Most commonly, stents are inserted during the treatment of kidney or ureteric stones. We would ask your permission for telescopic removal/biopsy of bladder abnormality/stone if found
- Sometimes stents are used to bypass blockages of the ureter caused by something pressing onto the ureter from nearby within the abdomen such as a scarring from previous surgery. Stents may be inserted before other procedures such a surgery on the bowel so that the ureters are more easily identified during the procedure.

What are the benefits of this procedure?

The stent helps urine to drain from the kidney to the bladder.

What are the risks of having a cystoscopy and stent procedure?

Common

- Mild burning or bleeding on passing urine for short period after operation.
- Temporary insertion of a catheter.
- Temporary discomfort from the stent causing pain, frequency and occasional blood in urine.
- Further procedure to remove stent if inserted.

Occasional

- Infection of bladder requiring antibiotics.
- Occasionally we cannot pass the stent and you would then require alternative treatment.

Rare

- Delayed bleeding requiring removal of clots or further surgery.
- Injury to the urethra causing delayed scar formation.

Are there any alternative treatments available?

Observation (keeping an eye on your condition), placement of the tube directly into your kidney from the back (called a nephrostomy) or open surgical treatment.

What will happen if I decide not to have treatment?

This depends on the reason why the stent is being inserted and should be discussed with your surgeon. In extreme cases failure to insert a stent may lead to kidney damage or death.

What anaesthetic will I be given?

You will be given general anaesthetic. General anaesthesia is drug-induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks before your surgery.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

How do I prepare for the procedure?

This procedure may be done as a day case or you may need to stay in hospital for one or more nights.

- A short time before your procedure you will be asked to attend the preoperative assessment clinic where you will be seen by a specialist nurse who will assess your general health and book any investigations you may need before attending theatre. These can include blood samples, urine samples, a chest x-ray or an ECG (heart tracing).
- You will be given instructions regarding fasting prior to the procedure.
- Normal medication should be taken unless instructed otherwise.
- You should make sure you have some painkillers at home before you come to hospital.
- If you are taking any tablets to thin the blood such as Warfarin, Aspirin or Clopidogrel it is important that you let the doctor or nurse know because they may need to be stopped for several days before the operation can be done.

What does the operation involve?

A cystoscope will be inserted into your bladder. A thorough inspection of the bladder will be performed. The surgeon may also take biopsies of any abnormal areas or perform other minor procedures necessary to help diagnose or treat your condition.

The ureteric orifice (the opening where the ureter enters the bladder) will be identified. A small open ended tube is inserted into the ureteric orifice and some special X-ray dye is gently squirted into the ureter.

This is observed on an X-ray monitor. This allows the surgeon to see what the ureter looks like.

A very fine guide wire is then inserted into the ureteric orifice and guided under X-ray control up so that the upper end lies in the kidney. The ureteric stent is then passed over this guide wire and the guide wire is removed leaving the stent lying in the ureter.

It is common for a rectal examination (males) and a vaginal and rectal examination (females) to be carried out as part of your assessment while you are anaesthetised.

A catheter may be left in the bladder at the end of the procedure to drain the urine temporarily. The surgeon will give instructions as to when this should be removed.

What should I expect immediately after my operation?

- After your operation has finished, you will stay in theatre in the recovery suite until you are fully recovered from the anaesthetic, and the anaesthetist is happy for you to return to the ward.
- If you do not have a catheter the nursing staff will ask you at intervals whether you have passed urine. This is quite a normal question after any operation.

- A nurse will check your pulse, blood pressure, breathing and wound regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff can offer you an injection to help this sick feeling go away.

When will I be able to go home?

You may need to stay in hospital after the procedure. The number of nights you will stay depends on why you have had the stent inserted.

If you have had the procedure as a day case:

- You must have had something to eat and drink.
- You must have passed urine.
- You must have someone to take you home.
- You should not be left alone overnight.

You must not drive any vehicle, operate machinery, climb ladders, drink alcohol or sign important documents for 24 hours.

What can I expect in the days after the operation?

You will find it uncomfortable to pass urine for the first 24 hours. This discomfort should improve as time goes by.

If it is getting worse or you are finding it difficult to pass water or you are feeling feverish or unwell it is important that you speak to your GP (General Practitioner) or attend the Accident and Emergency department.

It is normal to see some blood in the urine this should improve as the days go by. If you pass clots or have difficulty passing urine because of the blood then you should speak to your family doctor (GP) or attend the Accident and Emergency department.

What are the common side effects caused by a ureteric stent?

The side effects that can occur whilst the stent is in place are pain or discomfort and urinary symptoms such as:

- Increased frequency in passing urine.
- Irritation similar to a urine infection.
- A mild increase in the need to get to the toilet quickly to pass urine.
- A sensation of incomplete emptying of the bladder.
- A small amount of blood in the urine.
- A small risk of a stone forming around the stent.

Many of these side effects (especially blood in the urine) can be relieved by maintaining a good fluid intake of around one and a half to two litres (three to four pints) of fluid a day. Pain and discomfort in the pelvis and kidney area may be worse at the end of passing urine but it is important to maintain a good fluid intake. These side effects will decrease in the weeks following insertion of the stent.

What will happen to the stent in the long term?

Change of stent

The ureteric stent is designed to stay in place for up to six months. If it is still required after this period of time you should be admitted to hospital for change of stent which is done in the same way as the first insertion. If your stent has been in place for longer than six months please contact your urologist to ensure this is safe.

Removal of stent

If, and when, the kidney returns to normal function, the stent will be removed. This can sometimes be done without general anaesthetic using a small flexible telescope. Sometimes it may be necessary to remove it in theatre under general anaesthetic.

When can I go back to work?

This will depend on the type of work you do and the reason that you have had the stent placed. Most people are able to work with the stent in place. You should ask your surgeon for advice about time off work.

What happens after I am discharged?

You will be told a plan for your further treatment before you are discharged from the ward. It is important that you continue to be followed up closely while you have a stent in place. If you have not received information with regard to your further care within a month of discharge you should contact your consultant's secretary

Further information

For further information about living with a ueteric stent please read the leaflet 'Living with a ureteric stent'

For general queries about cystoscopy and stent insertion telephone the Urology Centre

Tel: 0151 600 1592

Text phone number: 18001 0151 600 1592

For clinical questions specific to your case, telephone the secretary of your Urology Consultant

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