

Patient information

Stent Passport

Urology Department

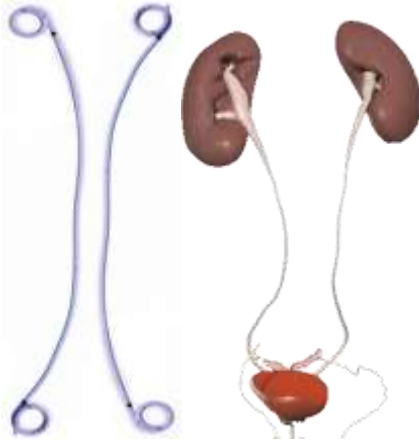
Patient Details

Patient details:
Name:
Address
Home Telephone number: Mobile:

GP Details

GP Details:
Dr:
Address:
Telephone:

What is a ureteric stent?



A ureteric stent is a specially designed hollow tube that is flexible enough to be placed into the ureter allowing the kidney to drain into the bladder. There is a curl at each end of the stent, which holds it in position. It is possible to leave these tubes in place for a period of time, after which they can be removed and or replaced by a new stent.

Why are stents inserted?

The most common reasons are to protect and keep the ureter open and allow the kidney to drain.

How are stents inserted?

They are usually inserted using a telescope through the water pipe (urethra) through the bladder into the ureter. The stents are passed through the telescope and X-ray screening is used to check the stent is placed into the correct position. This procedure is normally performed under general anaesthetic.

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

What are the risks of having a ureteric stent?

Common to rare:

- Bladder irritation from the pigtail design of the stent.
- Haematuria: blood in your urine, it may be pink or red in colour.
- Encrustation: small crystals from urine may stick to stent as small stones.
- Malposition: The stent may not be correctly placed between the kidney and bladder. This is rare, as the procedure is carried out using X-ray guidance.
- Migration of the stent – due to the soft slippery nature of the stent it may have potential to move however, most stents these days have curly ends as in the picture – one end anchors in the kidney and the other in the bladder to prevent it from moving anywhere.
- Fracture (very rare these days) – older versions of the stents were less soft and had potential to crack if left in for long periods of time.

Are there any alternatives available?

Stents are only put in if there is a clinical need. Nephrostomy (placement of a tube directly into the kidney through the back), is another way of draining the kidney but this procedure carries risks in itself and may not address the problem in the same way a stent will.

What will happen if I decide not to have treatment?

The kidney may not continue to function adequately. There could be pressure build up in the kidney, urine will stagnate and cause the kidney to malfunction and alter blood chemistry balance. Eventually the kidney may stop working.

What are the most common side-effects?

The majority of patients with a stent in place will be aware of its presence most of the time. The main side effects tend to be urinary symptoms, discomfort or pain.

Urinary symptoms include:

- A feeling of need to pass water more frequently.
- The need to rush to pass water (urgency).
- Blood in the water – this can be helped by increasing oral fluid intake.
- A feeling of incomplete bladder emptying while the stent is in place.

Discomfort or pain

Stents can cause discomfort or pain due to irritation of the bladder or kidney by the stent. The sensation may be more noticeable whilst passing urine or physical exercise. For most patients, these side effects should settle in a few days. These symptoms are very common and rarely a cause for concern.

Are there any other complications possible?

Occasionally a stent may develop a crystal coating on its surface. Usually this is not a significant problem. Very occasionally a stent may get displaced and may even fall out – **If this happens you should contact the hospital or your family doctor (GP).**

Is there possibility of a urinary tract infection?

Unfortunately, many of the symptoms of stent irritation mimic a urinary infection.

Occasionally, a stent can make it more likely that you could get a urinary tract infection. These symptoms may include feeling unwell, a raised temperature, worsening discomfort or pain in the kidney or bladder area.

Also, you may feel a burning sensation whilst passing urine or a feeling of wanting to pass urine more often. You should see your doctor who may prescribe antibiotic treatment.

How long will I have the stent for?

Your surgeon will decide how long the stent should remain in for, taking into account the reasons for insertion. This will be discussed with you, and arrangement for removal of stent will be made.

If you were told that a stent is temporary and you have not heard anything by the agreed time, you should contact the hospital.

Points to remember:

- Drink plenty of fluids, mainly water – aim up to two litres (four pints), a day. This will help to cut down the risk of a urinary tract infection and will also help with the treatment of stones.
- It is quite natural to feel some sensation of the stent in place especially on passing urine.

Contact your family doctor (GP) or hospital if:

- You have symptoms of a urinary tract infection.
- You have constant and unbearable pain associated with the stent or if you feel it has been dislodged or fallen out.
- You notice an increase in the amount of blood in your urine.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Ureteric stent details - to be completed by health professional

Ureteric stent inserted by: Date: Hospital site:	Name: Designation:
Side of insertion: (please circle) <ul style="list-style-type: none"> • Left • Right • Bilateral 	
Reason for insertion (circle one) <ol style="list-style-type: none"> 1. Pre op 2. Post op 3. Long term with view to change 	
Stent details:	Insert stent sticky label here:
Problems encountered on insertion	Details:
Date of planned removal:	Days: Weeks: Months:
Date of planned exchange:	
Details for next change:	Theatre: I.R.

Subsequent stent changes (to be completed by healthcare professional)

Date changed:	Stent details/label/lot no.
Reason for change:	
Date of next planned change:	
Print name: Signature: Designation:	

Date changed:	Stent details/label/lot no.
Reason for change:	
Date of next planned change:	
Print name: Signature: Designation:	

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Print name: Signature: Designation:	

UTI – antibiotic treatment (to be completed by health care professional)

Known colonisation with antibiotic resistant bacteria Yes/No If yes please tick below and record date if known					
<input type="checkbox"/> MRSA	<input type="checkbox"/> VRE (Vancomycin resistant enterococcus)	<input type="checkbox"/> ESBL (Extended spectrum beta-lactamase producing bacteria resistant to penicillin and cephalosporin antibiotics)	<input type="checkbox"/> CPE (Carbapenmase producing bacteria)	<input type="checkbox"/> CDI (Clostridium difficile infection)	<input type="checkbox"/> Other MDR (Multi drug resistant bacteria)

Date	MSSU result	Blood culture result(n/a if not obtained)	Antibiotic commenced and duration(if Gentamicin and/or ciprofloxacin resistant , CPE or MDR isolate seek Med Micro re antibiotic prescribing)

Further information

Useful contact numbers:

For general queries telephone:

Urology Centre - Clinic Nurses Desk

Monday to Thursday: 8.00 am to 4.00 pm

Friday: 8.00am to 1.30pm

Tel: 0151 282 6809

Text phone number: 18001 0151 282 6809

Stone Nurse Practitioner

Sister Pat Kelly

Tel: 0151 282 6804

Text phone number: 18001 0151 282 6804

Bleep 5026 via Royal Liverpool Hospital Switchboard Tel: 0151 706 2000

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

Mr Calvert's Secretary

Tel: 0151 282 6886

Text phone number: 18001 0151 282 6886

Mr Lynch's Secretary

Tel: 0151 706 3590

Text phone number: 18001 0151 706 3590

Visit the British association of Urological Surgeons website at [www.baus.org.uk/ patients](http://www.baus.org.uk/patients)

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.