Insertion/removal of Ureteric Stent under general anaesthetic

What is a stent?
The ureter is a narrow tube leading from the kidney to the bladder. A stent is a surgical device which is used to keep this tube open allowing urine to pass into your bladder.

What are the benefits of having a stent?
- To bypass any blockage that may be preventing urine draining from the kidney into your bladder. This may help relieve the pain and kidney function.
- It is usually a temporary measure for a few weeks.

What are the risks, consequences and alternatives associated with having a stent inserted/removed?
Most operations are straightforward, however as with any surgical procedure there is a small risk of side-effects or complications.
- Risk of infection which may require antibiotic treatment.
- Blood stained urine, passing urine more frequently and experiencing stinging are all common but should settle in a few days. Bladder spasms and an urgent need to pass urine can be experienced.
- Very rarely the bladder wall or ureter can be damaged requiring further surgery.
- Some patients cannot tolerate the presence of the stent and if this is the case it may need to be removed earlier.

If you are concerned about any of these risks, or have any further queries, please speak to your consultant or one of the team.

Your consultant has recommended this procedure as being the best option.

However, the alternatives to this procedure are either watchful waiting (if there is a narrowing in the ureter due to stones, they may pass on their own), or insertion of a nephrostomy tube. This is where an incision is made through the skin and a plastic drainage tube is placed in the kidney. The other end of the tube is visible through the skin and is attached to a drainage bag to collect urine. If you would like more information about these, please speak to your consultant or one of the nurses caring for you.

There is also the option of not receiving any treatment at all. The consequences of not receiving any treatment are that if there is an obstruction in the ureter and urine is prevented from draining from the kidney, it can cause pain, infection and serious kidney damage. If you would like more information please speak to your consultant or one of the nurses caring for you.
Getting ready for the operation
You will be asked to attend the Pre-operative Assessment Clinic. A nurse will discuss the operation with you. You may need to undergo some routine tests before your operation eg. heart trace (ECG), x-ray, blood test. You may be asked to provide a urine sample.

For a time before certain types of anaesthetic you will need to stop eating, drinking and chewing gum. This will be explained to you and you may also be given a booklet about this. If you have any questions please contact the hospital - telephone number on your admission letter.

You will be asked some routine questions about your general health, the medicines you take at the moment and any allergies you have.

You will be asked to sign a consent form to say that you understand what you have come into hospital for and what the operation involves.

You will be asked to have a bath or shower before coming into hospital (if possible).

On admission
You will be able to discuss the operation with your consultant or one of the team. You will be given a theatre gown to wear. A nurse and porter will take you on a trolley to the anaesthetic room.

What sort of anaesthetic will I have?
Your operation will be carried out either under general anaesthetic, which means you will be asleep throughout, or a spinal anaesthetic (injection in your back). The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

How is the stent inserted/removed?
A cystoscope (a long tube which may be rigid or flexible) is passed into your bladder via your urethra (water pipe). The stent is then inserted or removed through the cystoscope.

What should I expect after the operation?
When the operation is over, you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse.

It is usual to feel drowsy for several hours. You will be given oxygen through a facemask until you are more awake.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.

You will have a drip running into a vein in your arm/hand until you are eating and drinking again.

If you experience any pain it is important to tell the nurses who can give you painkillers to help.

You may start taking sips of water as soon as you return from your operation, when you are fully awake you may eat and drink as normal.

Going home
Most people go home the day of the operation, although occasionally you may have to stay on a ward overnight.
DISCHARGE INFORMATION AND AT HOME ADVICE
You may go home when:

- You have recovered from the anaesthetic and are eating and drinking as normal.
- You can pass urine normally.
- You are not experiencing any discomfort.

Please note: if you go home on the day of the operation you will need an adult to collect you and stay with you overnight.

Instructions for patients going home on the day of the operation
The anaesthetic drugs remain in your body for 24 hours and during this time are gradually excreted from the body. You are under the influence of drugs during this time and therefore there are certain things that you should and should not do.

You should:

- Ensure that a responsible adult stays at home with you for 24 hours.
- Rest quietly at home for the rest of the day - go to bed or lie on the settee.
- Drink plenty of fluids, but not too much tea or coffee.
- Eat a light diet eg. soup or sandwiches. Avoid greasy or heavy food as this may cause you to feel sick.
- Lie flat if you feel faint or dizzy.
- Contact the Urology Assessment Unit if you have any problems passing urine within 24 hours of going home. After this time contact your GP.
- Have a lie in the next day. It could take 2 - 3 days before the weariness wears off and you could suffer lapses in concentration for up to a week.

For at least 24 hours after your operation you must not:

- Drive. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.
- Go back to work. See ‘Returning to normal activities’.
- Lock yourself in the bathroom or toilet or make yourself inaccessible to the person looking after you.
- Operate any domestic appliances or machinery.
- Drink alcohol.
- Make any important decisions or sign any important documents.
- Be responsible for looking after small children.
- Watch too much television, read too much or use a computer as this can cause blurred vision.
**Pain relief**
You may have some discomfort when passing urine, this is normal. Continue to drink plenty of fluids as this will help.

You may take a mild painkiller such as paracetamol - do not exceed the stated dose and ensure you follow the manufacturer's instructions.

**Urine**
Your urine may become slightly blood stained. You are advised to drink plenty of fluids until this settles.

**Returning to normal activities**
You may return to work and your normal activities as you feel able.

Sick notes to cover your time off work can be obtained from your GP.

**Further appointments**
If a further appointment is required the details will be posted to you.

If you have any problems please visit your GP.

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**Reference**

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If you have any queries, or require further information please telephone the
Royal Derby Hospital on 01332 340131 and ask for your ward/clinic or the
Urology Assessment Unit on 01332 785899

NHS Direct is a 24 hour nurse led, confidential service providing
general health care advice and information.
Telephone 0845 4647 or visit the website at [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

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