



**Tennyson Centre**  
Suite 19  
520 South Road  
Kurralta Park SA 5037  
**P** 08 8292 2399  
**F** 08 8292 2388  
admin@urologicalsolutions.com.au  
[www.urologicalsolutions.com.au](http://www.urologicalsolutions.com.au)



**DARWINUROLOGY**  
**Darwin Private Hospital**  
Suite 5  
Rocklands Drive  
Tiwi NT 0810  
**P** 08 8920 6212  
**F** 08 8920 6213  
admin@darwinurology.com.au  
[www.urologicalsolutions.com.au](http://www.urologicalsolutions.com.au)

# CYSTOSCOPY INSERTION / REMOVAL OF URETERIC STENT

*Providing Specialist Care in South Australia & Northern Territory*

***Associates:***

*Dr Kym Horsell  
Dr Kim Pese  
Dr Michael Chong  
Dr Jason Lee  
Dr Alex Jay  
Dr Matthew Hong  
Dr Sophie Plagakis  
Dr Henry Duncan*

## **What is a Ureteric Stent?**

A ureteric stent is a specially designed hollow tube, made of a flexible plastic material that is placed in the ureter. The length of the stents used in adult patients varies between 22-30cm.

22-30cm long



It is designed to stay in the urinary system by having both ends coiled; the top end coils in the kidney and the lower end coils inside the bladder to prevent its displacement. Stents are flexible enough to withstand various body movements.

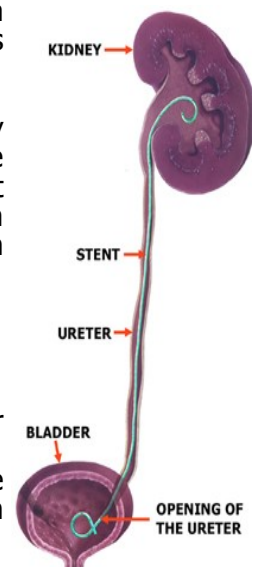
Stents are temporarily placed in the kidney to prevent or relieve obstruction.

They allow urine to pass down the ureter, can help to relieve pain (e.g. from a stone/stone fragments), drain infection or help with kidney function if the kidney is obstructed. Having a stent in place will allow the ureter to heal.

In the majority of patients, stents are required for only a short duration. This may be just a few days. However, a stent can stay in for up to three months without the need to replace it. When the underlying problem is not a kidney stone, the stent can stay in even longer. There are special stents, which may be left in for a much longer time. Your Urologist will tell you how long the stent is expected to remain in place.

## **What is a Cystoscopy and Stent Insertion?**

A cystoscopy is a procedure where a telescope is used to inspect the urethra (water-pipe), the prostate (in men), and the bladder. A very clear and magnified view can be achieved. A stent is placed during a cystoscopy and could also be inserted as an additional part of an operation in the ureter and kidney (e.g. Ureteroscopy).



On occasions, the stent may need to be placed from the kidney down to the bladder using special x-ray techniques. Radiological contrast dye is injected via a small tube in to the ureter.

## **Stent Removal**

A ureteric stent can be removed either with the help of sedation or anaesthesia, or in many cases with flexible cystoscopy and a local anaesthetic lubricant. Sometimes a stent can be left with a thread attached to its lower end that stays outside the body through the urethra. Doctors or patients can remove such stents by pulling this thread.

If there is no thread in place, the Urologist will use a flexible cystoscope to view the ureteric stent and then use special graspers to take it out.

## **PREPARATION FOR YOUR PROCEDURE**

### **Local Anaesthetic (stent removal only)**

It is a short procedure to remove the stent using a flexible cystoscope. No preparation is required. Please continue to take all your usual medications. You do not need to fast if no anaesthesia is used. There is no restriction on driving after this procedure.

### **Sedation/General Anaesthetic (stent insertion or removal)**

We will provide you with instructions regarding all aspects of preparing for your operation.

- *Pre-operative blood and urine tests.*
- *Details of admission to hospital.*
- *Information regarding fasting and medications.*

*\*Please advise us of any known allergies to medications or contrast dyes used in some x-rays.*

### **What to Expect Afterwards**

It is common to have some side effects with a ureteric stent. You may experience discomfort or pain in the bladder and kidney (flank) area, but sometimes in other areas such as the groin, urethra and genitals. This discomfort or pain may be more noticeable after physical activities and after passing urine. Bending from the abdomen is often worse.

There might also be an increase in frequency of passing urine, the need to rush and pass urine urgently, a sensation of incomplete emptying of the bladder, or burning/stinging when passing urine. You may also experience a small amount of blood in the urine. This is quite common and the situation can improve with a greater fluid intake. Do not drink excessively. Aim to keep your urine a pale yellow or straw colour.

If you find your urinary symptoms are not improving or become worse, then you could have an infection. You can contact our office or see your GP to organise a urine test.

However, if any of the following symptoms occur then immediately contact our office, your GP or present to a hospital emergency department for assessment;

- Excessive bleeding or blood clots in the urine making it difficult to urinate
- If you develop a high temperature or begin having flu-like symptoms
- Begin vomiting or have ongoing sharp pains that do not respond to pain relief

You should be able to recommence most of your usual activities shortly after surgery. Please avoid heavy lifting or straining. Sexual activity can be recommenced once the bleeding settles.

## **Complications**

- The chance of an infection is <5%
- Significant bleeding is extremely unlikely as is a blood transfusion
- An injury to the ureter is a risk, however, a very small one of <1%

This is generally a very safe procedure.

## **After Discharge from Hospital**

You should try to drink about 2L of fluids, mainly water, each day the stent remains in place. This will help to cut down the risk of getting an infection and will reduce the amount of blood in your urine. You can take some pain relief (Panadol or Nurofen) on a regular basis. You may want to try some Ural sachets (available from the chemist) 2-3 per day if needed.

## **Driving**

**You should not drive for at least 24 hours after having sedation / general anaesthetic** (or as instructed by your Urologist).

You can drive after having stent removal with local anaesthetic only.

Patients who are travelling outside the metropolitan area are required to check when they are able to travel, and will be required to stay in the metropolitan area for 24 hours (or as instructed by your Urologist).

## **Emergency Contacts**

In the event of an emergency, please call our office within business hours. If assistance is required out of hours, please call our On-Call Urologist via our Tennyson office OR present to your nearest Emergency Department.

### **Ashford Hospital**

55 Anzac Highway, Ashford SA 5035                      8375 5205                      Until 10:00 PM

### **Wakefield Hospital**

300 Wakefield Street, Adelaide SA 5000                      8405 3440                      24 Hours

### **Royal Darwin Hospital**

Rocklands Drive, Tiwi NT 0810                      8922 8888                      24 Hours

\*\*For patient's outside the Metropolitan area, please present to your nearest hospital emergency department.

## **Follow up**

A follow up appointment will be planned by your Urologist as required.

If you have a stent in place, then arrangements need to be made for this to be removed.

If you have any concerns after your procedure, then please contact our office and speak to one of our practice nurses.

*The content provided within this document is intended as a guide only and does not apply to all patients. Additional information, including patient specific potential risks, must be obtained during consultation with your Urologist.*

(S): Handouts / Operation Handouts / Cystoscopy Insertion / Removal of Stent/ Updated 21.1.2019