



## Operation Information

### Insertion of Ureteric Stent

#### Introduction

Ureteric stent is a narrow hollow flexible tube. It is designed to insert into a ureter and allows drainage of urine from kidney to bladder.

#### Indications

Relief of ureteric or renal pelvic obstruction, stenting the ureter after surgery (commonly after ureterorenoscopic surgery or ureteric dilatation), stenting ureter prior to Extracorporeal Shock Wave Lithotripsy (ESWL).

#### Outcomes

The expected outcome of the operation is to relieve the ureteric or renal pelvic obstruction. The inserted stent could allow urine to drain from the kidney through ureter into the bladder.

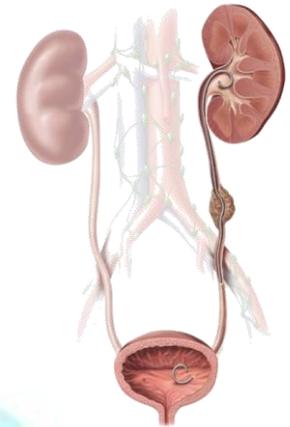
#### Procedures

1. The operation can be performed under local anaesthesia, sedation, monitored anaesthetic care or general anaesthesia.
2. The stent is placed into the ureter through a cystoscope. The position of the stent is confirmed with imaging.
3. If it is necessary, a thread may be attached to the stent. This will remain outside body for easy removal of stent.

#### Possible Risks and Complications

1. Frequent urination
2. Sense of urgency
3. Dysuria
4. Loin pain during micturition
5. Haematuria
6. Urinary tract infection
7. Blockage of stent
8. Dislodgement of stent
9. Encrustation (stone formation) (especially with those left for more than 6 months)
10. Broken stent (rare) (especially with those left for more than 6 months)

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.



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## **Pre-operative Preparations**

1. Good hygiene can prevent infection.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication.
4. No food or drink six hours before operation.
5. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
6. Please empty your bladder before the operation.

## **Post-operative Instructions**

### **General**

1. After general anaesthesia, you may experience discomfort in the throat after tracheal intubation.
2. You may experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting after sedation, monitored anaesthetic care or general anaesthesia. Inform the nurse if symptoms persist or worsen.

### **Special Care**

1. According to clinical condition, the stent may stay from few weeks to 6 months.
2. The stent must be removed within the designated period of time.
3. Frequency of urine, urgency or blood in urine may occur in relation to irritation to the bladder.
4. Dysuria, small amount of blood, discomfort or pain in loin area after passing urine are common.
5. You are encouraged to drink plenty of water.

### **Diet**

2-3 liters of fluids per day are recommended. (except contraindicated due to medical condition, e.g. heart failure/ renal failure)

## **Advice on Discharge**

1. Prescribed pain medication may be taken as needed.
2. Immediately consult your doctor or return to hospital for professional attention in the event of severe loin pain, excessive blood and clots in the urine, significantly decreased in urine output, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms, etc.
3. Any follow-up consultations should be attended as scheduled.
4. An Alert card is issued to you to remind you to remove the stent.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

