

Procedure Information

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Ureteroscopy (URS)

Introduction

Ureteroscopy (URS) is a procedure to examine ureter and kidney. It is commonly used for diagnosis and treatment of pathology in ureter and renal pelvis. The endoscope used can be rigid or flexible. Ancillary procedure including biopsy, stone clearance, and insertion of ureteric stent may be necessary during the procedure.

Outcomes

The expected outcome of this operation is determined by different indications. It is commonly used to make diagnosis and allow the doctor to treat certain ureter and renal condition.

Indications

- 1. Urinary stone
- 2. Ureteric obstruction
- 3. Urothelial and ureteric lesion in upper urinary tract

Ureteroscope

Source: https://urologyspecialist.com.au/wp-conte nt/uploads/2017/02/ureteroscopy.jpg

Procedures

- 1. The operation can be performed under general or spinal anaesthesia.
- 2. An ureteroscope is inserted through the urethra and the bladder into a ureter. The lining of the ureter is examined.
- 3. The stone or target lesion is identified.
- 4. Stone will be broken by instrument. Lesions or strictures will also be dealt with accordingly.
- 5. Ureteric stent and urinary catheter may be inserted if necessary.

Possible Risks and Complications

- 1. Haematuria
- 2. Dysuria
- 3. Urinary tract infection
- 4. Residual stone
- 5. Ureteric stricture
- 6. Perforation of ureter or avulsion of ureter
- 7. Conversion to open surgery or other interventional procedures
- 8. Septicemia
- 9. Retained instrument
- ** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all procedures are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising.

Pre-procedure Preparations

- 1. Good hygiene can prevent infection.
- 2. The procedures and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
- 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. Specific procedure may be performed, such as antibiotic prophylaxis or X-ray. Female who are or might be pregnant must inform your attending doctor.
- 5. Prophylaxis against deep vein thrombosis may be indicated in long procedures or patients at risk.
- 6. No food or drink six hours before the procedure. (For general anaesthesia only)
- 7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
- 8. Please empty your bladder before the procedure.

Post-procedure Instructions

General

- 1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
- 2. For patient with having a ureteric stent:
 - the ureteric stent may irritate the bladder and make it to pass urine frequently.
 - a stinging sensation when urination may be experienced.
 - a small amount of blood in the urine and pain in the back is normal.
- 3. Blood clot or stone pieces may be passed after removal of urinary catheter.

Advice on Discharge

- 1. Immediately consult your doctor or return to hospital in the event of persisting in severe loin pain, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms, etc.
- 2. Any follow-up consultations should be attended as scheduled.

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 further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details