

Having a ureteric stent inserted

This leaflet explains more about having a ureteric stent inserted. It describes the benefits, risks, alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What is a ureteric stent?

A ureteric stent is a thin plastic tube inserted into your kidney. It allows urine to drain from your kidney into your bladder when you have a blockage in your ureter (narrow, muscular tube that connects your kidney to your bladder). The blockage is most commonly caused by a kidney stone but could be caused by a growth.

In some patients the stent only needs to be left in for a few days. In this situation a string is often left attached to the stent which is visible to you from your urethra (water pipe). This allows the stent to be removed easily in clinic and minimises the length of time the stent is left in.

What are the benefits of having a ureteric stent inserted?

The blockage in your ureter will be relieved, allowing urine to drain from your kidney into your bladder. Without the stent, the blockage may cause the kidney to work less well and in some cases, stop the kidney from working altogether. The procedure is very safe and you will recover quickly. Having a stent will help prevent infection and permanent damage to your kidney.

What are the risks?

- The stent may irritate your bladder causing you to feel a need to pass urine frequently.
- You may see blood in your urine on some occasions, this is made worse by physical activity such as going to the gym, walking, hoovering or carrying heavy bags. Even if your urine has a lot of blood in it, as long as you are passing urine this is fine. The blood in the urine may be cleared by drinking the recommended amount of daily fluids and will decrease as the days following the surgery pass.
- It is common to feel pain in your back (on the side of your body where the stent is) when passing urine. For most patients the symptoms are minor and can be tolerated.
- Occasionally the stent may develop a crystal coating on its surface. Usually this is not a significant problem but is the reason that we try not to leave the stent in for any longer than is needed.
- Very occasionally a stent may get displaced, usually slipping towards the bladder, and sometimes it may even fall out (there is more information on this later on in this leaflet). This is very unusual. **If this happens, you should contact the hospital on the numbers listed on the back page of this leaflet, or your GP.**
- Having a stent, along with an underlying kidney problem, makes it more likely that you could develop a urinary tract infection. Some of the symptoms that you may experience

should you get a urinary include a raised temperature, increased pain or discomfort in the kidney or bladder area, a burning sensation while passing urine and generally feeling unwell. Urinary tract infections require treatment with antibiotics, which your GP can prescribe for you.

- The operation is usually performed under general anaesthetic. This means that you are asleep during the procedure, so you do not feel any pain. There are risks associated with having a general anaesthetic, but they are small. Occasionally other anaesthetics are used such as a spinal anaesthetic (where a needle is put in your back to numb you from the waist down) – your anaesthetist will discuss the type of anaesthetic you need with you. You should have received a copy of the leaflet **Having an anaesthetic**. If you have not, please ask your doctor or nurse for a copy.

Are there any alternatives?

The alternative to having a stent inserted is having what it is called a 'nephrostomy tube', a tube which is put into your kidney and then drains urine to the outside. However, this involves carrying a urine collection bag attached to your back. This procedure is done under X-ray guidance to make sure the tube is put in the right place. You will be awake during the procedure, although you will be given a sedative which makes you feel drowsy and relaxed, as well as something to take away the pain. This is **not** a long-term solution and you may eventually have to have a stent inserted. If you would like more information, please speak to your doctor.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. If you would like more information about our consent process, please speak to a member of staff caring for you.

How can I prepare for the procedure?

If you smoke, you may be asked to stop smoking, as this increases the risk of developing a chest infection or deep vein thrombosis (DVT). Smoking can also delay wound healing because it reduces the amount of oxygen that reaches the tissues in your body. If you would like to give up smoking, please speak to your nurse or call the Trust stop smoking service on **020 7188 0995**, or call the NHS Smoking Helpline on **0300 123 1044**.

Medicines

If you are taking any medication, these may need to be temporarily stopped or adjusted around the time of your surgery or treatment, you will be given information on how to do this at your pre-assessment appointment. **Do not make any changes to your usual medicines and continue to take them unless you have been advised to do so.** Please remember to bring them into hospital with you.

If you are taking any medicines that thin your blood, such as antiplatelet medicines (for example aspirin or clopidogrel) or anticoagulant medicines (for examples warfarin or rivaroxaban), please tell your doctor or the nurse as you may need to stop them temporarily before your surgery. Also tell your doctor or nurse if you have diabetes as you may need to alter the dose of your diabetes medicines, as you will need to fast before the procedure.

Please let us know if you are taking any regular medicines (including anything you buy yourself over the counter or any herbal or homeopathic medicines) and if you have any allergies to any medicines.

Further information on stopping any medicines will be given to you when you come for pre-assessment. Please ask us if you have any questions.

What happens before the procedure?

You may be asked to attend a pre-admission appointment, where you will have blood tests and a physical examination to make sure you are fit for the procedure.

Your appointment letter will tell you which ward you need to go to and at what time, or you will receive a telephone call on the morning of your admission. When you arrive at the ward, you will be welcomed and shown to your bed. You should plan to be in hospital for approximately one to two days.

You will be seen by an anaesthetist who will discuss the type of anaesthetic you will be given, check that you are fit enough for surgery and discuss the different types of pain relief available to you after the procedure when the anaesthetic has worn off.

Your admission to the ward may be arranged for the day before the surgery or for the morning of the surgery through the **day surgery unit**. This depends on whether a bed is available for you the day before the surgery date as well as on medical needs that need to be addressed before surgery.

If you are admitted on the ward the day before the procedure, you will need to have a shower on the morning of your surgery and wear a hospital theatre gown. You will need to remove all jewellery. If you have jewellery that cannot be removed, please let us know so that we can put tape on it. This is so that it does not interfere with our equipment.

You will be given elasticated stockings to wear. These help to reduce the possibility of blood clots (deep vein thrombosis) forming in your legs during surgery. You may be taken to theatre on a trolley or you may walk and be accompanied by a nurse.

Fasting instructions

Please do not eat or drink anything (except non-fizzy water) for six hours before your procedure. This means that you cannot suck on sweets or chew gum. You are allowed to drink water up to two hours before your procedure. **If you continue to eat or drink after this, your surgery will be cancelled.**

What happens during the procedure?

When you arrive in theatre, you will be given the anaesthetic. This is usually given through a small injection in the back of your hand. The anaesthetist will stay with you and monitor you during the procedure.

A fine telescope is passed down your urethra (tube that allows urine to pass through the bladder and out of the body) and into your bladder. The stent is then passed up the ureter and into the kidney.

The procedure usually takes approximately 10–20 minutes and x-rays are used to check the position.

What happens after the procedure?

Although you will be awake for a minute or two after the procedure is finished, you are unlikely to remember anything until you are back in your bed. You may feel sick or be sick, for up to 24 hours after the operation. This is an after effect of the anaesthetic. If this happens, we will give you some anti-sickness medication. You will be encouraged to start drinking at the earliest opportunity, as long as you are not feeling sick. You may eat a light meal as soon as you feel able to once on the ward. You should be eating and drinking normally after two or three days.

The anaesthetic may make you clumsy, slow and forgetful for about 24 hours. Although you may feel fine, your reasoning, reflexes, judgment, coordination and skill can be affected for 48 hours after your surgery. If you are discharged from the hospital less than 48 hours from your surgery, please rest when you get home and do not go to school or work on the day after your surgery.

For 48 hours after your surgery for your safety please **DO NOT**:

- drive any vehicle, including a bicycle
- operate any machinery
- attempt to cook, use sharp utensils or pour hot or boiling liquids
- drink alcohol
- smoke
- take sleeping tablets
- make any important decisions or sign any contracts.

It is quite normal for your bowels not to open for about a day after the procedure. If your bowels have not opened after two days or you feel uncomfortable, ask the nursing staff for advice.

You may have a catheter draining your bladder for a while, which will be monitored by the ward nurses. Your urine may be bloodstained for a day or two. This is normal. The catheter will be taken out once your mobility returns and the urine is clear.

How will I feel, once I have a stent?

For most of the time, you will not be able to feel anything. The majority of people find that they have a slight discomfort when passing urine. Each person has a different tolerance level of discomfort. As your bladder decreases in size when you pass urine, the lower end of the stent may rub against the sensitive bladder wall lining. You may feel that you need to pass urine more than usual or experience urgency in passing urine.

Many of these side effects (especially blood in the urine) can be relieved by maintaining a good fluid intake of around one and a half to two litres of fluid a day. Pain and discomfort in the pelvis and kidney area may be worse at the end of passing urine but it is important to maintain the recommended amount of fluids.

These side effects usually decrease in the days and weeks following insertion of the stent.

When can I go home?

You will go home within 24 hours, if you are comfortable with regular pain medication and have no signs of infection you can go home the next morning. If your pain is difficult to manage you will stay an extra night to allow time to manage the pain effectively and to be monitored. Those who do not have difficulties managing the pain with prescribed medication and have had a

stent put in previously may even go home on the evening of the procedure on the doctor's instruction.

You will be given some pain medication that you can take at home when in pain; the prescription may be repeated by your GP if required. Before you leave, the nurse will check that your pain is well managed, that you have no signs of infection and that the blood in your urine is not a large amount. It is encouraged that you arrange for a responsible adult to take you home when you are discharged.

What should I look out for when I am at home?

You are likely to feel very tired and need to rest after your procedure; however, you should be able to return to your usual level of activity very quickly. It is not unusual to see a small amount of blood in your urine. This may be caused by irritation in your bladder. If the bleeding becomes heavier and bright red/red wine in colour, contact your GP or the hospital, on one of the numbers on the back page for advice. The blood in the urine may be cleared by drinking the recommended amount of daily fluids and will decrease as the days following the surgery pass.

It is highly unlikely that the stent will fall out but very rarely it does become dislodged from its position. If you experience discomfort, colic pain (pain in your intestines) or find it more difficult to pass urine that you did before, it may mean that the stent has become dislodged. Contact your GP or the hospital, on one of the contact numbers listed on the back page. If you are unable to reach anyone, please go to your nearest accident and emergency (A&E) department.

If you develop a temperature above 38°C/100.4°F please call your GP or one of the emergency numbers listed on the back page immediately.

How long should the stent stay in?

Before you leave the department you will be given a date for removal of the stent. If you have not been given a date to come back to change or remove the stent within three months you should contact the hospital on one of the numbers listed at the end of this leaflet. If the stent is not removed within three months it can increase your risk of infection and it can be more difficult to remove. (Some people have specific reasons why the stent is left longer but this should have been explained to you if that is applicable to you).

Will I be able to have sex?

You can have sex as soon as you feel able to.

Will I be able to drive?

You must not drive for 48 hours after the procedure. This is to make sure that the effects of the anaesthetic have fully worn off.

When can I return to work?

Returning to work will depend on what you do for a living. If you do light office work, you can return to work as soon as you feel ready to. Avoid manual work if it involves carrying, digging, climbing or building until you are given permission to do so by your consultant. If you need a sickness certificate, the hospital will issue this for you.

Will I have a follow-up appointment?

Depending on your individual circumstances you will have a follow-up appointment six to eight weeks after your procedure, or just an appointment to remove or change the stent about three months after insertion. You will have X-rays of your kidney and bladder taken on that day. Your consultant and his/her team will give you more information about further appointments.

Contact us

If you have any questions or concerns about having a ureteric stent, please contact the urology department on **020 7188 3220** (Monday to Friday, 9am to 4.30pm).

Alternatively, you can contact the stone nurses by calling the hospital switchboard on **020 7188 7188** and asking for bleep number **0384**.

Please contact the hospital if you experience any of the following:

- fresh blood in your urine
- excessive pain
- a temperature over 38°C (100.4°F)
- difficulty passing urine.

Out of hours, call the switchboard on **020 7188 3026** and ask for the on call urology doctor (emergencies only).

Ward contact numbers:

Aston Key Ward	020 7188 0709
Florence Ward	020 7188 2441

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS)	e: pals@gstt.nhs.uk
t: 020 7188 3514 (complaints)	e: complaints2@gstt.nhs.uk

Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 e: languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

Leaflet number: 2178/VER4

Date published: December 2016

Review date: December 2019

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