

Having a ureteroscopy

This leaflet explains more about having a ureteroscopy. 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 ureteroscopy?

The urinary system is made up of the kidneys, ureter (narrow, muscular tube that connects your kidney to your bladder), bladder and urethra (tube that allows urine to pass through the bladder and out of the body).

A ureteroscopy is a procedure that looks into the ureter and kidney. It involves inserting a special telescope, called a ureteroscope, into the urethra and passing it through to the bladder and on into the ureter and kidney.

The procedure is usually done under general anaesthetic. This means that you are asleep during the procedure. There are risks associated with having a general anaesthetic, but they are small. Occasionally a spinal anaesthetic is used (where a needle is put in your back to numb you from the waist down). Your anaesthetist will discuss with you the type of anaesthetic you need. 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.

The ureteroscope is about the thickness of a pencil and has a tiny camera on one end, so the doctor can view an image of your urinary system on a screen. It is usually used to treat kidney stones, but it is also used to help make a diagnosis for unexplained bleeding, assessment of some cancers in the ureter or kidney, and to check if treatments have worked.

Why do you need a ureteroscopy?

You have been advised to have a ureteroscopy to treat stones or to try to find the cause of your symptoms. Sometimes this will be clear from X-rays or tests of your blood or urine, but often the only way your doctor can be sure what is going on is to look inside your bladder and ureter.

A ureteroscopy is commonly used to treat stone disease or cancers in the ureter and kidney. It can help to diagnose the cause of:

- abnormal cells in your urine
- blood in your urine (haematuria)
- pain (loin/back).

What are the risks associated with a ureteroscopy?

There are risks associated with any operation. Your doctor will explain these risks to you before you sign the consent form. If you are unsure of anything, please make sure you ask your doctor.

A ureteroscopy is usually performed with no problems whatsoever. However there is a possibility of:

- **Discomfort** – you may feel a stinging sensation when you urinate, but this should only last a day or two. Taking a normal pain-relieving tablet as prescribed may help. If the pain is severe and lasts for more than a couple of days, please contact us (using the numbers on the back page) or your GP.
- **Bleeding** – you may have a small amount of bleeding as a result of the procedure - this is completely normal. Some patients do not have any bleeding at all, but some find their urine is slightly pink for a few days after this procedure. Drinking plenty of water (about three litres spaced out over 24 hours) can help to clear the urine. If your urine remains pink after a few days, please contact us or your GP.
- **Infection** – a urine infection can cause a fever and pain when you pass urine. The risk of this can be reduced by drinking plenty of water after the procedure. You will be given an injection of antibiotics when you have the anaesthetic.
- **Stent insertion** – you are likely to need a stent (a fine plastic tube) put in. The stent allows urine to drain from your kidney into your bladder when you have a blockage (such as a stone or growth) in your ureter - see section on ureteric stents below.
- **Unable to pass the telescope** – in some patients, the ureter is too narrow for the telescope to pass. This happens in about one in 20 patients. To avoid damaging the ureter, you will have a stent inserted (see below) and the procedure will be re-booked. The stent widens the ureter so usually the second procedure is more straightforward.
- **Need for further procedures** – sometimes the amount of stone will mean that another procedure is needed. Your doctor will discuss this with you.
- **Ureteric stricture** – a narrowing can form in the tube as a result of the procedure. This happens in less than one in 100 patients.
- **Ureteric injury** – very rarely the ureter can get injured or damaged from the procedure. Great care is taken to avoid this. It is usually treated by inserting a ureteric stent.

Are there any alternatives?

A ureteroscopy is the only way to have a close enough look at the upper urinary system to diagnose certain ureter and kidney conditions. There are other options to fragment stones which your doctor will discuss with 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. They are often inserted for people who have stones blocking their kidney and are usually needed after a ureteroscopy, to protect the tube where the telescope has been.

In some patients the stent only needs to be left in for a few days. In this situation a string which is visible from your urethra is often left attached to the stent. This allows the stent to be removed easily in clinic and minimises the length of time the stent is left in. Patients usually do not mind this and it avoids the need for a telescope procedure to retrieve the stent.

What are the risks associated with a ureteric stent?

- 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 in the days after surgery.
- 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 and maybe difficult to remove. 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. **If you do not have a date for stent removal or for a second procedure then please contact us to check, to avoid this problem.**
- Very occasionally a stent may get displaced, usually slipping towards the bladder, and sometimes it may even fall out. This is very unusual. **If this happens, please contact us or your GP.**

Having a stent, along with an underlying kidney problem, makes it more likely that you could develop a urinary tract infection (UTI). Some of the symptoms that you may experience if you get a UTI include a raised temperature, increased pain or discomfort in the kidney or bladder area, a burning sensation while passing urine and generally feeling unwell. UTIs need treating with antibiotics, which your GP can prescribe for you.

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 Stop Smoking Service, **t: 020 7188 0995**, or call the NHS Smoking Helpline, **t: 0300 123 1044**.

Medicines

If you are taking any medications, 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 example, 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 change 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 any over-the-counter, herbal, or homeopathic medicines) and if you have any allergies to any medicines.

More 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 are the arrangements for coming to hospital?

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

Your admission to hospital for your ureteroscopy will either be:

- onto a ward, usually the day before your operation
- directly to the day surgery unit (DSU) on the day of your operation.

You will be told in advance, either at your pre-admission appointment or by letter, which one will apply to you.

If you are to be admitted to the ward:

- you will receive a telephone call on the morning of your admission to tell you which ward to come to
- when you arrive on the ward you will be shown to your bed by a nurse
- you will need to have a shower on the morning of your operation.

If you are to be admitted via the DSU:

- you will be given an information leaflet at your pre-admission appointment
- you will be told when to stop eating and drinking before the procedure
- you should have a shower or bath at home before arriving at the hospital
- when you arrive in the DSU, you will be taken to a cubicle to change into a gown. A nurse will also check your urine, blood pressure, temperature and pulse.

If the procedure is likely to be in the morning, patients are usually told to come in at 7.30am. If it is likely to be in the afternoon, patients are usually told to arrive at 11.30am. This means there may be some waiting around before the procedure, and sometimes the order of the operating list has to change. Please bring a book or other entertainment with you.

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 before the procedure?

Before your procedure you will be visited by the anaesthetist who will discuss the type of anaesthetic you will be given, and the different types of pain relief available to you after the procedure when the anaesthetic has worn off.

You will need to change into a hospital gown, and 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. Please 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 may be taken to theatre on a trolley or you may walk to theatre, accompanied by a nurse.

What happens after the procedure?

Although you will be awake 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 a side effect of the anaesthetic. If this happens, we will give you some anti-sickness medication. You will be encouraged to start drinking as soon as possible, as long as you are not feeling sick. Patients can usually go home the same day but sometimes you might have to stay overnight. If you are going home the same day, you will need someone to take you home and stay overnight.

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.

How long should the stent stay in?

The length of time a stent needs to stay in is different for every patient and your doctor will discuss this with you. After a ureteroscopy it is commonly left in for 1-14 days. They can occasionally be left for much longer if needed. **It is very important that the stent is removed at the correct time. If you are concerned that you have not had your stent removed, please contact the stone unit.**

Contact us

If you have any questions or concerns about having a ureteroscopy, please contact the stone unit, **t:** 020 7188 3220, Monday to Friday, 9am-4.30pm.

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

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

Ward contact numbers:

Aston Key Ward, **t:** 020 7188 0709

Florence Ward, **t:** 020 7188 2441

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** 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, Monday to Friday, 9am-5pm

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

This service 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 **w:** www.111.nhs.uk

NHS website

This website gives information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing. **w:** www.nhs.uk

Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, please get in touch.

t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

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