

**Patient  
Information**

# Ureteroscopy

## Introduction

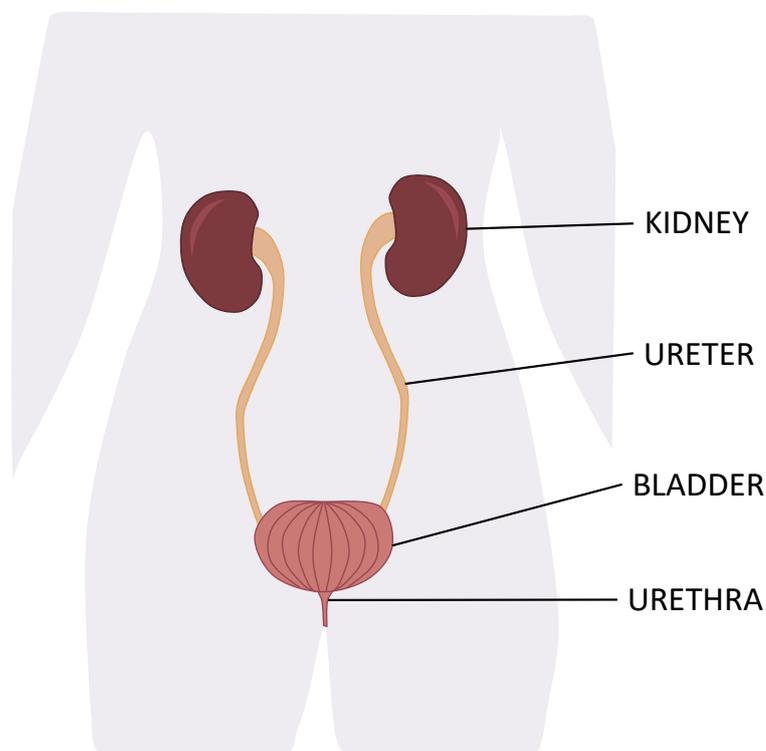
This leaflet is for patients about to have a rigid or flexible ureteroscopic operation.

Ureteroscopy is used for treatment and investigation of stones, tumours, or obstruction such as narrowing of the ureter. It is also useful for investigating symptoms such as blood in the urine, pain or abnormal cells found in urine.

## What is a ureteroscopy?

Ureteroscopy (or ureterorenoscopy), is the inspection of the inside (lumen) of the ureter and kidney. The ureter is the small tube that carries urine from each kidney to the urinary bladder.

A specially designed fine telescope is passed through the urethra and urinary bladder up the ureter and can go all the way up to the inside of the kidney. This can be done either with a rigid or flexible instrument.



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**GHP11677\_07\_21**

Department

**Urology**

Review due

**July 2024**

## Patient Information

Ureteroscopy is performed under general anaesthetic (while you are asleep) or spinal anaesthetic (where you are aware but numb from the waist down so unable to feel the operation).

A stent (internal plastic tube) may be required if the ureter is too tight to pass the ureteroscopy. This helps to widen the passageway and is usually left in place for 4 to 6 weeks before repeating the ureteroscopy.

Once the operation has been performed, the stent is often left in place but with a string attached for easy removal at a later date. This string will be visible on the outside and is usually fixed to the thigh in women or the penis in men.

You will receive an appointment for removal of the stent by our specialist nurses for the following week.

Most of these operations are performed as a day case and so you will be allowed to go home later the same day. You will usually be told in advance if you need to stay overnight. This will be the case if you have no one at home with you or if you are at high risk of developing a post-operative infection.

## Additional procedures

### Cystoscopy

This is essential to inspect the bladder and find the opening of the ureters into the urinary bladder.

### Guide wire insertion

This is placed at the beginning of the operation as a safety wire to allow stent insertion if there are any complications during the operation.

### Stent insertion

A stent may be necessary to avoid ureteric obstruction from tissue swelling after the operation and encourage healing. Stents can however be associated with symptoms such as blood in urine, pain in the bladder or kidney when passing urine, or increased frequency of passing urine. These settle once the stent is removed.

**Patient  
Information****Before the operation**

You will be seen in the pre-admission clinic, where we will check that you are fit and well enough to have the operation.

It is important that you provide information on your previous and on-going health problems during this consultation. You should take your current medications or a list of them to this consultation.

Please feel free to ask any questions you may have.

You may also be asked to sign a consent form for the operation at this stage.

You will be given instructions on diet and what to bring with you when you are admitted for the ureteroscopy.

**On the day of your operation**

You should arrange for an adult to be with you for the first 24 hours following discharge. If this is not possible, please make sure that the nursing staff are aware when you are admitted as we may need to keep you in the hospital overnight.

You will not be able to eat or drink (except water) for 6 hours before your operation (this includes chewing gum). You can drink water only up to 2 hours before the operation. This is to make sure that we can safely give you an anaesthetic.

Before the operation, the surgeon or their team member will put a mark on the correct side of your body for the ureteroscopy after confirming on the X-ray or scan.

An anaesthetist will also see you before your operation and assess you for fitness for anaesthesia. Ureteroscopy is usually performed under a general anaesthetic where you will be asleep throughout the operation or spinal anaesthetic where you are numb from the waist down.

**Patient  
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## After the operation

### Pain and mobilisation

You may feel discomfort in the bladder or kidney, or when passing urine after the operation. You should be mobile once the anaesthetic has worn off. You are allowed home once you have recovered from the anaesthetic and are able to pass urine.

### At home

You should arrange for an adult to be with you for the first 24 hours following discharge. If this is not possible, please do make sure that the nursing staff are aware when you are admitted.

### Driving

You should be able to drive 24 to 48 hours after the operation.

### Time off work

You should not require more than a couple of days off work for this operation, unless there are other issues. We can provide a medical note in these circumstances.

## Alternatives

This depends on the reason for the ureteroscopy and will be discussed with you before the operation. The alternatives include X-ray studies or scans, lithotripsy (shock wave treatment for kidney stones), laparoscopic (keyhole) or open operations. Ureteroscopy is usually chosen when it is considered the safest and most effective option.

## Benefits

Ureteroscopy is an endoscopic procedure and therefore we use the normal body passageways. There are no cuts or wounds from this procedure. The benefits of the procedure include diagnosing and treating your condition.

**Patient  
Information****Risks****Blood in urine**

This is usually mild and can be related to the operation or the presence of a stent if placed after surgery.

**Infection**

About 3 in every 100 patients will develop an infection after this operation. We would usually keep you in hospital overnight for observation if we think you are at higher risk. All patients are given antibiotics at the beginning of the operation to avoid this complication. Most infections can be treated with antibiotics at home, but if you become unwell you may need to be admitted to hospital for antibiotic treatment into the vein.

**Failure**

It is not always possible to perform this operation. So it may be decided to carry out the operation on another occasion, or to use an alternative approach.

**Repeat procedure**

A second or even a third attempt with ureteroscopy may sometimes be considered the best approach to a problem, if you have a stone or tumour requiring additional treatment.

**Ureteric injury**

The ureter is a very narrow tube and injury to it is a risk. Injury to the ureter happens in less than 1% of cases but may result in perforation of the ureter. If such an injury is recognised at the time, necessary steps will be taken to remedy the situation, most commonly this will be the insertion of a stent. Rarely this would require open surgery to repair.

**Ureteric stricture and obstruction**

This is uncommon but may be related to a previous stone, laser treatment of a stone or treatment of a tumour in the ureter. This may cause pain or obstruction to your kidney requiring a further procedure or operation.

**Exposure to radiation**

We may need to use X-ray to guide the passage of the ureteroscope or monitor treatment. The risks from the small amount of radiation used are small.

The exposure is equivalent to 2 to 10 months of natural background radiation (depending on the number of X-rays required).

**Patient  
Information****Readmission to hospital**

The rate of readmission is less than 7 in every 100 patients. This is usually due to infection, pain or bladder irritation related to the stent.

**Contact information**

If you have any further questions or problems following your operation, help or advice can be obtained from:

**Urology Assessment Unit – Advanced Nurse Practitioners****Painswick Suite**

Cheltenham General Hospital

Tel: 0300 422 4039 or 07977 021215

Monday to Sunday, 8:00am to 6:00pm

**Chedworth and Kemerton Day Case Wards**

Cheltenham General Hospital

Tel: 0300 422 3588

Tel: 0300 422 3588 4739

Tel: 0300 422 3588 4009

Monday to Friday, 8:00am to 8:00pm

**To contact your consultant's secretary:**

Tel: 0300 422 2222 (when prompted ask for your consultants' secretary)

Monday to Friday, 8:00am to 4:00pm

**Further information****The British Association of Urological Surgeons (BAUS)****patient leaflets:**

Website:

[https://www.baus.org.uk/patients/information\\_leaflets/185/ureteroscopy\\_for\\_stones](https://www.baus.org.uk/patients/information_leaflets/185/ureteroscopy_for_stones)

[https://www.baus.org.uk/patients/information\\_leaflets/186/diagnostic\\_ureteroscopy](https://www.baus.org.uk/patients/information_leaflets/186/diagnostic_ureteroscopy)

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