

Patient information

Ureteric Stent Removal

Nephrology and Renal Transplant Specialities

What is a Stent?

A stent is a fine, hollow, flexible plastic tube which is placed in your ureter, (the tube connecting your kidney to your bladder) during your transplant operation. Stents are designed to stay in place by having both ends coiled. The top end coils in the kidney and the lower end coils in the bladder.

The stent is put in to make sure you do not develop a narrowing or obstruction at the point where the ureter from your transplanted kidney is attached to your own ureter.

Once your ureter is completely healed, usually after about six to eight weeks, the stent needs to be removed. This is because it can lead to an increased risk of urinary tract infections if left in longer than needed.

How is it removed?

This is a relatively quick and straight forward procedure:

An instrument, like a fine telescope called a cystoscope, is passed into your bladder through the tube which connects your bladder to the outside, (the urethra). A small instrument is threaded through the cystoscope which grasps the end of your stent which can then be pulled out.

The procedure is usually carried out under a local anaesthetic in the form of a gel which induces numbness.

Side-effects associated with local anaesthetic include awareness and sometimes pain.

Any special preparations?

You may be asked to come to ward 9A about a week before your procedure for pre-operative assessment. This involves answering some health-related questions and sometimes a physical examination and having swabs taken for MRSA. You may need to have an ECG at this time. If you are not asked to attend for pre-operative assessment, you will have MRSA swabs taken when you are admitted.

You will normally be admitted to the hospital, (usually the day ward), on the morning of the procedure. As mentioned previously, the procedure is usually carried out under local anaesthetic and therefore you can eat and drink as normal before the procedure.

If you have a peritoneal dialysis cannula which also needs to be removed, this will be undertaken at the same time as the stent removal. However, this is carried out under a general anaesthetic and therefore you should not have anything to eat or drink before the procedure. You will be informed how long you need to stop food and drink for before your admission at your pre-operative assessment.

If you take and “blood thinning” drugs, such as Warfarin, Aspirin, Clexane etc, you should discuss this at you pre-operative assessment as some of these drugs may need to be stopped before the procedure. Bring all your medication with you to the hospital.

A nurse will check your temperature, pulse and blood pressure and may take some blood samples. You will need to shower in a special antiseptic soap and wear a hospital gown and identification band. A doctor will speak to you about the procedure and ask you to sign a consent form.

Possible risks

There are usually very few risks with this procedure.

You may experience discomfort at the time of the procedure, lasting up to 72 hours. If so, you should take your normal pain relief, e.g. Paracetamol.

You may notice blood in your urine for the first 24 hours. You will need to drink plenty of fluids on the day of the procedure i.e. at least three to four extra glasses of water.

There is a slight risk of developing an infection. If within 48 hours you experience:

- Pain in the kidney area.
- High temperature.
- Generalised aches and shivers.

If you experience any of the above symptoms you must contact the transplant team via the hospital switchboard as you may require intravenous antibiotic therapy.

After the procedure

You will return to the ward and have your temperature, pulse and blood pressure checked. You will usually be able to go home the same day once you have passed urine which is free from blood staining.

If you live a long distance from the hospital e.g. North Wales, you may have to stay in hospital overnight. If you have heavily blood stained urine your doctor may want to keep you in hospital until this has cleared.

You may suffer from a little discomfort or tenderness once the anaesthetic gel has worn off. Any pain is usually well controlled with a simple analgesic such as Paracetamol.

Anything I should look out for?

If you have any difficulty passing urine or notice you are passing a lot less urine than usual after the procedure, you should contact the Transplant Unit. Similarly if you feel unwell, have lower abdominal pains and/or a high temperature or have worsening or persistent blood staining in your urine, you should contact the Transplant Unit.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you have any further questions, or require further information, please contact:

Royal Liverpool University Hospital:

Tel: 0151 706 2000

Text phone number: 18001 0151 706 2000

Transplant Unit – Ward 9A

Tel: 0151 706 2395

Text phone number: 18001 0151 706 2395

Day ward – 11Z

Tel: 0151 706 2547

Text phone number: 18001 0151 706 2547

www.library.nhs.uk/kidney

www.bui.ac.uk/patientinformation/uretericstent

Author: Nephrology and Renal Transplant Specialities

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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