

## Patient information

# Ureteroscopy

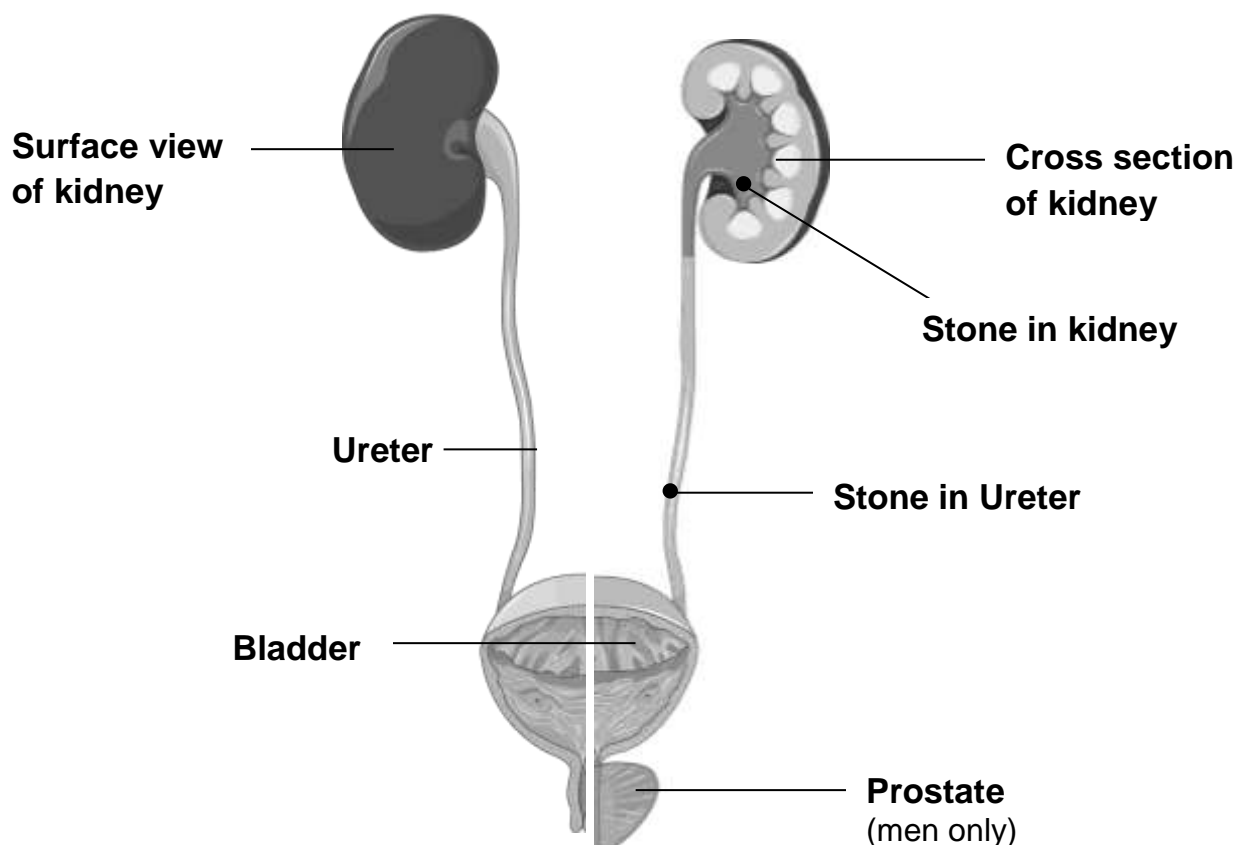
Urology Department

Your surgeon has advised you to have a Ureteroscopic fragmentation/removal of your kidney or ureteric stone. This leaflet explains what to expect from the procedure.

### What is a ureteroscopy?

This procedure looks into the upper part of the urinary tract using a specialised telescope. The surgeon passes the scope through the urethra (water pipe), bladder and ureter (the tube connecting your bladder and kidney). This allows them to see any abnormalities or stones within the upper urinary tract.

### The urinary tract



## **What sort of anaesthetic will be given to me?**

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the **leaflet “You and Your Anaesthetic” (PIF 344)**.

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

**If you are worried about any of these risks, please speak to your Consultant or a member of their team.**

## **What happens during the operation?**

The surgeon uses a flexible, semi-rigid or uretero-roscope to find the stones in the kidney and/or ureter. The stones are fragmented into tiny pieces using laser energy and larger fragments may be extracted using a basket.

The tiny remaining fragments should wash out in your urine in the days following the procedure.

**X-ray screening is used during the operation and you should notify the surgeon if you think that there is any chance that you might be pregnant.**

Sometimes the ureter can swell after the procedure and the surgeon will place an internal stent (a specially designed hollow plastic tube that sits in the kidney and extends down the ureter to the bladder, allowing the kidney to drain) (For more information, see PIF 1217 (Ureteric Stent)). This will be removed by a further procedure at a later date.



Left: Rigid cystoscope

Right: semi rigid ureteroscope

### **What are the benefits of having ureteroscopy?**

The purpose of the procedure is to remove the stone and diagnose any other problem in the upper urinary tract. The procedure has a high success rate at treating small to medium sized stones.

### **What are the risks of having ureteroscopy?**

#### **Common risks include (greater than one in ten)**

- Burning or bleeding on passing urine for a short while after the procedure.
- Pain in your side after the procedure- this is usually temporary.
- Insertion of a ureteric stent – the ureteric stent can cause irritation and discomfort which sometimes doesn't settle until it is removed.

#### **Occasional risks include (between one in ten and one in fifty)**

- Failure to pass the telescope if the ureter is narrow: – this might be dealt with by inserting a stent and returning at a later date when the ureter has dilated.
- Inability to reach or access the stone due to the position and kidney anatomy.
- Temporary reduction in the function of the kidney.
- Incomplete fragmentation of the stone or failure for all the fragments to wash out.
- Infection that requires antibiotic treatment and delaying hospital discharge.

#### **Rare risks include (less than one in fifty)**

- Temporary insertion of urinary catheter.
- Scarring or a stricture forming in the ureter or urethra that would require further procedures.
- Rarely, what appears to be a kidney stone on X-ray turns out to be a calcification within the meat of the kidney which is not treatable.

## **Extremely rare (less than one in two hundred and fifty)**

- Severe damage to ureter resulting in an open operation to repair it or insertion of a tube to drain the kidney through your back (nephrostomy).

## **Are there any alternatives available?**

There are alternatives such as Shockwave Lithotripsy, observation or Percutaneous Nephrolithomy your consultant will be able to discuss all of the options with you.

## **What will happen if I decide not to have treatment?**

Small stones may over time be monitored. Stones may grow or move and may cause pain, infection or obstruction and loss of kidney function.

## **Further Appointments**

If a stent is inserted you will receive an appointment to have it removed either under local or general anaesthetic.

- General anaesthetic is used only when re-stenting following further Uretero-rensoscopy or if you need permanent stents.
- The permanent stents are usually replaced within a six to nine month time scale as long as you have a need for them.
- You will also be reviewed in the outpatient clinic.

## **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**

**For general queries telephone the Urology Centre on**

**Tel: 0151 282 6809**

**Text phone number: 18001 0151 282 6809**

**Sister Pat Kelly**

**Stone Nurse Practitioner**

**Tel: 0151 282 6804**

**Text phone number: 18001 0151 282 6804**

**Bleep 5026 via Royal Liverpool Hospital Switchboard Tel: 0151 706 2000**

**For clinical questions specific to your case, telephone the secretary of your Urology Consultant.**

**Mr Calvert's Secretary**

**Tel: 0151 282 6866**

**Text phone number: 18001 0151 282 6866**

**Mr Lynch's Secretary**

**Tel: 0151 706 3592**

**Text phone number: 18001 0151 706 3592**

**Visit the British Association of Urological Surgeons website at [www.baus.org.uk/patients](http://www.baus.org.uk/patients)**

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