

HALTON UROLOGY

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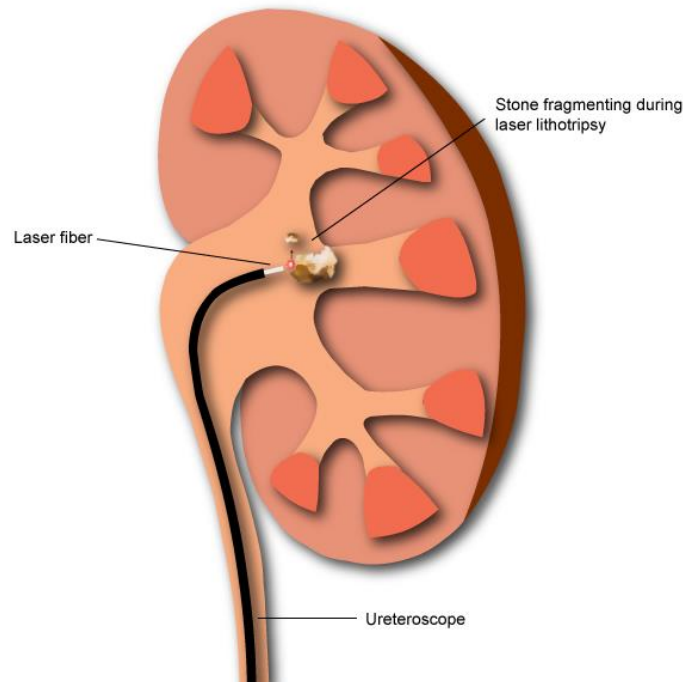
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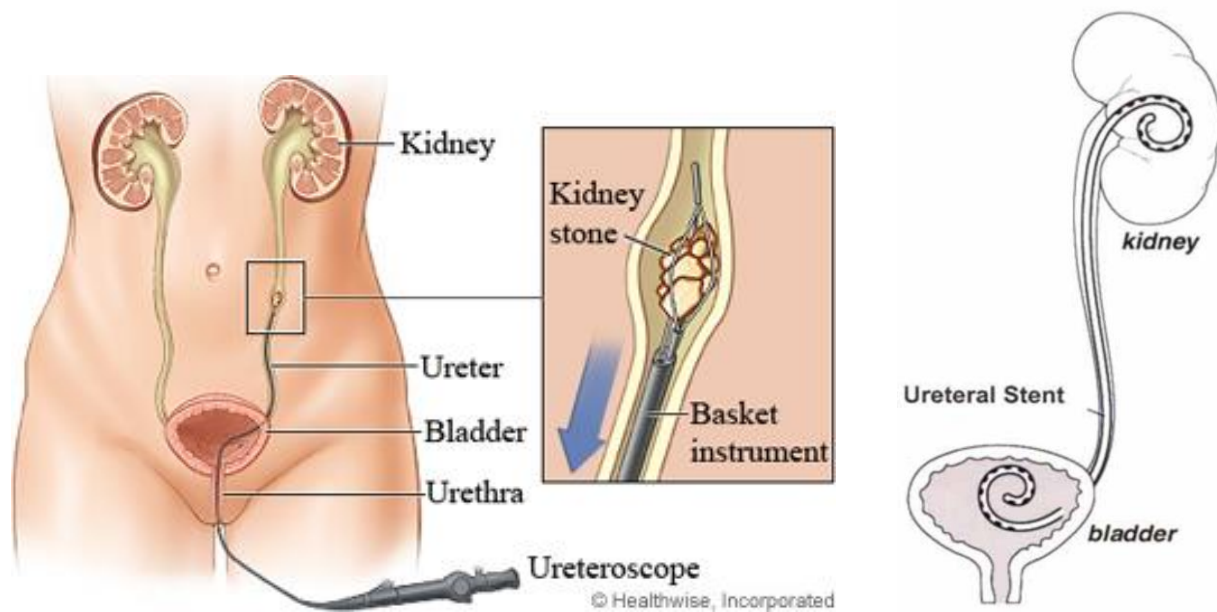
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Discharge Instructions for Ureteroscopy, Laser lithotripsy and Stent insertion

Ureteroscopy is a procedure where a scope is passed through the urethra and bladder and into the ureter (the tubes that carry urine from the kidneys to the bladder) to the point where the stone is located. A small laser fiber is then used to break the stone into small pieces that are then extracted or flushed out. In most cases, to ensure that the kidney drains urine well after surgery, a ureteral stent is left in place.



Ureteroscopy can also be performed for stones located within the kidney. Similar to ureteral stones, kidney stones can be fragmented and removed with baskets. Occasionally, a kidney stone will fragment with a laser into very small pieces (grains of sand), too small to be basketed. A stent is usually left in place to allow these pieces to clear over time.



Ureteral Stenting: A ureteric stent is a thin, hollow, plastic tube that is used temporarily to keep the ureter open and facilitates drainage of urine down to the bladder until it heals. It also allows the urine to drain and any small stone fragments to pass freely.

A string or tether may be left on the stent that will be taped to the penis in men or groin in women. This tether will allow me to remove the stent in my office approximately 7-10 days after the procedure. Please be careful not to pull on the string. The removal of the stent in my office is a painless procedure. If you dislodge the string or stent by pulling on the string, this may cause you to have pain or you may start to leak urine.

If there is no string, the stent will need to be removed at the hospital with a scope (cystoscopy). This will normally be done sometime within 2-6 weeks after your stone surgery. The timing of the stent removal is dependent on the specifics of your stone surgery. It is critical that you return to have the stent removed because a prolonged stent can result in encrustation by stone debris, infection, and obstruction of the kidney.

Activity: You may begin driving once you are off all narcotic pain medication. Most patients are able to perform normal, daily activities within 5-7 days after ureteroscopy. However, many patients describe more fatigue and discomfort with a ureteral stent in the bladder. This may limit the amount of activities that you can perform. You can expect to return to work in approximately one week.

Antibiotics: You received antibiotics through the intravenous (IV) before your procedure to minimize the risk of a urinary tract infection. Sometimes you may also be given antibiotics to take after the procedure for 7-10 days. Please make sure you take your antibiotics daily if prescribed.

Bathing/Showering: You can shower daily after your ureteroscopy. If you have a string on the stent, please be careful when showering not to dislodge or pull on the string. Do not take tub baths until the stent has been removed.

Blood in the urine (hematuria): Expect blood in the urine with urination. With time and hydration, the urine should slowly turn from a watermelon red color to pink to clear. The discoloration of the urine is secondary to the irritation of the tissues from ureteroscopy as well as from the stent.

Constipation/Gas Cramps: You may experience sluggish bowels for several days following your ureteroscopy as a result of the anesthesia. Suppositories and stool softeners are usually given to help with this problem. Narcotic pain medication can also cause constipation and therefore patients are encouraged to discontinue any narcotic pain medication as soon after surgery as tolerated.

Diet: Resume your regular diet as tolerated.

Pain and Stent Colic: Most patients after ureteroscopy experience mild to moderate pain in the flank and/or bladder area as well as strong urges to void, which is caused by the stent. You may also experience pain in your flank or bladder/urethra during urination. These symptoms often improve over time. The pain is highly variable and will resolve almost immediately after the stent is removed.

These symptoms are generally well controlled by using the prescribed pain medications. You will typically have a pain prescription for a narcotic (i.e. dilaudid or Tylenol #3) and an anti-inflammatory (i.e. toradol or naproxen). You can take them as needed and alternate the two medications. As you get further out from your surgery, you may take Tylenol, Extra Strength Tylenol or other anti-inflammatories, as the narcotics may cause constipation and sedation.

Sexual activity: If you have a stent with a string, do not engage in any sexual activity until the stent is removed as it may dislodge the stent. If you have a stent without a string or if you do not have a stent, you can resume sexual activity if you have no further discomfort.

Follow-up Appointment: My office will contact you with a follow-up appointment time and date.

When to Seek Medical Attention:

- Chills or fever over 38 degrees C (101 degrees F)
- Severe flank pain or abdominal that is not relieved by pain medication
- Incontinence (leaking of urine)
- Inability to urinate

For Urgent or Emergent situations, please call my office at 905-875-3920 during office hours (9:00am-5:00pm) or outside these hours, please go to your nearest Emergency Department.

**Updated Sept 2019*