

## **Edith Cavell Hospital Department of Urology**



### **Ureteroscopy and The treatment of Stones (Telescopic treatment of Stones located in the ureter)**

#### **What is the problem?**

You will have had either an Ultrasound, IVU, or CT scan which has shown a stone in the ureter which needs further treatment.

#### **What does the operation consist of?**

Under a General Anaesthetic your doctor will gently pass a telescope known as a ureteroscope into the ureter. If the stone is reached easily then it will either be withdrawn whole from the ureter in a special basket, or broken with a device known as a lithoclast and the fragments removed.

- On some occasions it may not be possible to reach as far up with the telescope as is needed. If this happens then your doctor will probably opt to insert a plastic tube known as a stent. The stent will do two things: It will unblock the ureter to allow urine to pass into the bladder, and will also make the ureter become wider. Your Doctor will need to repeat the ureteroscopy after a few weeks but because of the stent there is more likelihood of a successful outcome the second time around
- If the stone can be reached then your doctor will attempt to break up the stone as mentioned above. On some occasions the stone cannot all be removed in one go, and your doctor will therefore insert a stent (as above) and have another go when things have settled down a few weeks later.

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

If a stone in the ureter is less than 4mm in diameter then there is a 90% chance of it passing on its own without interference. For stones like these we would watch and wait for two weeks. If the stone does not pass spontaneously then ureteroscopy would be required.

Larger stones are less likely to pass; a stone of 4-6mm diameter has a 50% chance of spontaneous passage and a stone larger than 6mm diameter only a 10% chance of passing by itself. Watchful waiting is less desirable for such stones and we would opt to operate sooner.

Lithotripsy (ESWL, see information sheet) is theoretically possible but takes longer in most instances to clear the stone. Peterborough Hospitals does not have a permanent lithotripter on site and therefore this option is less desirable.

For very large stones, or for stones where ureteroscopy has failed to work, the ureter may need to be opened up with an operation – Please see the leaflet entitled “Open Ureterolithotomy”

### **What happens before the operation?**

You may be requested to attend the ward before your admission date to have blood tests and examinations performed to ensure you are fit for the operation. On admission to the ward you will be welcomed and shown to your bed. You should plan to be in hospital for approximately 2-3 days. The nursing staff will discuss your discharge with you.

You will be seen by the House Officer and Surgeon who will explain the operation to you and ask you to sign the consent for surgery. If you are unsure about any aspect of the operation, please ask for more details from the medical or nursing staff. You will be advised of the approximate time of your operation.

You will be seen by an anaesthetist who will discuss the type of anaesthetic you will be given. They will be interested in chest troubles, dental treatment and any previous anaesthetics you have had. The anaesthetist will discuss with you the different types of pain.

The physiotherapist will visit you and show you exercises to help clear your chest after the operation. You should try to avoid smoking as this increases your risk of a chest infection, which will delay your discharge.

You can have your usual diet until approximately 6 hours before the operation. This will let your stomach empty to prevent vomiting. You will be advised on what time to stop drinking fluids.

You may be given a sedative about one hour before the operation to help relax you; if so you will be taken to theatre on a trolley. If no sedation has been prescribed, you may choose to walk to theatre, accompanied by a nurse. You will be asked to wear a cotton gown and remove all jewellery. You will be asked to wear elastic stockings to prevent blood clots and aid circulation. Your details will be checked before your anaesthetic begins

## **What happens after the operation?**

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed. You may experience some sickness for up to 24 hours after the operation, but you will be given some anti sickness medication. You will have an intravenous drip containing a salt solution or blood until you are eating and drinking normally.

You may have a tube called a catheter draining the urine from your bladder.

You will be encouraged to start drinking at the earliest opportunity, as long as you are not feeling sick. The intravenous drip will be removed once you are drinking normally.

## **Warning after a General anaesthetic**

The drugs we give you will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite all right. Therefore **do not make any important decisions** at this time.

It is quite normal for your bowels not to open for a day or so after the operation. If you have not opened your bowels after 2 days or you feel uncomfortable, ask the nursing staff for advice.

## **After you leave hospital.**

You are likely to feel very tired and need to rest 2 - 3 times a day for up to a week.

## **Driving**

You must not drive for 48 hours after a general anaesthetic.

## **Sexual intercourse**

You may restart sexual relations straight away.

## **Work**

Please discuss this with the nursing or medical staff.

## **Complications**

Complications are unusual but are rapidly recognised and dealt with. If you think that all is not well, please tell the team straightaway.

Chest infections may arise, particularly if you are a smoker. Co-operation with the physiotherapist to clear the air passages is important in preventing the condition. You should try not to smoke before or after surgery.

## **Any questions?**

This leaflet has been written by the nursing and medical staff who work in the Urology Unit.

If you have any questions, jot them down here and ask the nursing or medical staff for answers.

**Urology Department , Ward 11 - Telephone (01733) 875311**

**Please do not hesitate to ask the nursing staff**

If you have any further questions

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