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# TREATMENT OF URETERIC & KIDNEY STONES (URETEROSCOPY / PYELOSCOPY)

*Providing Specialist Care in South Australia & Northern Territory*

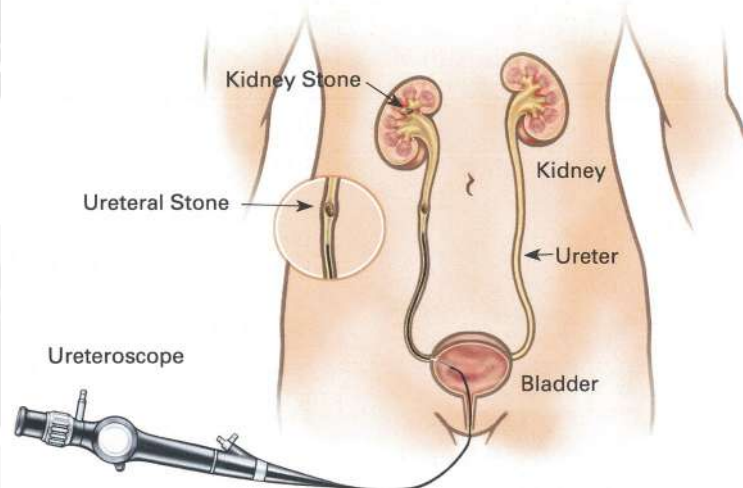
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## **Indications**

A Ureteroscopy or Ureteropyeloscopy is indicated for the following reasons:

- *Treatment of stones in the ureter or kidney*
- *Assessment of bleeding*
- *Assessment of pain*



## **About the procedure**

In order to undergo a Ureteroscopy, a Cystoscopy needs to be performed.

A Cystoscopy is a procedure where a telescope is used to inspect the urethra (water-pipe), the prostate (in men) and the bladder. A very clear and magnified view can be achieved.

A Ureteroscopy or Ureteropyeloscopy is a procedure where a very narrow telescope is inserted into the ureter (the tube that drains urine from the kidney down to the bladder).

Once the stone is found, it can then either be removed whole or broken into smaller fragments usually with a laser fibre. Stones or stone fragments are then removed with a very fine basket.

Ureteroscopy can lead to temporary swelling of the ureter. This can lead to similar types of pain as having a kidney stone (renal colic). So after the Ureteroscopy is completed, a ureteric stent is almost always inserted. This is a small plastic tube that helps to reduce pain and maintain urinary drainage after the procedure. Imaging is required to place the stent with radiological dye injected via a small tube into the ureter.

This can be done as a day procedure, but an overnight stay may also be advised.

## **Complications**

- *The chance of an infection is <5%*
- *Significant bleeding is extremely unlikely as is a blood transfusion*
- *An injury to the ureter is a risk, however, a very small one of <1%*

This is generally a very safe procedure.

## **PREPARATION FOR YOUR PROCEDURE**

### **Sedation/General Anaesthetic**

We will provide you with instructions regarding all aspects of preparing for your operation.

- *Pre-operative blood and urine tests.*
- *Details of admission to hospital.*
- *Information regarding fasting and medications.*

*Please advise us of any known allergies to medications or contrast dyes used in some x-rays.*

### **What to expect afterwards**

It is common to have some side effects with a ureteric stent. You may experience discomfort or pain in the bladder and kidney (flank) area — but sometimes in other areas such as the groin, urethra and genitals. This discomfort or pain may be more noticeable after physical activities and after passing urine. Bending from the abdomen is often worse.

There might also be an increase in frequency of passing urine, the need to rush and pass urine urgently, a sensation of incomplete emptying of the bladder, or burning/stinging when passing urine. You may also experience a small amount of blood in the urine. This is quite common and the situation can improve with greater fluid intake. Do not drink excessively. Aim to keep your urine a pale yellow or straw colour.

If you find your urinary symptoms are not improving, or become worse, then you could have an infection. You can contact our office or see your GP to organise a urine test.

However, if any of the following symptoms occur then immediately contact our office, your GP or present to a hospital emergency department for assessment;

- *Excessive bleeding or blood clots in the urine making it difficult to urinate*
- *If you develop a high temperature or begin having flu-like symptoms*
- *Begin vomiting or have ongoing sharp pains that do not respond to pain relief*

You should be able to recommence most of your usual activities shortly after surgery. Please avoid heavy lifting or straining. Sexual activity can be recommenced once the bleeding settles.

### **After Discharge from Hospital**

You should try to drink about 2L of fluids, mainly water, each day the stent remains in place. This will help to cut down the risk of getting an infection and will reduce the amount of blood in your urine. You can take some pain relief (Panadol and Nurofen) on a regular basis. You may want to try some Ural sachets (available from the chemist) 2-3 per day if needed.

## **Driving**

**You should not drive for at least 24 hours after having sedation / general anaesthetic**  
(or as instructed by your Urologist)

Patients who are travelling outside the metropolitan area are required to check when they are able to travel, and will be required to stay in the metropolitan area for 24 hours (or as instructed by your Urologist).

## **Emergency Contacts**

In the event of an emergency, please call our office within business hours. If assistance is required out of hours, please call our On-Call Urologist via our Tennyson office OR present to your nearest Emergency Department.

### **Ashford Hospital**

55 Anzac Highway, Ashford SA 5035                      8375 5205                      Until 10:00 PM

### **Wakefield Hospital**

300 Wakefield Street, Adelaide SA 5000                      8405 3440                      24 Hours

### **Royal Darwin Hospital**

Rocklands Drive, Tiwi NT 0810                      8922 8888                      24 Hours

\*\*For patient's outside the Metropolitan area, please present to your nearest hospital emergency department.

## **Follow up**

A follow up appointment will be planned by your Urologist as required. If you have a stent in place, then arrangements will be made for this to be removed.

If you have any concerns after your procedure, then please contact our office and speak to one of our practice nurses.

*The content provided within this document is intended as a guide only and does not apply to all patients. Additional information, including patient specific potential risks, must be obtained during consultation with your Urologist.*