

UR13Ureteroscopy

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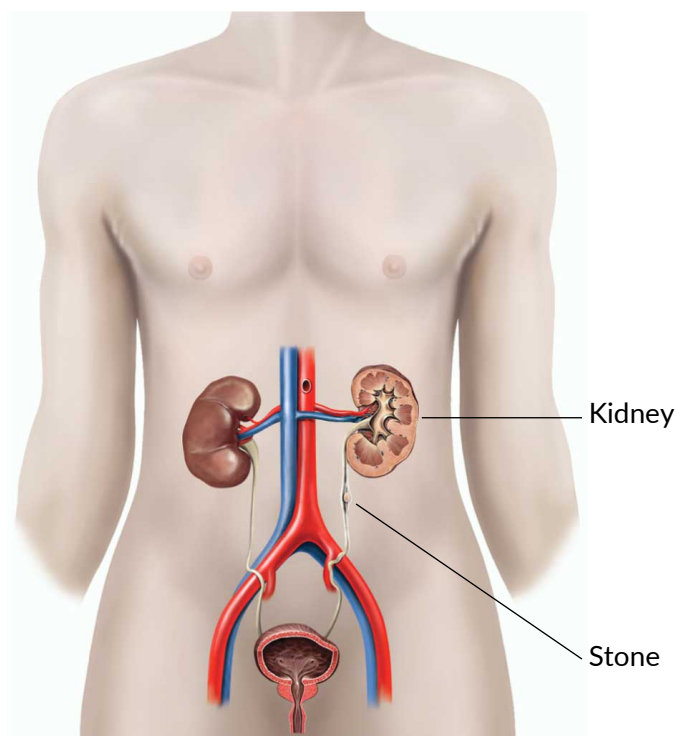
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What is a ureteroscopy?

A ureteroscopy is an operation to treat stones in your kidneys and ureters (tubes that carry urine from your kidneys to your bladder). A ureteroscopy can also be performed to help diagnose problems in your kidneys and ureters such as a blockage or a tumour.

Your doctor has suggested a ureteroscopy. However, it is your decision to go ahead with the operation or not.



A stone in the ureter

This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your doctor or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What problems can a stone cause?

Most people have two kidneys, which make urine by filtering waste and excess fluid from your bloodstream. Urine normally drains from your

kidneys into your bladder through small muscular tubes (ureters).

Stones are common and usually do not cause any problems. Most kidney stones are small and stay in your kidneys without blocking the flow of urine. If a stone dislodges and passes down a ureter it can cause severe pain.

Sometimes a stone blocks your ureter, causing urine to build up in your kidney, increasing the risk of your kidney being damaged. A blocked ureter can cause a serious kidney infection. If both your ureters are blocked, or you have only one kidney that is working, you can develop kidney failure.

Kidney failure causes major life-threatening problems because waste will not be removed from your bloodstream. Your kidneys will not be able to carry out vital functions such as regulating your blood pressure.

What are the benefits of surgery?

You should get relief from pain, and have less risk of infection or your kidney being damaged.

If your doctor is performing a ureteroscopy to help diagnose problems in your ureter or kidney, they may perform a biopsy (removing small pieces of tissue), or they may be able to treat the problem using the ureteroscope.

Are there any alternatives to a ureteroscopy?

Sometimes it is possible to pass a stone naturally in your urine. This involves drinking around 3 litres of water a day and taking painkillers. Your doctor will assess if it is possible for you to pass a stone naturally. Treatment is usually recommended only if the stone is too large, or there is a risk of infection or your kidney being damaged.

An extracorporeal lithotripsy uses a device to pass energy through your skin to divide the stones into smaller fragments which are easier for you to pass. However, a lithotripsy may not be suitable for treating your stones.

It is possible to have open surgery which involves a cut on your side but there is a higher risk of complications.

What will happen if I decide not to have the operation?

If you have a stone that is blocking a ureter, it is likely that your ureter will stay blocked and your kidney will become permanently damaged. The risk is higher if your kidney is already infected.

If your doctor is concerned that you may have a problem in your ureters or kidneys, they may not be able to confirm what the problem is.

If you decide not to have a ureteroscopy, you should discuss this carefully with your doctor.

What does the operation involve?

If you are female, the healthcare team may ask you to have a pregnancy test as some procedures involve x-rays or medications that can be harmful to unborn babies. Sometimes the test does not show an early-stage pregnancy so let the healthcare team know if you could be pregnant.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general or spinal anaesthetic. Your anaesthetist will discuss the options with you. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about an hour.

Your surgeon will use x-rays to guide them while they perform your ureteroscopy.

Your surgeon will pass a rigid or flexible telescope (cystoscope) into your urethra (tube that carries urine from your bladder). They will use the cystoscope to check for any problems in your bladder.

Your surgeon will pass a guidewire (thin flexible wire) down the cystoscope, into your bladder and then into the opening of your ureter. They will remove the cystoscope and, using the guidewire, will insert the ureteroscope into your ureter.

Your surgeon will use the ureteroscope to find the stone. They will often use a laser to break the stone into smaller pieces. Your surgeon will either leave the pieces to pass naturally or remove the stones using the ureteroscope. Sometimes they will insert

a stent (tube) in your ureter to keep it open while it heals.

Your surgeon may place a catheter (tube) in your bladder to help you to pass urine.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding after the operation. Usually there is little bleeding but you may notice traces of blood in your urine for a few weeks. If you continue to pass blood clots and blood in your urine, contact your GP.
- Infection. If you need to pass urine often and pass only small amounts with a great deal of discomfort, you may have an infection. If your symptoms continue to get worse, or if you feel sick or get a high temperature, contact your GP. You may need treatment with antibiotics.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Failure of the procedure, if there are technical difficulties inserting the ureteroscope into your ureter or if your surgeon cannot find a stone. Your surgeon will use the cystoscope to insert a stent in your ureter to help prevent your kidney from being damaged.
- Damage to your ureter (risk: 2 in 100). Sometimes small holes can be made. Your surgeon will insert a stent in your ureter and the holes usually heal over time. If the damage is severe and your surgeon cannot repair your ureter, they may need to remove your kidney. This is very rare.
- Narrowing of your ureter, due to scar tissue caused by the stone or damage caused by the ureteroscope (risk: 1 in 100). If the narrowing is severe or your ureter blocks, you may need another operation to treat the narrowing.
- Blocking of your ureter caused by a piece from a stone shattered by a laser (risk: 3 in 100). You may need another operation to treat the stone, or a procedure to drain urine from your kidney.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. However, you can sometimes get severe pain which is usually controlled with strong painkillers. You may get kidney pain if a stone was treated but this usually settles over a few days. If you have a stent, you may get some soreness and bladder irritation until the stent is removed.

How soon will I recover?

In hospital

After the procedure you will be transferred to the recovery area where you can rest. If you are given strong painkillers, drink plenty of fluid and increase the amount of fibre in your diet to avoid constipation.

You should be able to go home the same day, after you have recovered from the anaesthetic and passed urine. However, your doctor may recommend that you stay a little longer.

Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes

cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and

- do not sign legal documents or drink alcohol for at least 24 hours.

You may feel a little stinging the first few times you pass urine. Drink up to 3 litres of water a day to help you to pass urine and any pieces of shattered stones more easily.

Do not do strenuous exercise for at least 2 days. You should be able to return to work after about a week.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

If you have a stent, your surgeon will usually be able to remove it after a few days but it may need to stay in place for a few weeks. The procedure is usually performed under a local anaesthetic using a flexible cystoscope although you may need a general or spinal anaesthetic with a rigid cystoscope. You will usually have another x-ray to confirm that the stone has been treated and that your kidneys are working normally.

If the stent is not removed within 6 months, contact the healthcare team. Any longer than 6 months and the stent will be difficult to remove.

If your ureteroscopy was performed to help diagnose a problem, the healthcare team will tell you what was found and discuss with you any treatment or follow-up you need. Results from biopsies will not be available for a few days so the healthcare team may arrange for you to come back to the clinic for these results.

Summary

A stone in a kidney or ureter can cause severe pain, infection and kidney damage. A ureteroscopy should treat a stone and help to find out if you have any problems in your kidneys and ureters.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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