

PATIENT INFORMATION

Ureteric Stent

A ureteric stent is a hollow tube made of flexible plastic, this is placed in the ureter (the tube between the kidney and the bladder), to enable free drainage of the kidney. The stent is commonly used after surgery on the ureter, for a short time; following laser fragmentation of stones. It is also used to preserve kidney drainage when there is a blockage of the ureter; resulting in the need for regular changes of the stent.



The average length of a stent is between 24-30cms. One end sits in the pelvis of the kidney and the other is in the bladder. Some stents have strings attached for simple removal.

The coil at each end of the stent lessens the risk of the stent falling out or moving.

Living with a Ureteric Stent

Many patients cope well with a stent in place; however some people do experience the following symptoms

- The need to rush to pass urine- urgency
- Needing to pass urine more often- frequency
- Feeling of having a urinary tract infection
- Passing blood in the urine
- Feeling of incomplete emptying
- Occasionally for some, there can be a degree of incontinence, uncommon.
- Pain in the bladder/loin

These symptoms usually settle down quickly on removal of the stent. There are medications that can be prescribed to alleviate the symptoms. Simple painkillers e.g.: Paracetamol can have some effect. Contact your GP who can prescribe medicines to alleviate the irritation caused by the stent within your bladder and help to relax your bladder.

It is important to maintain a good oral fluid intake, approx. 4 pints of fluid daily; ideally the majority of the volume should be water.

Can I continue with normal day to day activities?

Most people continue as normal, they are able to work and continue normal daily activities. However if you are experiencing symptoms this can restrict you, see above re medication to help. You are able to drive, exercise, however heavy physical activity can make symptoms worse and cause some bleeding.

When do I need to ask for help?

- Severe pain associated with the stent. Contact your GP who may be able to prescribe medications to relax your bladder.
- Fevers, shakes, high temperature. This may be the sign of a urinary tract infection- contact your GP urgently.
- The stent 'falls out'- contact Urology Nurses.
- If the amount of blood in your urine increases- contact your GP as may be the first sign of a urinary tract infection or contact the Urology Nurses.

How is the stent removed?

There are two types of stents, one with string attached and one without. The stent with strings are removed in the Outpatient Dept. You will be seen in the clinic room, asked to lower your clothing from the waist down, lie on a couch and the strings will be pulled to remove the stent. It is a strange sensation; it shouldn't be painful, more uncomfortable and only lasting 5-10 seconds. You will then dress and leave the department, with a plan in place for follow up.

The stent without a string is removed via a flexible cystoscope. You will be seen in the clinic room, asked to pull down lower clothing, lie on a couch, we will then clean around your water pipe opening with saline, insert some anaesthetic jelly via a syringe (no needle). The narrow flexible camera will be inserted and down the centre of the camera we will pass a small grasping tool. Under direct vision we will see the stent inside your bladder, attach the grasper and remove scope and stent at the same time. There should be only mild discomfort and stent symptoms are usually instantly resolved. This also an outpatient procedure and you are able to go home straight away.

Complications

Stent encrustation or migration is not a common problem. If stents are left in for a few months there is a risk of encrustation on the outside of the stent; however, stents can remain in place for 12 months.

Migration is when a stent moves from the position it was placed. If the stent 'falls out' please contact your Consultant urgently or the Urology Nurses.

