

Cystoscopy and Stent Procedure

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What is the evidence base for this information?

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

This procedure involves telescopic inspection of the bladder and urethra combined with insertion, removal or changing of a soft plastic tube placed between the kidney and the bladder. The procedure is usually performed under x-ray control.

What are the alternatives to this procedure?

Observation, placement of a tube directly into the kidney through the back (nephrostomy), open surgical treatment.

What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix)
- A previous or current MRSA infection
- A high risk of variant – CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

A telescope is inserted through the water pipe (urethra) to inspect both the urethra itself and the whole lining of the bladder. A stent is then inserted into the ureter, using the telescope, under x-ray guidance.

What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- Ask if what was planned to be done was achieved
- Let the medical staff know if you are in any discomfort
- Ask what you can and cannot do
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team

Ensure that you are clear about what has been done and what is the next move

You will normally be allowed home once you have passed urine satisfactorily. If a catheter is left in place, this will normally be removed within 24 hours and you will be discharged once you have passed urine satisfactorily.

The average hospital stay is 1 days.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for short period after operation
- Temporary insertion of a catheter
- Temporary discomfort from tube causing pain, frequency and occasional blood in urine
- Further procedure to remove stent if inserted

Occasional (between 1 in 10 and 1 in 50)

- Infection of bladder requiring antibiotics
- Occasionally we cannot pass the stent requiring alternative treatment

Permission for telescopic removal/biopsy of bladder abnormality/stone if found

Rare (less than 1 in 50)

- Delayed bleeding requiring removal of clots or further surgery

Injury to the urethra causing delayed scar formation

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.2% - 1 in 500)

MRSA bloodstream infection (0.08% - 1 in 1250)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- Be given advice about your recovery at home
- Ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- Ask for a contact number if you have any concerns once you return home
- Ask when your follow-up will be and who will do this (the hospital or your GP)

Ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed.

When you leave hospital, you will be given a "draft" discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see the details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

When you get home, you should drink twice as much fluid as you would normally for the next 24-48 hours to flush your system through. You may find that, when you first pass urine, it stings or burns slightly and it may be lightly blood stained. In approximately 60% of patients some discomfort, similar to cystitis, persists until the stent is removed. Simple painkillers will usually help but there is nothing to be gained from treatment with antibiotics unless there is a proven urinary infection. Occasionally, this pain can be severe enough to merit early removal of the stent.

What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

Are there any other important points?

A follow-up appointment will be arranged before your discharge from hospital and may involve an outpatient clinic appointment, arrangements for you to have your stent removed at a later date or further treatment (e.g. lithotripsy). If you have any concerns about the timing of further treatment, please discuss this with your named nurse or Consultant.

Stents do not normally need to remain in place for more than 6 weeks, in certain circumstances they can stay in place for up to 6 months. Please let us know if you have not heard from us about removing your stent within 6 weeks or so of your discharge.

A specific information sheet on what to expect with a ureteric stent is available from the ward or from the Specialist Nurse there is also aftercare information sheet available

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Who can I contact if I have a problem when I get home?

If you experience any problems related to your surgery or admission once you have been discharged home. Please feel free to contact 4A or 4B ward for advice from the nurse in charge. They will assist you via the telephone, advise you return to your GP or ask you to make your way to the ED department at Whiston Hospital depending upon the nature of your concern.

4A Ward – 0151 430 1420

4B Ward (Monday to Friday only) – 0151 430 1440

Who can I contact for more help or information?

[Best Health](#) (prepared by the British Medical Association)

[NHS Clinical Knowledge Summaries](#) (formerly known as Prodigy)

[NHS Direct](#)

[Patient UK](#)

[Royal College of Anaesthetists](#) (for information about anaesthetics)

[Royal College of Surgeons](#) (patient information section)

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