

¹British Association of Urology (BAUS) website. Accessed on 07/09/2015

<http://www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/Nephrostomy.pdf>

Students

There may be students present during your consultation as part of their on-going training. Please let the staff know if you wish to be seen by a doctor only.

4A Ward – 0151 430 1420

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

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshall Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

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Supra Pubic Catheter

Aftercare Advice

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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Consultant

- ◆ You have just had a ureteric stent (soft plastic tube placed between your kidney and bladder) inserted by your doctor.
- ◆ When you get home it is important to drink twice as much as you normally would for the first 24-48hrs to flush your system through
- ◆ It is common to experience the desire to pass urine more frequently than usual, to have a mild burning sensation while passing urine, lower abdominal / loin discomfort, or blood in your urine for a short period following this procedure.
- ◆ Simple pain killers and plenty of fluids are often sufficient to relieve stent related discomfort but 60% of patients may continue to have these symptoms till the stent is removed
- ◆ Only a small number of patients will occasionally require antibiotics to treat any proven associated urinary tract infection
- ◆ In rare cases severe symptoms may require stent removal.
- ◆ Please contact your GP if you notice excessive bleeding, passage of blood clots, fever, severe pain or inability to pass urine.
- ◆ Before leaving the hospital it is important that you know when your doctor plans to remove or replace your ureteric stent.
- ◆ Please contact your Consultant's secretary if you have not heard from the department after the proposed period for stent removal or replacement.

Date of stent insertion: _____

Date for removal
(by patient / in hospital) / exchange of stent _____

Emergency contact number: _____

Notes
