Ureteroscopy – what to expect

Introduction
The urinary system is made up of the kidneys, ureter (tube linking the kidney and bladder), bladder and urethra (the tube that urine passes through from the bladder before exiting the body).

A ureteroscopy is a procedure that looks into the ureter and kidney. It involves inserting a special telescope, called a ureteroscope, into the urethra and then passing it through to the bladder and the into the ureter and kidney. The ureteroscope is about the thickness of a pencil and has a tiny camera on one end, so the doctor can see an image of your urinary system on a screen. It is usually used to help make a diagnosis, to see if a treatment has been successful, or to access the kidney or ureter to treat kidney stones.

Will I have anaesthetic?
The examination is usually performed under a general anaesthetic (when you are put to sleep) as a day case procedure (when you are able to go home the same day) or with one overnight stay. You will be given a separate leaflet about your anaesthetic.

Where does the procedure take place?
The procedure takes place in either Elmstead Day Unit or Main Theatres, both Colchester General Hospital, where you will be admitted via the Elective Care Centre. You will be informed of this either at your pre-admission appointment or by letter.

Why do I need ureteroscopy?
You have been advised to have ureteroscopy to try to find the cause of your symptoms. Sometimes this will be clear from x-rays or tests of your blood or urine, but often the only way your doctor can be sure what is going on is to look inside your bladder and ureter.

Ureteroscopy can help to diagnose the cause of:
• abnormal cells in your urine
• blood in your urine (haematuria)
• pain (loin/back).

Consent
We must, by law, obtain your written consent before any operation and some other procedures. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of your treatment, please speak to a senior member of staff.
Identification wristbands
Wristbands are used to identify hospital inpatients. They carry your name, date of birth, NHS number and hospital number. This ensures that staff can identify you correctly and give you the right care.

What are the risks or side effects of treatment?
There are risks associated with any operation. Your doctor will explain these risks before you sign the consent form. If you are unsure of anything, please make sure you ask your doctor.
A ureteroscopy is usually performed with no problems whatsoever. However there is a possibility of:

- Discomfort – you may feel a stinging sensation when you urinate, but this should last only a day or two. Taking a normal pain-relieving tablet may help. If the pain is severe and lasts for more than a couple of days, please contact us (number on the front of this leaflet) or your GP.
- Bleeding – you may have a small amount of bleeding as a result of the procedure. This is completely normal. Some patients do not have any bleeding at all, but some find their urine is slightly pink for a few days after this procedure. Drinking plenty of water (about three litres spaced out over 24 hours) can help to clear the urine. If your urine remains pink after a few days, please contact us or your GP.
- Infection – a urine infection can cause a fever and pain when you pass urine. The risk of this can be reduced by drinking plenty of water after the procedure.
- Stent insertion – you are likely to need a stent (a fine plastic tube). It allows urine to drain from your kidney into your bladder when you have a blockage (such as a stone or growth) in your ureter.
- Unable to insert the telescope – in some patients the ureter is too tight to allow the telescope to pass. This occurs in approximately one in 20 cases. In this situation to avoid damage, you will have a stent inserted and the procedure will be re-booked. The stent widens the ureter so usually the second procedure is more straightforward.
- Need for a further procedure – sometimes the amount of stone will mean that a further procedure is required. Your doctor will discuss this with you.
- Ureteric stricture – a narrowing can form in the ureter as a result of the procedure.

Are there any alternatives?
A ureteroscopy is the only way to have a close enough look at the upper urinary system to diagnose certain ureter and kidney conditions. There are other options to break up stones which your doctor will discuss with you.

What should I expect after a ureteroscopy?
During the three to five days after your procedure, you may have some blood in your urine and it may sting when you pass water.
This is normal and should clear after a few days. Unless told otherwise you are advised to drink two litres of fluid a day to help prevent infection. If you have formed stones before, you should drink 2.5 to 3 litres of fluid a day to try to prevent recurrence.

You may experience pain in the kidney over the first 24-72 hours due to the swelling caused by inserting the instrument or by the presence of a ureteric stent. Anti-inflammatory painkillers will help this pain which normally settles after 72 hours. It may take you at least 10 days to recover fully from the operation. You may need to be off work for up to a week.

You may find that the ureteric stent, the lower end of which sits in the bladder, causes some pain when you pass urine. You may also see blood in the urine as a result of the stent. The stent can also cause you to pass urine more frequently than you would do normally. You may also experience loin pain or discomfort on passing urine. These symptoms will settle down once the stent has been removed.

**What else should I look out for?**
If you develop a fever, severe pain, inability to pass urine or blood clots in your urine, please come straight to the Emergency Department, do not wait to make an appointment with your GP.

Small blood clots or stone fragments may also pass down the ureter from the kidney, resulting in renal colic (abdominal pain); if this happens, you should contact your GP immediately.

**Your photographic records**
As part of your treatment, a photographic record may be made, eg x-ray, clinical photograph or video which will be kept in your health record in confidence, seen only by those involved in your care or quality check. However, they are extremely important for teaching or medical research, so we may request your written consent to use yours, in which case your personal details would be taken out so you cannot be identified.

**Verifying your identity**
When you attend hospital you will be asked to confirm your first and last name, date of birth, postcode and NHS number if you know it, and to let us know if you have any allergies.

**Comments, compliments or complaints about your care?**
Please call PALS (Patient Advice and Liaison Service) on 01206 742683, pick up a leaflet or visit www.colchesterhospital.nhs.uk
If you or a family member has recently been in Colchester General Hospital for any reason, you can tell us about your experience by either searching for “Colchester” on the NHS Choices website www.nhs.uk and clicking on the “Leave review” section, or by writing to the address on the front of this leaflet or by emailing your comments to info@colchesterhospital.nhs.uk or by filling in a questionnaire at the hospital telling us if you would recommend our service to a friend or family member.

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