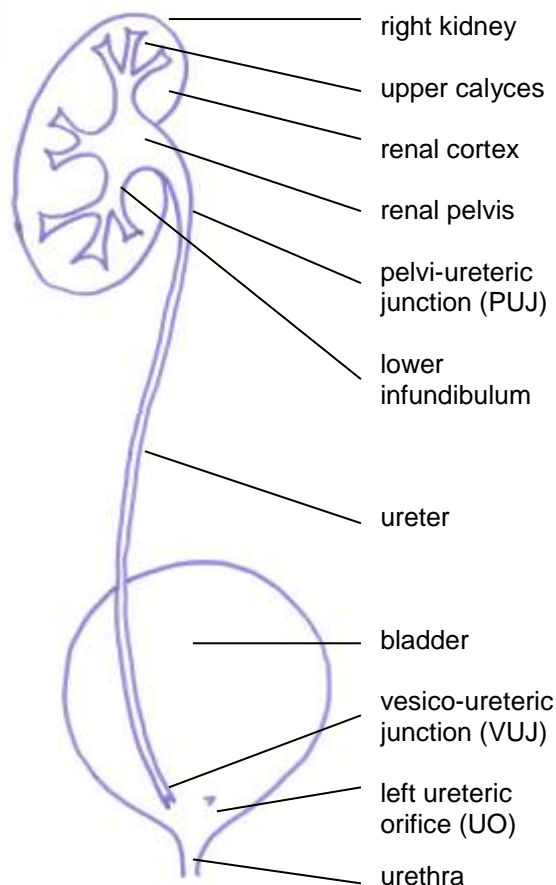


# Ureteric Stents - A Patient's Guide

## What is a ureteric stent?

A ureteric stent is a plastic tube that is placed within the urinary tract so that its upper curled end sits in the central collecting component of the kidney (pelvis) and its lower curled end rests in the bladder - see diagram below where these and other terms used in this advice sheet are illustrated.

Stents are typically 24-28cm in length and 2-3mm in diameter. Their curled ends are referred to as "pigtailed" although you may hear them referred to as "double J" or "JJ" stents.



## Why are stents inserted

A stent may be placed for many reasons:

1. To prevent stones falling into and blocking the ureter.
2. To allow stone fragments to pass following lithotripsy (stone breaking procedures).
3. To overcome obstruction from outside the ureter – although it is less effective in this situation.
4. To protect a surgical join in the urinary tract (e.g. following pyeloplasty or ureteric reimplantation).
5. To allow swelling or minor damage to settle e.g. after stone surgery.
6. To maintain drainage down a ureter that has become narrowed due to fibrosis (stricture).

## How are stents inserted?

The majority are placed up the ureter using a telescope (cystoscope) passed into the bladder via the urethra. This is usually performed under general anaesthetic ("GA" = asleep) although it can be performed with mild discomfort under local anaesthetic ("LA" = awake); more easily in women than men.

Some stents are placed at the time of open or laparoscopic (keyhole) surgery on the urinary tract.

A small number are placed through the skin, passing through the kidney and down the ureter. This is generally performed under LA and is usually on a second occasion after a "nephrostomy" tube has been passed into the kidney.

## How long do stents remain inside and how are they removed?

Your surgeon will advise you how long your stent is likely to be needed for this depends on why it has been placed and the type of stent used. It might be as short as overnight or rarely as long as a year. If it is needed for longer than the "normal life" of the stent arrangements will be made to exchange the stent for a new one; this will generally require a further GA.

As a general rule, if you have had a stent for three months and have not been informed that it should be left for longer than this period you should contact your surgeons secretary.

Stents are easily removed under local anaesthetic using a flexible telescope passed through the urethra.

## What are the risks & side-effects of ureteric stents, and what can be done about them?

### Common

- Mild bleeding or burning on passing urine; drink plenty of water to address this; 3 litres a day.
- Loin pain, particularly on coughing, lifting weights, strenuous activity or making love; rarely requires pain killers – most patients soon learn what causes pain and how to avoid it.
- Being aware of the need to pass water, and doing so frequently and urgently. If this is severe your GP can prescribe a bladder calmer (transdermal oxybutynion, oxybutynin XL or solifenacin) and also a ureter relaxant (Tamsulosin XL).

### Occasional

- Failure. It is not always possible to gain entry to the ureter. Alternative arrangements are made.
- Infection. If urination burns and you feel unwell or have a fever please see your GP for antibiotics.

### Rare

- Stent migration up or down the ureter requiring extraction & replacement, usually under GA.
- Ureteric perforation requiring a temporary tube through the back, or an open operation.
- Ureteric stricture (narrowing) – a late complication requiring further procedures.
- Ureteric disruption – extremely rare "pulling apart of the ureter" requiring a major open operation.