



Procedure Information Sheet

Introduction

Ureters convey the urine from the kidneys to the urinary bladder. Patients with ureteral stones will present with renal colic or dull loin pain; if the problem is serious, renal function will be impaired. Therefore, surgical intervention is necessary.

The Operation / Procedure

The procedure may use general, regional or local anaesthesia. It is decided by Urologist and Anaesthetist. During the surgery, legs of patient will be elevated and put on a comfortable stirrup. Doctor will then pass an endoscope into urethra, bladder and finally ureter. Procedure is performed under video monitoring through the endoscope. Access sheath may be used to put in the ureter to allow easy re-entry during the procedure. Doctor identifies the stone or target lesion. Stone will be broken by instrument. Lesion such as tumor or stricture will be dealt with accordingly. X-ray sometimes may be required to guide the endoscope. Ureteric stent and urinary catheter may be inserted as required. Video recording of selected procedures may be carried out at some centers for academic purpose.

Before the Operation / Procedure

Preparation appropriate to specific procedures will be prescribed, such as antibiotic prophylaxis or X-ray. Pulmonary and cardiac condition need to be optimized before operation. There should not be uncorrected coagulopathy or local infection. Female patients in reproductive age should be screened for pregnancy because X-ray would cause serious harm to fetus. Prophylaxis against deep vein thrombosis may be indicated in long procedures or patients at risk.

After the Operation / Procedure

1. You are advised to have fluid diet during initial post-operation period. If you can tolerate, you can eat solid food or as instructed by doctor.
2. Take analgesics as prescribed.
3. You may have sore throat, headache, dizziness, vomiting or bruises at the venous puncture site. These are common after general anaesthesia and will subside after a few days.
4. Patients may have loin pain or burning sensation during micturition. Sometimes the urine may turn red, or it may contain blood clots or small pieces of broken stones. These will disappear in a few days.
5. During the first 2 days, drink a lot of water (2-3 Litre per day) to facilitate urination. Avoid coffee, tea, coke or alcoholic beverages.

Risk and Complications

1. Urinary tract infection (~ 2-15%) and life threatening septicemia.
2. Haematuria and dysuria.
3. Residual stone recurrence requiring repeating procedures and ancillary procedures.
4. Ureteric stricture (0.5-2%, up to 25% with stone impaction).
5. Mortality (rare).

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Hospital Authority Coordinating Committee in Surgery : Ureteroscopy (2018)

Patient's Signature: _____ Date: _____

Patient's Label	
Patient Name:	_____
Hospital No:	_____
Episode No:	_____