

Department of Urology

Patient Information Sheet

Open Ureterolithotomy

The removal of a stone in the ureter (the tube connecting the kidney to the bladder), through an open surgical incision in the side or abdomen

This operation involves using an incision (surgical cut) in the abdomen or the side (loin), along the line of the ribs. A cut is made into the ureter and the stone is removed.

An internal drainage tube (stent) will be inserted into the ureter at the time of the procedure to ensure the kidney can drain urine freely and aid healing (see URETERIC STENT information sheet).

This procedure requires a hospital stay on average of 3 days.

This information sheet was developed and agreed by our Urology Team. Information within this sheet was obtained from various sources including; the Urology Team, the British Association of Urological Surgeons, other NHS Trusts and Department of Health Websites.

What are the intended benefits of this procedure?

To remove a stone in the ureter

What are the alternatives to this procedure?

Where appropriate; Observation, telescopic and laparoscopic stone removal, Shock-wave therapy.

What are the most frequently occurring events or serious risks of this procedure?

Common (greater than 1 in 10)

- Temporary insertion of a urinary catheter (a tube passed up the urethra and into the bladder) also a temporary wound drain may be required.
- A need to insert a temporary stent into the ureter which will subsequently require a further procedure under local anaesthetic for removal at a later date
- Insertion of a nephrostomy tube.

Occasional (between 1 in 10 and 1 in 50)

- Possibility of further stones developing

Rare (less than 1 in 50)

- Prolonged urine drainage through the drain site due to slow healing of the cut in the ureter.
- Infection pain or bulging of the incision site, requiring further treatment
- Scarring or narrowing (stricture) of the ureter requiring further surgery
- Bleeding requiring transfusion or further surgery
- Involvement or injury to nearby structures - blood vessels, spleen, liver, lung, and bowel - requiring more extensive surgery
- Anaesthetic or cardiovascular problems possibly requiring a period of time in the Intensive Care Unit (including chest infection, pulmonary embolism, stroke, deep vein thrombosis, heart attack and death)
- Inability to remove all stones and further procedures, x-ray procedures or surgery required

What sort of anaesthetic is used?

Usually a general anaesthetic will be used. Your Consultant or Specialist Nurse will be able to give you further information on which anaesthetic you are likely to require.

As this is being performed under a general anaesthetic, you will be assessed for your general health before the procedure at a 'Pre-Assessment' clinic and given all the information required to prepare you for an anaesthetic.

What does the procedure involve?

You will be admitted to the hospital on the day of your operation and given instructions when to stop eating and drinking (usually 6 hours before your operation for food, and 2 for water). You will be asked to put on elastic compression stockings (to help reduce leg blood clots from lack of movement) with your hospital gown to go to theatre. You will meet your anaesthetist and the operating surgeon will talk to you again before surgery and under your supervision make a mark on your skin to indicate which side is to be operated on.

Whilst in the operating theatre the anaesthetist will set up a pain killing infusion. This may either be an epidural into your back or a pump attached to your intravenous infusion.

A urinary catheter will be put into the bladder once the procedure is completed, to enable us to assess the amount of urine your kidneys are producing, along with possibly a wound drain to collect remaining blood from the wound area.

What happens after the procedure?

Once back on the ward, you will be monitored closely and the amount urine produced assessed. You will be encouraged to drink

water straight after your operation but you will keep your intravenous infusion until you are able to drink normally. The drainage tube, catheter and intravenous infusion are removed over the course of the next day or two. You will be allowed to eat once you are drinking normal fluids without any problems. You will still have the internal ureteric stent in place, which will be removed a few weeks later.

Your wound will probably have stitches under the skin, which dissolve of their own accord in a couple of week's time. When you leave hospital you should not require any wound dressings at all.

As soon as possible, you will be encouraged to start mobilising and moving about, beginning the day after your operation. You will also be given injections of a blood-thinning drug, to help prevent risks from blood clots.

What happens when I go home?

When you leave hospital, you will be walking about and eating and drinking normally - you will not need to change your fluid or diet habits.

Full healing of your wound will take up to 6-8 weeks. You should refrain from lifting or strenuous activities during this time. This also includes driving.

You may return to work after this time, if you feel able to and your GP is satisfied with your recovery.

Some people experience discomfort or twinges in the area of their wound for several months.

You may experience some discomfort, minimal blood in urine, frequency and urgency of urination for the duration that the stent is in. This is not uncommon and this should not unduly concern you (see information sheet **Ureteric Stent - Patient Information**).

What else should I look out for?

If you develop a fever, increased pain, redness or any oozing from your wound you should contact your GP.

Further Appointments or Treatments

You will be asked to return to our Outpatient Clinic 6-8 weeks later for a check up.

If you require other treatments or procedures you will be given this information before you leave hospital. If your stent is to be removed at a later date (usually 2-6 weeks later, depending on the treatment you have had or require), you will be sent an appointment to come to the Day Surgery Unit. The stent is removed under local anaesthetic, using a narrow telescope up the urethra (water pipe) into the bladder. The end of the stent, visible in the bladder, is grasped and the stent removed (see information sheet - **Removal of Ureteric Stent** for further information).

Who should I contact for more information?

- **The Specialist Urology Nurses:**

Sue Sill & Chris Backhouse
020 8934 3547

Yvonne Haffenden, Lin Williams & Suzy Waight
Urodynamics - 020 8934 3038

- **The Urology Ward – Alexandra: 020 8934 3152**

- If you have a known cancer condition and would like further information regarding this, please contact:
Olga Champ - Clinical Nurse Specialist for Urology Oncology
020 8934 2729
- Your Urology Consultant.