

Department of Urology

Patient Information Sheet

Ureteroscopy

This is the telescopic inspection of the bladder, urethra (water pipe), ureter (tube that connects the bladder to the kidney) and inside the kidney.

This may include the telescopic biopsy or removal of an abnormal area of tissue being performed at the same time which can also involve the use of heat diathermy. This procedure is also performed for investigation and treatment of stones. Occasionally the urethra may require stretching if narrowed, to enable the telescope to be passed. This procedure may involve the use of low levels of radiation if x-ray images are required.

Occasionally a tube (stent) may be inserted up the ureter at the time of the procedure if there is a suspicion that the kidney may not be able to drain urine freely afterwards.

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 diagnose and treat abnormalities of the ureter and inside the kidney.

What are the alternatives to this procedure?

Other forms of x-rays, CT Scan or ultrasound scanning, open surgery or observation. For stones, observation or shock wave treatment may be used.

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

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period afterwards.
- Temporary insertion of a urinary catheter (a tube passed up the urethra and into the bladder)
- A need to insert a temporary stent into the ureter which will subsequently require removal at a later date.
- This procedure may only diagnose a problem-further treatment can be required at a later date

Occasional (between 1 in 10 and 1 in 50)

- Urinary or kidney infection or damage requiring antibiotics or further treatment
- The inability to insert the telescope up the ureter due to abnormality or narrowing

Rare (less than 1 in 10)

- Injury to the ureter requiring an open operation or insertion of a nephrostomy (tube inserted through the back directly into the kidney to allow urine to drain out), to allow any leak to heal.
- Scarring or stricture (narrowing) forming in the ureter as a result of irritation and inflammation from the procedure, requiring further procedures.

What sort of anaesthetic is used?

Usually a general anaesthetic, although occasionally a spinal may 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 or spinal 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?

A long telescope is passed into the urethra and up into the bladder to check for any abnormalities. This is then advanced up the ureter and to the inside of the kidney.

Occasionally, in addition a small tube called a catheter may then be inserted into the ureter, through which dye is injected. A series of x-rays can then be taken at timed intervals to assess the flow of dye up into the kidney. Once completed the catheter is removed from the ureter.

If there is a narrowing, stone, abnormal growth or blockage in the ureter a stent (soft plastic tube) may be inserted to allow the urine to drain from the kidney (see **Ureteric Stent information sheet** for further information regarding this). If a stone is found, small instruments will be passed along the telescope to break the stone into small pieces which can then pass more easily.

If you are well following the procedure you may go home the same day. Occasionally, a catheter is placed in the bladder which means you will stay overnight as it will be removed in the morning.

What happens after the procedure?

Once back on the ward, you will have your blood pressure and pulse monitored frequently and the amount of blood in your urine assessed. You will be able to eat and drink normally, and will be encouraged to get out of bed. You will pass some slightly bloodstained urine at first and this may sting slightly. Over the next 24 hours, try to drink plenty of non-alcoholic fluids, to flush your system and reduce these after effects (we suggest 2-3 litres or 6-8 pints).

What else should I look out for?

If you develop a fever, increased bleeding or pain on urination you should contact your GP.

Further Appointments or Treatments

If you have had any biopsies taken you will be asked to return to our Outpatient Clinic approximately 2 weeks later for the results of this. If you require other treatments or procedures you will be given this information before you leave hospital.

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 cancer condition and would like further information regarding this, please contact

Olga Champ – 020 8934 2729

- Your Urology Consultant.