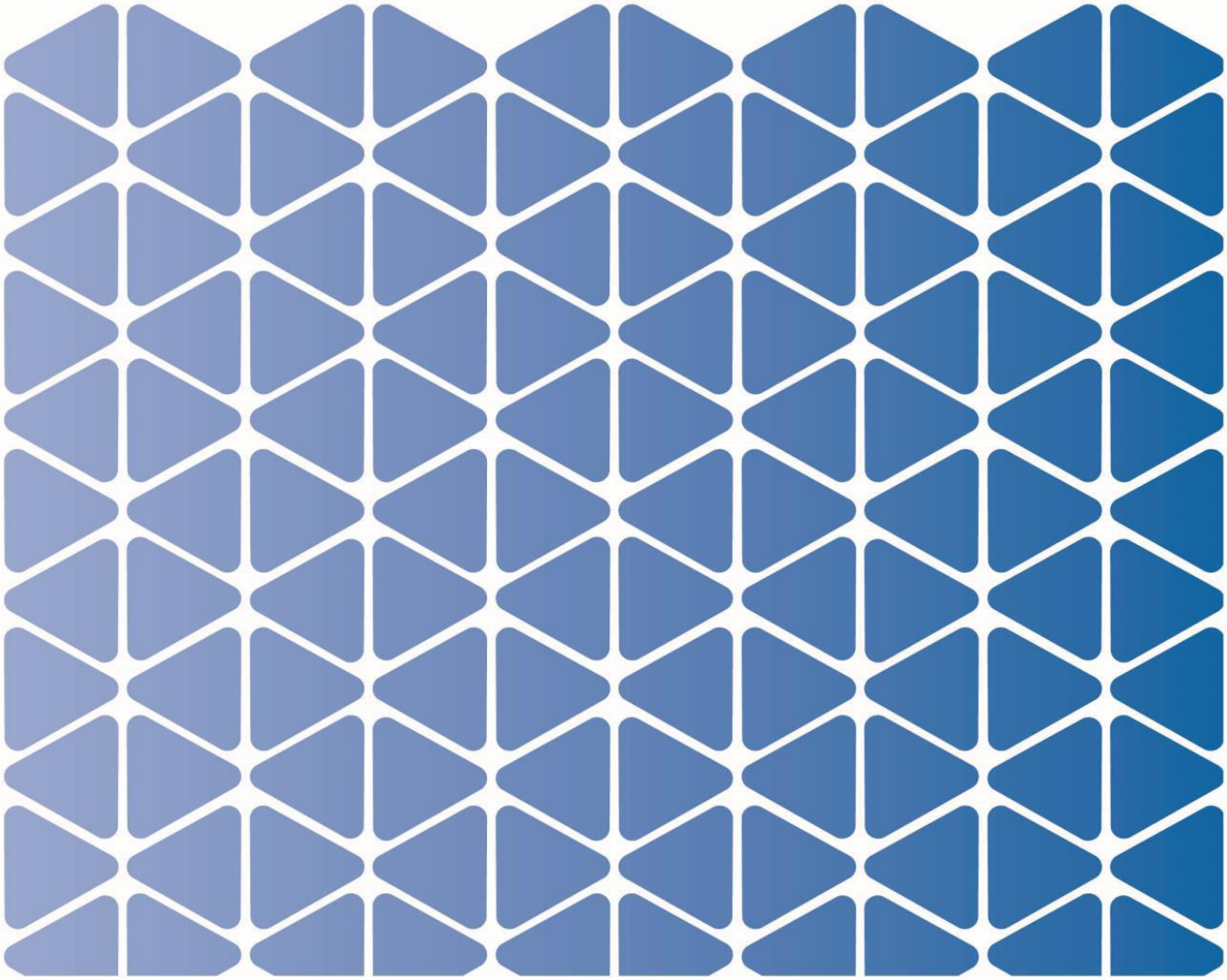
PATIENT INFORMATION

Inspection of the bladder using a telescope (Rigid cystoscopy) with insertion of ureteric stent



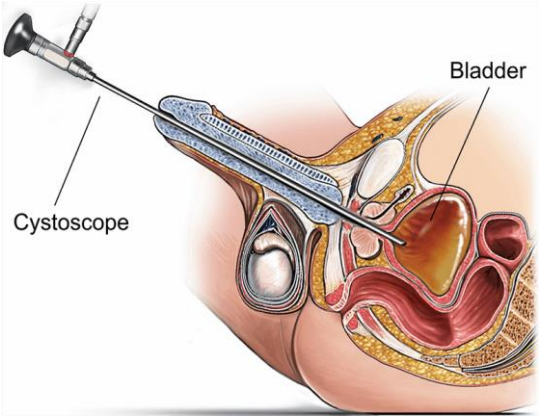
Urology Department

Surgical procedure information leaflet

Name of procedure: **Inspection of the bladder using a telescope (Rigid cystoscopy) with insertion of ureteric stent**

It has been recommended that you have a cystoscopy. This procedure involves a telescope examination of your bladder and, if necessary, inserting a ureteric stent.

We normally use either a general anaesthetic (where you will be asleep) or a spinal anaesthetic (where you will be unable to feel anything from the waist down). We usually give you an injection of antibiotics before the procedure, after you have been checked for any allergies. We put a telescope into your bladder through the urethra (water pipe) to inspect the interior of your bladder (pictured).



Using X-ray guidance, we pass a stent (pictured beside) into your ureter and use a special ‘pusher’ to position the top end in the kidney and bottom end in your bladder. We sometimes use a stent which has a thread attached to its lower end that hangs out through your urethra; these stents can be removed easily by pulling on the string.

We may take small biopsies from any abnormal areas and cauterise the biopsy sites to stop any bleeding. Occasionally, we put in a bladder catheter which is removed subsequently; this is more likely if we have taken biopsies.

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have an informed choice so you can make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form.

Benefits of the procedure

Ureteric stent procedures are normally carried out because of blockage to one or both of your ureters. The causes of the blockage may include:

- a kidney stone (or stone fragment) – this can move into your ureter, either by itself or after treatment such as extracorporeal shockwave lithotripsy
- a stricture (narrowing) of the ureter – this can occur anywhere in the ureter for a number of reasons (scarring, congenital narrowing etc.)
- after surgery or instrumentation – when an instrument has been put into the ureter and kidney (this is often only temporary)
- after major surgery on the bladder or ureters – ureteric stents are often used to encourage healing after removal of the bladder with urinary diversion, after other major procedures on the bladder or after injury to the ureter

Serious or frequent risks

Everything we do in life has risks. Cystoscopy + stent insertion is generally a safe surgical procedure. Occasionally complications can arise because of the procedure's invasive nature. The general risks of surgery include problems with:

- breathing (for example, a chest infection);
- the heart (for example, abnormal rhythm or, occasionally, a heart attack); and
- blood clots (for example, in the legs or occasionally in the lung)
- stroke
- death

Those specifically related to cystoscopy + stent insertion include:

- Common risks (Greater than 1 in10):
    - Mild burning on urination after the procedure which can continue until the stent is removed
    - A further procedure (flexible cystoscopy) is required to remove the stent at a later date

- Occasional risks (Between 1 in 10 and 1 in 50):
    - Temporary insertion of a urinary catheter which can cause pain, frequency and blood in your urine
    - Infection of the bladder requiring antibiotic treatment
    - Failure to get the stent into the ureter requiring an alternative procedure
    - Permission for telescopic removal or biopsy of any abnormality found in the bladder

- Rare risks (Less than 1 in 50):
    - Delayed bleeding requiring removal of clots or further surgery
    - Injury to the urethra causing delayed scar formation
    - Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)

- Hospital-acquired infection
    - Colonisation with MRSA (0.9% - 1 in 110)
    - MRSA bloodstream infection (0.02% - 1 in 5000)
    - Clostridium difficile bowel infection (0.01% - 1 in 10,000)

The rates for hospital-acquired infection may be greater in high-risk patients, for example those patients

- with long-term drainage tubes;
- who have had a long stay in hospital; or
- who have been admitted to hospital many times.

Most people will not experience any serious complications from their surgery. The risks increase for the elderly, those who are overweight and people who already have heart, chest or other medical conditions such as diabetes or kidney failure.

A skilled team of doctors, nurses and other healthcare workers who are involved in this type of surgery every day will care for you. If problems arise, we will be able to assess them and deal with them appropriately.

Alternative options

- Observation – no treatment, but monitoring of any change in your symptoms over a period of time
- Percutaneous nephrostomy tube insertion (if unable to pass ureteric stent) – puncturing your kidney through the skin of your loin, under local anaesthetic; it may be possible to put a stent in from above through this puncture.

Your Urologist will discuss with you the best option for you.

Your pre-operative assessment

Before you are admitted for your operation, you may be required to attend for a pre-operative assessment, to ensure that you are fit for surgery. It is important that you attend for this appointment to avoid delaying your surgery.

Not all patients require a detailed pre-operative assessment and a health questionnaire is used to determine which patients require a full assessment. You may therefore be asked to complete a health questionnaire immediately after you have been listed for your surgery. The health questionnaire may be on paper or on a tablet/computer. The information required includes all medical conditions, regular medications, allergies to medications and your previous anaesthetic history. The information you give us will be reviewed by the pre-operative assessment team. If you do not require further assessment you will then be given a date for surgery. If you require further assessment you will be given an appointment to attend the pre-operative assessment clinic.

At the clinic, the nursing staff will confirm the medical information you have previously given. You will likely have an examination of your heart and lungs and some further tests may be required, such as a blood test, X-ray, heart test or lung test. If a more detailed

assessment or discussion is required you may see an anaesthetist prior to your admission for surgery. This may require an additional appointment.

If you are taking prescribed medicines please bring a copy of your repeat prescription to your appointment and a copy of the operation consent form (if you were provided with a copy at your out-patient appointment).

Following your assessment, the staff will provide you with written information regarding preparation for your surgery and a point of contact. It is important that you follow the fasting instructions given on your admission letter.

Being admitted to the ward

You will usually be admitted on the day of your surgery. You will be welcomed on to the ward and your details checked. We will fasten an armband containing your hospital information to your wrist.

You will usually be asked to continue with your normal medication during your stay in hospital, so please bring it with you, in the green bag provided for you at pre-operative assessment.

Your anaesthetic

Your surgery will usually be carried out under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing. Alternatively a spinal anaesthetic (a spinal) may be used for this type of operation.

Before you come into hospital

There are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation.
- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put an airway in your mouth to help you breathe. If your teeth are not secure, they may be damaged.
- If you have long-standing medical problems, such as diabetes, hypertension (high blood pressure), asthma or epilepsy, you should consider asking your GP to give you a check-up.
- If you become unwell or develop a cough or cold the week before your surgery please contact the pre-operative assessment team on the number provided. Depending on your illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

Your pre-surgery visit by the anaesthetist

After you come into hospital, the anaesthetist will come to see you and ask you questions about:

- your general health and fitness;
- any serious illnesses you have had;
- any problems with previous anaesthetics;
- medicines you are taking;
- allergies you have;
- chest pain;
- shortness of breath;
- heartburn;
- problems with moving your neck or opening your mouth; and
- any loose teeth, caps, crowns or bridges.

Your anaesthetist will discuss with you the different methods of anaesthesia they can use. After talking about the benefits, risks and your preferences, you can then decide together what is best for you.

On the day of your operation

Nothing to eat and drink (nil by mouth)

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything for six hours before your operation. This is because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. You may take a few sips of plain water up to two hours before your operation so you can take any medication tablets.

Your normal medicines

Continue to take your normal medicines up to and including the day of your surgery. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do. It is important to let us know if you are taking anticoagulant drugs (for example, warfarin, aspirin, clopidogrel, persantin or dabigatran).

Your anaesthetic

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will get you ready for your anaesthetic.

To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood.

General anaesthetic

General anaesthesia usually starts with an injection of medicine into a vein. A thin plastic tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

Spinal anaesthetic

A spinal anaesthetic involves the injection of a local anaesthetic drug through a needle into the small of your back to numb the nerves from the waist down to the toes for 2 – 3 hours. You will be asked to either sit on the side of the bed with your feet on a low stool or lie on your side, curled up with your knees tucked up towards your chest. You will remain awake during this procedure. You may feel some discomfort in your lower back or legs whilst the anaesthetic is being injected. The anaesthetic staff will support and reassure you during the procedure. As the spinal begins to take effect your anaesthetist will measure its progress and test its effectiveness. A spinal should cause you no unpleasant feelings and usually takes only a few minutes to perform. Once the injection is finished you will normally be asked to lie flat as the spinal works quickly and is usually effective within 5 – 10 minutes. Your skin will initially feel numb to touch and your leg muscles will feel weak. Once the injection is working fully you will be unable to move your legs or feel any pain below the waist.

Your anaesthetist will ensure that you are comfortable throughout the procedure.

Pain relief after surgery

Pain relief is important to aid your recovery from surgery. This may be in the form of tablets, suppositories or injections. Once you are comfortable and have recovered safely from your anaesthetic, we will take you back to the ward. The ward staff will continue to monitor you and assess your pain relief. They will ask you to describe any pain you have using the following scale.

0 = No pain
1 = Mild pain
2 = Moderate pain
3 = Severe pain

It is important that you report any pain you have as soon as you experience it.

What are the risks?

The risk to you as an individual will depend on whether you have any other illness, personal factors, such as smoking or being overweight and surgery that is complicated or prolonged.

General anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. This is 25 times less likely than dying in a car accident. The side effects of having a general

anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. There is also a small risk of dental damage.

The side effects of having a spinal anaesthetic are headache, low blood pressure, itching of the skin due to the drugs injected and temporary difficulty in passing urine. Rare complications of a spinal anaesthetic are temporary loss of sensation in your legs, 'pins and needles' or muscle weakness in your legs. Permanent damage to the nerves is very rare.

Your anaesthetist will discuss the risks with you and will be happy to answer any questions you may have.

After your surgery

- You will be taken to the recovery room to the general or day care ward. You will need to rest until the effects of the anaesthetic have worn off. You will have a drip in your arm to keep you well-hydrated.
- Your anaesthetist will arrange for you to have painkillers for the first few days after the operation.
- You will be encouraged to get out of bed and move around as soon as possible, as this helps prevent chest infections and blood clots.
- Your surgical team will assess your progress and answer any questions you have about the operation.

Stent removal

- We could remove stent via a drawstring without anaesthesia.
- We normally remove a stent under local anaesthetic using a lubricant gel that numbs your urethra
- We pass a small flexible telescope into your bladder through your urethra, and grasp the end of the stent with small forceps passed through the telescope.
- We remove the stent and the telescope from your bladder
- The procedure takes only a few minutes, is normally performed on an outpatient (day case) basis and you can go home straight after

Leaving hospital

Length of stay

How long you will be in hospital varies from patient to patient and depends on how quickly you recover from the operation and the anaesthetic. Most patients having this type of surgery will leave hospital the same day.

Medication when you leave hospital

Before you leave hospital the pharmacy will give you any extra medication that you need to take when you are at home.

Convalescence

After leaving hospital you should take things easy for a few days. It is common to feel tired and low for the first few days, or even the first few weeks. This is natural and will pass.

You will get some discomfort and bleeding when you pass urine; this may last several days. In six out of ten patients (60%), discomfort similar to cystitis may continue until your stent is removed.

If you are suddenly unable to pass any urine at all, this will be very painful. Call your GP or visit your local hospital Accident and Emergency department.

Outpatient appointment

We usually arrange a follow-up appointment for you to have your stent removed.

Some stents need to remain in place for a long period of time; we usually change these stents periodically and your urologist will discuss this with you in more detail. For this, we use stents made from a different material to short-term stents, so they can stay in place longer before they need changing. Short-term stents do not normally need to stay in for more than six weeks; contact your urologist or specialist nurse if you have not heard about removal of your stent within four to six weeks. Temporary stents, with an attached drawstrings or thread, only need to stay for a few days and up to 4 weeks.

Living with a ureteric stent

We do not have a clear understanding of why stent symptoms occur. It is not possible to predict, before your stent is inserted, whether you are likely to suffer them, or how severe they will be.

The commonest problems as explained above are:

- Urinary symptoms
    - Increased frequency of urination; • pain or discomfort in your bladder or urethra; • a need to rush to the toilet (urgency)
    - A small amount of blood in your urine – this can usually be improved by increasing your fluid intake
- In men, pain at the tip of the penis
    - Occasionally, a sensation of incomplete bladder emptying
    - Very occasionally in women, minor episodes of incontinence. There is some evidence that pain on passing urine and blood in the urine may improve with time.
- Whilst this is unpredictable, we do know that between two and seven patients out of 10 (20 to 70%) experience one or more of the side-effects above.
- Pain at other sites:
    - As well as discomfort in your bladder area, stents can also cause pain in your kidney (loin), groin, urethra (water pipe) or genitals. These symptoms are often more noticeable after physical exercise, or immediately after you pass urine.

- Urinary infection:
  - Having a stent, together with an underlying kidney problem, makes you more likely to get infection in your urine.
  - Infection should be suspected if you have:
    - A raised temperature
    - Your urine becomes thick, cloudy or smelly
    - Increasing pain in your kidney or bladder
    - Difficulty emptying your bladder
    - Increasing bleeding in your urine
    - Swollen, tender testicles
    - A burning sensation whilst passing urine or
    - A general sense of feeling unwell. If you do develop one or more of these symptoms, you should get medical advice without delay.

Can the side-effects interfere with daily life?

Stents should not cause disruption to your normal daily life but they can be frustrating. Some side-effects may cause problems, either directly or indirectly:

- **Physical activity and sport:** You can continue with physical activities, provided the underlying kidney condition and your general health allow this. You may get pain in your kidney (loin) and see blood in your urine after any sport or strenuous physical exercise. The side-effects can also make you feel more tired than usual and less keen to take exercise
- **Work:** You should be able continue working normally with a stent in place. You may get some discomfort if your work involves a lot of physical activity, and you may feel more tired than usual. If your stent symptoms interfere with your work, we recommend you discuss adjustments to your workload with your manager and colleagues
- **Social interaction:** This should not be adversely affected by having a stent. If you do get urinary frequency and urgency, you may need to make sure that you have ready access to public toilets during outdoor activities. Some patients need a little more help than usual from family or colleagues if they experience pain or tiredness
- **Travel and holidays:** If your general health and the underlying kidney condition permit, it is perfectly safe to travel with a stent in place but there is a small chance that you may need additional medical help during this time
- **Sexual activity:** There are no restrictions on your sex life if you have a stent. Some patients experience discomfort during sexual activity and the side effects may have an adverse effect on your sex drive. If you have a temporary stent, with a thread through your urethra, sexual activity can be difficult. You should be careful not to dislodge the thread and displace the stent.

Are there any other possible complications?

- If left in place for too long, a stent can become encrusted with a “crystal” (stone-like) coating on its surface. This does not normally cause problems although it may worsen some urinary side-effects (especially pain & bleeding). Occasionally, encrustation of stents can be problematic, making it difficult for the urologist to change or remove the stent. It is therefore very important that you are told how long the stent is to be left in and that you know when it is due to be removed or changed.
- Displacement of the stent is very unusual but, if your stent does slip out of your urethra, or even fall out altogether, you should contact your urologist or specialist nurse as soon as possible.

Monitoring of patients with stents

Most urologists use some form of stent-tracking system to record their patients with ureteric stents. The purpose of these is to ensure that stents are removed or changed at the appropriate time, and not left in too long. Some basic patient data (e.g. name, NHS number and date of birth) are entered and securely stored. This is required so that members of the clinical team can keep a close eye on how long your stent has been in place. If, however, you are concerned that your stent has been in longer than you expected, please contact the secretary of your urology Consultant to enquire about the removal date.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Urology Nurse Specialist Helpline 01905760809
  (Monday - Thursday 08.30 - 16.30 and Friday 08.30 - 13.00)
- Alexandra Hospital:
  - Secretaries: 01527 512155
  - Ward 17 Nursing Staff: 01527 512045 or 01527 503030 ext: 44045 or 44046
  - Ward 14 Nursing Staff: 01527 507967 or 01527 503030 ext: 44032 or 47967
  - Sharon Banyard, Laura Grazier Urology Nurse Specialist
  - Jackie Askew, Uro-oncology Macmillan Nurse Specialist
- Kidderminster Hospital and Treatment Centre:
  - Secretaries: 01562 513097
  - Penny Templey, Aimee England, Urology Nurse Specialist
  - Sarah Holloway and Kerry Holden, Nurse Specialist – Survivorship Programme: 01562 512328
- Worcestershire Royal Hospital:
  - Secretaries: 01905 760766
  - Helen Worth, Emma Hurton, Lisa Hammond, Urology Nurse Specialists

Other information

The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk
  Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
  Information fact sheets on health and disease.
- www.nhsdirect.nhs.uk
  On-line Health Encyclopaedia and Best Treatments website.
- www.baus.org.uk
  Information from The British Association of Urological Surgeons

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.