

Patient Information

ANTEGRADE URETERIC STENT INSERTION

(INFORMATION FOR PATIENTS WHO HAVE A NEPHROSTOMY IN PLACE)

This leaflet tells you about the procedure known as antegrade ureteric stenting, explains what is involved and any possible risks associated with the procedure. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such a discussion.

If the antegrade ureteric stenting is being undertaken as a pre-planned procedure, then you should have already discussed the situation with your consultant. If you need the stent more urgently, then you still should have had sufficient explanation before you sign the consent form.

What is antegrade ureteric stenting?

The urine from a normal kidney drains through a narrow, muscular tube, the ureter, into the bladder. When that tube becomes blocked, for example by a stone, the kidney can rapidly become affected, especially if there is infection present as well. While an operation may become necessary, it is also possible to relieve the blockage by inserting a long plastic tube, called a stent, through the skin, into the kidney and then down the ureter, under local anaesthetic. Because the stent is put in through the kidney and down the ureter, this is called an antegrade procedure (as opposed to placing a stent through the bladder and up the ureter, which is a retrograde procedure). This stent then allows urine to drain in the normal fashion, from the kidney into the bladder.

Why do I need antegrade ureteric stenting?

Other tests will have shown that the tube leading from your kidney to the bladder has become blocked. However, it may not be obvious what the cause of the blockage is. If left untreated, your kidney will become damaged. An operation may be necessary to provide a permanent solution to the blockage, but in the meantime, insertion of a stent will allow the kidney to drain in a normal way.

Who has made the decision?

The consultant in charge of your case, and the radiologist doing the antegrade ureteric stenting will have discussed the situation, and feel that this is the best treatment option. However, you will also have the opportunity for your opinion to be considered, and if, after discussion with your doctors, you do not want the procedure carried out, you can decide against it.

Who will be doing the antegrade ureteric stenting?

A specially trained doctor called a radiologist. Radiologists have special expertise in using X-Ray and scanning equipment, and also in interpreting the images produced. They will look at these images while carrying out the procedure.

Where will the procedure take place?

Generally in the X-Ray department

How do I prepare for antegrade ureteric stenting?

You need to be an inpatient in the hospital. You cannot eat for four hours beforehand, though you are allowed to drink some water. You need to have a needle put into a vein in your arm in case you require any medicines during the procedure. You will receive an antibiotic prior to the procedure. You will be asked to put on a hospital gown.

What happens during antegrade ureteric stenting?

You will be transferred to the X-Ray department on your bed, by a porter and accompanied by a nurse from the ward. You will lie on the X-Ray table, generally on your stomach, but not completely flat. You may have a monitoring device attached to your finger.

The radiologist will keep everything as sterile as possible. Your skin will be cleaned with antiseptic, and then the rest of your body will be covered with a theatre drape.

The radiologist will use x-ray equipment to help guide the insertion of the stent.

A guide wire will be placed into the kidney, through your nephrostomy tube, and then passed down the ureter. A local anaesthetic may be used. Once the wire has been placed through the blockage and into the bladder, the long plastic stent can be placed over the guide wire, and the wire withdrawn. Urine should then be able to pass down the stent and into the bladder. As a temporary measure, a nephrostomy drainage catheter may be left in the kidney. This will be removed in a day or two. Taking this out will not hurt.

Will it hurt?

Unfortunately, it may hurt a little, for a very short period of time, but any pain you have can be controlled with painkillers.

If a local anaesthetic is injected it will sting to start with, but this soon wears off and the skin and deeper tissues should then feel numb. Later, you may be aware of the stent passing into the kidney. There will be a radiographer, or another member of clinical staff, standing next to you and looking after you. If the procedure does become painful for you, then they will be able to arrange for you to have painkillers through the needle in your arm. Generally, placing the stent in the ureter only takes a short time, and once in place it should not hurt at all.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. It may be over in 20-30 minutes, as you already have a nephrostomy tube in place, or very occasionally it may take up to an hour.

What happens afterwards?

You will be taken back to your ward on your bed. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. You will generally stay in bed for a few hours, until you have recovered.

How long will the ureteric stent stay in, and what happens next?

These are questions which only the doctors looking after you can answer. You will be able to carry on a normal life with the stent in place.

Are there any risks or complications?

Antegrade ureteric stenting is a very safe procedure, but there are some risks and complications that can arise. Perhaps the biggest problem is being unable to place the stent satisfactorily in the ureter. If this happens, a surgeon will arrange another method of overcoming the blockage, which may involve surgery. Sometimes there is a leak of urine from the kidney, resulting in a small collection of fluid inside the abdomen. If this becomes a large collection, it may require draining. There may be slight bleeding from the kidney. On very rare occasions, this may become severe, and require a surgical operation or another radiological procedure to stop it. Occasionally there may be infection in the kidney or in the space around it. This can generally be treated satisfactorily with antibiotics.

Despite these possible complications, the procedure is normally very safe, and will almost certainly result in a great improvement in your medical condition.

Finally...

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you.

Other sources of information

Websites

For general information about radiology departments, visit The Royal College of Radiologists' website: www.goingfora.com

Contact details

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

- Alexandra Radiology Department 01527 512766 / 512065

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.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhsdirect.nhs.uk
On-line health encyclopaedia

Patient Services Department

It is important that you speak to the department you have been referred to (see the contacts section) if you have any questions (for example, about medication) before your investigation or procedure.

If you have any concerns about your treatment, you can contact the Patient Services Department on 0300 123 1733. The Patient Services staff will be happy to discuss your concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester WR5 1DD or contact the Patient Services Department for advice.

Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).

Bengali

“আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাসেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

Urdu

“اگر آپ کو یہ دستی اشتہار کسی متبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایزی ریڈ) تو پیشنٹ سروسز سے 0300 123 1733 پر رابطہ کریں۔”

Portuguese

“Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler).”

Polish

“Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733.”

Chinese

“如果您需要此份傳單的其他語言選擇或其他版本
(如盲人點字版/易讀版容易的閱讀)請致電 0300 123 1733與病患服務處聯繫。”

Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet: _____ Date: _____

Comments:

Thank you for your help.