Ureteroscopy/Laser Ablation of Stones/ Insertion of JJ Stent

Ureteroscopy involves passing a small medical telescope, called a ureteroscope, through the urethra (water pipe) into the bladder and up into the ureter (the tube that drains urine from the kidney to the bladder) to locate and extract a kidney stone.

Before your operation

We strongly advise any patient who smokes, to give up as early as possible before their operation. Smoking increases the risk of breathing problems during an operation and post-operation complications such as deep vein thrombosis, chest infection and wound infection.

If you would like help to give up smoking, the Preoperative Assessment team would be glad to organise a referral to the Stop Smoking team, or you can ring them directly on 0800 085 6037.

Please let the nurse or doctor know if you are taking a drug called **clopidogrel** (also called Plavix) or a drug called **warfarin** as these can lead to you being at risk of increased bleeding during your operation. You may need to stop taking them and substitute them with another type of drug. **Do not** stop taking either drug without discussing with a nurse or doctor first.

What to expect in hospital

The operation will be carried out under either a general anaesthetic (where you will be asleep), or in some cases a spinal anaesthetic (where you will be numb from the waist down).

You will be asked not to eat or drink anything for **six hours** before surgery.

If the kidney stone is small it may be possible to remove it in one piece by using an instrument with a ‘basket’ device to snare it. However, if it is a large stone, or the ureter is narrow, it may need to be broken up into fragments by a laser, or similar device, before it can be extracted.

Occasionally, a stent (a temporary internal drainage tube) will be inserted into the ureter between the kidney and the bladder to keep it open and to ensure that the flow of urine will not be obstructed. The stent can be removed at a later date under a local anaesthetic.
Risks of having a ureteroscopy

- A urine infection, which may need treatment with antibiotics.
- Bleeding: this usually settles quickly.
- Damage to the ureter resulting in narrowing of the ureter (‘stricture’) or perforation: this is rare and may require stretching by a balloon and insertion of a JJ stent.
- Failure to break and retrieve the stone: an alternative procedure may be necessary.
- Detachment (‘avulsion’) of the ureter from the kidney: this is extremely rare and is sometimes unavoidable, but may require open surgery to repair.

After your operation

If you are fit and well and have someone who can collect you and look after you overnight, it might be possible for you to be discharged on the day of the operation.

Going home

You need to avoid strenuous activity and heavy lifting for two weeks but it is important to be up and about and not confined to bed.

Please read the leaflet ‘Preventing Blood Clots – What You Should Know’. It will help you understand why it is important to be up and about as soon as you can after your operation.

You might experience the following:

- the need to pass urine more frequently and more urgently;
- some discomfort in your bladder area and your back when passing urine; and
- some blood in the urine at first.

Depending on your occupation, you may return to work after 1–2 weeks.

You should contact your GP for advice if you experience the following:

- pain which is not relieved by simple pain relief medication;
- passing increasing amounts of blood in your urine;
- feeling feverish and having a temperature; or
- difficulty or inability to pass urine.