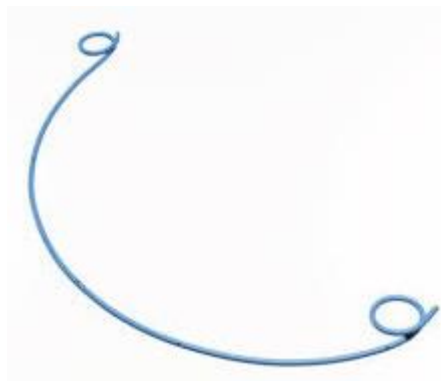


Removing your Stent

Patient Information – Urology Service

What is a ureteral stent?



A ureteric stent (or a double J or JJ stent) is a soft hollow tube about 25-30cm long. It is placed in the ureter, the tube that drains urine from the kidney to the bladder.

The stent is curled at both ends, one end of the tube sits inside the kidney, and one end sits in the bladder.

What does a ureteral stent do?

Stents are put in for several reasons, the most common are:

Blockage of the ureter

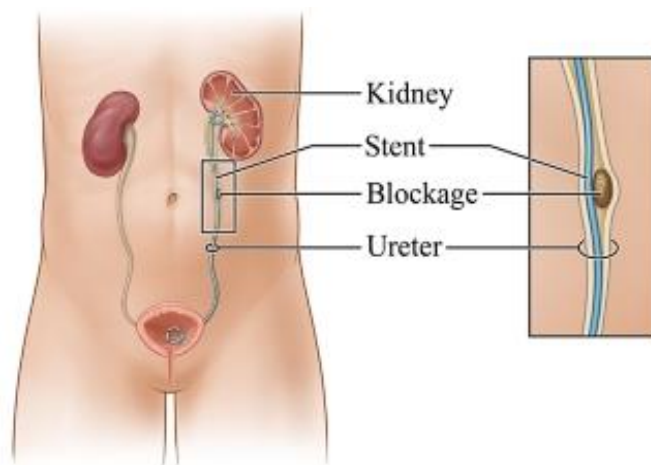
The tube draining urine from the kidney to the bladder can be blocked by stones, stone fragments, scarring, external compression, or other factors.

Before lithotripsy treatment

Stents can be used to create some space around a stone so that it will respond better to shockwave treatment.

Healing of the ureter

Stents can allow the ureter to heal – either after injury to the ureter, major abdominal surgery on the bladder or ureter, or after endoscopic surgery within the ureter itself.



When is a stent used?

A stent is placed if the urologist thinks that urine might not drain well through the ureter. This may be caused by a blockage or as a reaction to surgery.

Does the stent ever fall out?

Yes, but uncommonly. If you notice that the stent falls out, please contact the Urology Unit at Christchurch Hospital. If you develop incontinence (leakage of urine), this might be a sign that the stent is falling out.

Does the stent cause symptoms?

Many patients do not feel the stent.

Most commonly there is bladder irritation, typically causing frequent and/or uncomfortable urination. Some patients feel discomfort in the kidney during urination. It is also common for the urine to be bloody when the stent is in place, and this bleeding can increase with activity. The amount of blood loss is rarely significant.

Once the stent is removed, the symptoms resolve, usually within 24 to 48 hours.

When should the stent be removed?

In some cases, the stent can be removed just a few days after the procedure, while in other cases your urologist may recommend that it stay in place longer.

In general, a stent should be removed (or exchanged) within three months. On some occasions, stents may be permanent, in which case they are usually changed once a year.

How is your stent removed?

There are two ways to remove ureteral stents:

1. Manually (at home)

Commonly your urologist will leave a string attached to the stent. This protrudes from the end of your urethra (the tube from the bladder that empties the urine). This allows you to remove the stent yourself at home. Your urologist will tell you what day to remove your stent.

Do the following one hour prior to removing your stent at home:

- Drink a couple of glasses of water
- Take extra pain medication.

Removing your stent at home

- Pass urine before removing the stent.
- Wash and clean your hands thoroughly.
- It is important to try and relax. This will make removal easier.
- Take hold of the string with a firm, steady motion, and pull the stent until it is out. Remember that it is about 25-30cm long.
- Make sure the stent is intact – the stent is coiled on each end.

This will feel uncomfortable, but it should not be painful. Once it is removed, you will probably experience some discomfort the next time you pass urine. This is quite normal and will pass. Make

sure you drink enough fluid to keep your urine a pale colour, and to help prevent infection.

If you do not feel comfortable to remove the stent by yourself, or on the rare occasions that the string breaks and the stent doesn't come out, contact the Urology Unit at Christchurch Hospital to make arrangements to remove the stent for you.

2. Cystoscopy (in clinic)

In some instances, the stent is removed by cystoscopy, an outpatient procedure that only takes a few minutes.

During cystoscopy, the urologist places a small flexible tube through the urethra. Immediately before the procedure, we instil sterile lubrication containing local anaesthetic (lignocaine) into the urethra to numb the area. You will be asked to urinate after the procedure.

Because there is no need for an intravenous (IV) line and the anaesthesia is local and not general, you do not have to be accompanied by anyone else, and you can eat normally before and after the procedure.

Do the following one hour prior to having your stent removed in clinic:

- Drink a couple of glasses of water
- Take extra pain medication.

Possible complications

All procedures have a potential for side effects. You should be reassured that, although these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

You may have bloody urine, possible with some small clots. You may also have 'achy' pain due to ureteral spasms. This generally only lasts a few hours but should resolve over the next 24-48 hours. You may also have burning with urination and some urinary frequency as well.

Please contact the Urology Unit at Christchurch Hospital or visit the Emergency Department at Christchurch or Ashburton Hospital if you have any of the following signs or symptoms:

- Severe pain that persists and is not relieved with pain medications (it is common to have a few hours of pain)
- Sudden onset of being cold and shivering accompanied by fevers
- If you are unable to pass urine, persistent and painful urination, or passing cloudy urine
- If you experience heavy bleeding
- If you experience persistent incontinence.

Contact information

If you have any concerns or questions regarding this procedure, please contact the Urology Unit at Christchurch Hospital, on (03) 364 4307.

If you have not heard from the Urology Service about the removal of your stent six weeks after its insertion, please contact the department.

For more information about:

- Hospital and specialist services, go to www.cdhb.health.nz
- Your health and medication, go to www.healthinfo.org.nz

For information on parking, how to get to the hospital, and visiting hours, please visit www.cdhb.health.nz