Cystoscopy and insertion/removal of prostatic stent

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your urologist or nurse specialist as well as the surgical team at Addenbrookes. Alternative treatments are outlined below and can be discussed in more detail with your urologist or specialist nurse.

What does the procedure involve?
This procedure involves inspection of the bladder and urethra with a telescope and placement of a synthetic tube within the prostate to provide a channel to urinate through.

What are the alternatives to this procedure?
TURP, open surgery, drug treatment, long term catheter or observation.

What should I expect before the procedure?
You will usually be admitted on the same day as your surgery. You will normally undergo pre assessment on the day of your clinic or an appointment for pre assessment will be made from clinic, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the consultant, junior urology doctors and your named nurse.

You will be asked not to eat or drink for six hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Please be sure to inform your urologist in advance of your surgery if you have any of the following:
- an artificial heart valve
- a coronary artery stent
• a heart pacemaker or defibrillator
• an artificial joint
• an artificial blood vessel graft
• a neurosurgical shunt
• any other implanted foreign body
• a prescription for Warfarin, Aspirin, Rivaroxaban, Dabigatran, Apixaban, Edoxaban or Clopidogrel, Ticagrelor or blood thinning medication
• a previous or current MRSA infection
• high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human derived growth hormone)

What happens during the procedure?
Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

The water pipe (urethra), prostate and bladder are examined using a rigid telescope. The stent is then sited in your prostate under direct vision or X ray control. A catheter is usually inserted after the procedure.

Different types of stent are available and some have a piece of thread which is left protruding from your penis to allow a final adjustment to be made to the stent position once the catheter is removed.

If the stent is to be removed, this is performed simply by grasping it with a pair of forceps and extracting it through the penis. To remove some stents, however, may require quite challenging surgery.

What happens immediately after the procedure?
A catheter will normally be inserted into the bladder after this procedure. Once your urine is clear, the catheter will be removed. You will normally be allowed home once you have passed urine satisfactorily and the position of your stent has been checked. If a threaded stent is used, the thread will be removed before you are discharged.
The average hospital stay is four days.

**Are there any side effects?**

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

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

**Common (greater than one in 10)**
- □ Mild burning or bleeding on passing urine for short period after operation

**Occasional (between one in 10 and one in 50)**
- □ Infection of the bladder requiring antibiotics (occasionally recurrent infections)
- □ Migration of the stent requiring replacement or removal

**Rare (less than one in 50)**
- □ The stent can worsen urinary symptoms (particularly leaking and frequency), requiring removal
- □ Rarely, injury to urethra causing delayed stricture formation

**What should I expect when I get home?**

When you leave hospital, you will be given a discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

When you get home, you should drink twice as much fluid as you would normally for the next 24 to 48 hours to flush your system through and minimise any bleeding.

**What else should I look out for?**

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

**Are there any other important points?**

Prostatic stents are usually only a temporary solution to problems caused by the prostate gland. You will, therefore, be reviewed in outpatients after six to eight weeks to consider whether a more permanent solution is appropriate (eg drug treatment, long term catheterisation, self-catheterisation or surgery to the prostate gland).

**Driving after surgery**

It is your responsibility to ensure that you are fit to drive following your surgery.

You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.
Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is required.

Hair removal before an operation
For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

References
NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

Is there any research being carried out in this field at Addenbrooke’s Hospital?
There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly audit and clinical governance meeting.

Who can I contact for more help or information?
Oncology nurses
Uro-oncology nurse specialist
01223 586748
Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)
01223 274608
Prostate cancer nurse practitioner
01223 274608 or 216897 or bleep 154-548
Surgical care practitioner
01223 348590 or 256157 or bleep 154-351

Non-oncology nurses
Urology nurse practitioner (incontinence, urodynamics, catheter patients)
01223 274608 or 586748 or bleep 157-237
Urology nurse practitioner (stoma care)
01223 349800
Urology nurse practitioner (stone disease)
01223 349800 or bleep 152-879
Patient Information

Patient Advice and Liaison Centre (PALS)
Telephone: +44 (0)1223 216756 or 257257
+44 (0)1223 274432 or 274431
PatientLine: *801 (from patient bedside telephones only)
E mail: pals@addenbrookes.nhs.uk
Mail: PALS, Box No 53
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

Chaplaincy and multi faith community
Telephone: +44 (0)1223 217769
E mail: chaplaincy@addenbrookes.nhs.uk
Mail: The Chaplaincy, Box No 105
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

MINICOM System ("type" system for the hard of hearing)
Telephone: +44 (0)1223 217589

Access office (travel, parking and security information)
Telephone: +44 (0)1223 596060

What should I do with this leaflet?
Thank you for taking the trouble to read this patient information leaflet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this leaflet to be filed in your hospital records for future reference, please let your urologist or specialist nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this patient information leaflet and I accept the information it provides.

Signature................................................................Date........................................
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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