**Urology department**

**Inspection/ examination of the ureter and biopsy**

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 Addenbrooke’s. Alternative treatments are outlined below and can be discussed in more detail with your urologist or specialist nurse.

What does the procedure involve?

Examination of the ureter and kidney ± biopsy, with possible placement of a plastic tube or stent. This procedure usually includes cystoscopy and x-ray screening.

What are the alternatives to this procedure?

Open surgery, other x-ray investigations or further 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?**

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure.

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

A telescope is inserted into the bladder through the water pipe (urethra). Under x-ray screening, a flexible guide wire is inserted into the affected ureter up to the kidney. A longer telescope (either rigid or flexible) is then inserted into the ureter and passed up to the kidney.

Any abnormal areas in the ureter or kidney are biopsied and it may be necessary to leave a ureteric stent and/or a bladder catheter in place after the operation.

**What happens immediately after the procedure?**

If a bladder catheter has been inserted, this is usually removed on the day after surgery. You will be able to go home once you are passing urine normally.

The average hospital stay is one day.

**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
- Temporary insertion of a bladder catheter
- Insertion of ureteric stent with a further procedure to remove it
- No guarantee of cure as this is often a diagnostic procedure only

Occasional (between one in 10 and one in 50)
- Kidney damage or infection needing further treatment
- Failure to pass the telescope if the ureter is narrow

Rare (less than one in 50)
- Finding cancer requiring additional therapy
- Damage to the ureter with need for open operation or tube placed into kidney directly from the back to allow any leak to heal
- Very rarely, scarring or stricture of the ureter requiring further procedures

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 to flush your system through and minimise any bleeding.

You may experience pain in the kidney over the first 24 to 72 hours, due to the swelling caused by insertion of the instrument or by the presence of a stent.

Anti-inflammatory painkillers will help this pain which normally settles after 72 hours.

It may take at least 10 days to recover fully from the operation. You should not expect to return to work within seven days.

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. Small blood clots or debris may also pass down the ureter from the kidney, resulting in renal colic; in this event, you should contact your GP immediately.

Are there any other important points?
If a biopsy has been taken, it may take 14 to 21 days before these are available. It is normal practice for the results of all biopsies to be discussed in detail at a multidisciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.
If you have any continuing problems regarding the results, you can telephone the specialist nurses or speak to your GP at his/her surgery.

Depending on the underlying problem, an outpatient appointment, further treatment or another admission may be arranged for you before you leave the hospital. Your consultant or named nurse will explain the details of this to you. If a stent has been inserted, you will be informed before your discharge when the stent needs to be removed. Ureteric stents are usually removed in the day surgery unit under local anaesthetic. A specific information sheet on what to expect with a ureteric stent is available from the ward or from the specialist nurse.

**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 advice and liaison service (PALS)**  
Telephone: +44 (0)1223 216756  
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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