Urology department

Ureteric stents: Frequently asked questions

Why are stents inserted?
Ureteric stents are inserted for many reasons but the commonest indications are blockage of the ureter (the tube draining urine from the kidney to the bladder) or as a prelude to lithotripsy (shockwave treatment) for a large kidney stone.

How are stents inserted?
Insertion of a ureteric stent is usually performed under a general anaesthetic. In most cases, in order to insert a stent, the surgeon will need to pass an instrument via the urethra (the water pipe leading to the bladder) and use x-ray control to ensure that the stent is correctly positioned. The procedure takes approximately 15 minutes to perform and specific consent information is available for this on request.

What should I expect afterwards?
You may find that, when you first pass urine, it stings or burns and is slightly bloodstained. You may also experience a desire to pass urine frequently and some discomfort in the lower part of your abdomen. Men can experience pain at the tip of the penis and some women develop symptoms similar to those of cystitis. These acute symptoms will, in most cases, settle within 24 to 48 hours.

Some patients with ureteric stents develop pain in the kidney when they pass urine; this is quite common and is not a cause for concern. Some patients will notice a small string coming out of the water-pipe (urethra) after the operation. It is important this is not pulled by you as it will remove the stent. The string allows the stent to be easily removed in the clinic, usually a few days after your procedure.

What should I do afterwards?
For the first few days after insertion of a ureteric stent, it is important to drink plenty of fluids, two to three litres (four to five pints) each day, in order to flush your system through. Your stay in hospital should be no more than one night. Before you go home, you may have an x-ray to ensure that your stent is in the correct position.
Other information
This patient information leaflet provides input from specialists, the British Association of Urological Surgeons, the Department of Health and evidence based sources as a supplement to any advice you may already have been given by your GP. Alternative treatments can be discussed in more detail with your urologist or specialist nurse.

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 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

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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