



LIVING WITH A URETERIC STENT

Frequently-asked questions from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information for patients who have had a ureteric stent put in. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

[http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Stent advice.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Stent%20advice.pdf)

KEY POINTS FOR LIVING WITH A STENT

- We recommend that you drink at least 1.5 to 2 litres (approximately 4 pints) of fluid each day to cut down the risk of infection and reduce the amount of blood in your urine
- If your pain is troublesome, you can take simple painkillers on the advice of your GP or urologist
- If you have a stent with a thread coming out of your urethra (waterpipe), you should take care not to dislodge the thread
- If you have not heard from your urology department about removal of your stent within four to six weeks of its insertion, you should let them know without delay
- Click [here](#) for procedure-specific information about stent insertion and removal

Why are stents inserted?

A ureteric stent (pictured right) is a small, hollow tube which is put inside your ureter (the tube that drains urine from your kidney to your bladder). It is curled at both ends to keep the upper end fixed inside the kidney, and the lower end in place inside your bladder. Stents are put in for several reasons; the commonest 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** – to create some space around a stone so that it will respond better to shockwave treatment
- **to allow the ureter to heal** – either after injury to the ureter, major abdominal (tummy) surgery on the bladder or ureter, or after endoscopic surgery within the ureter itself

Stents are designed to allow people to lead as normal a life as possible. However, they do have side-effects so there is a balance between the risk of these and the advantages of relieving blockage.

Fortunately, most of the side-effects are minor and can be tolerated without too much difficulty. Most patients with a ureteric stent will be aware of its presence for a lot of the time. In some people, symptoms can be more severe.

What should I expect after I have had a stent put in?

We do not have a clear understanding of why stent symptoms occur. It is not possible to predict, before your stent is inserted, whether you are likely to suffer them, or how severe they will be. The commonest problems are:

Urinary symptoms

- increased frequency of urination;
- pain or discomfort in your bladder or urethra;
- a need to rush to the toilet (urgency);
- a small amount of blood in your urine – this can usually be improved by increasing your fluid intake;
- in men, pain at the tip of the penis;
- occasionally, a sensation of incomplete bladder emptying; and
- very occasionally in women, minor episodes of incontinence.

There is some evidence that pain on passing urine and blood in the urine may improve with time. Whilst this is unpredictable, we do know that between two and seven patients out of 10 (20 to 70%) experience one or more of the side-effects above.

Pain at other sites

As well as discomfort in your bladder area, stents can also cause pain in your kidney (loin), groin, urethra (waterpipe) or genitals. These symptoms are often more noticeable after physical exercise, or immediately after you pass urine.

Urinary infection

Having a stent, together with an underlying kidney problem, makes you more likely to get infection in your urine. Infection should be suspected if you have:

- a raised temperature;
- increasing pain in your kidney or bladder;
- difficulty emptying your bladder;
- increasing bleeding in your urine;
- a burning sensation whilst passing urine; or
- a general sense of feeling unwell.

If you do develop one or more of these symptoms, you should get medical advice without delay.

Can the side-effects interfere with daily life?

Stents should not cause disruption to your normal daily life but they can be frustrating. Some side-effects may cause problems, either directly or indirectly:

- **Physical activity and sport**

You can continue with physical activities, provided the underlying kidney condition and your general health allow this. You may get pain in your kidney (loin) and see blood in your urine after any sport or strenuous physical exercise. The side-effects can also make you feel more tired than usual and less keen to take exercise

- **Work**

You should be able continue working normally with a stent in place. You may get some discomfort if your work involves a lot of physical activity, and you may feel more tired than usual. If your stent symptoms interfere with your work, we recommend you discuss adjustments to your workload with your manager and colleagues

- **Social interaction**

This should not be adversely affected by having a stent. If you do get urinary frequency and urgency, you may need to make sure that you have ready access to public toilets during outdoor activities. Some patients need a little more help than usual from family or colleagues if they experience pain or tiredness

- **Travel and holidays**

If your general health and the underlying kidney condition permit, it is perfectly safe to travel with a stent in place. Side-effects can make

travel and holidays less enjoyable, and there is a small chance that you may need additional medical help during this time

- **Sexual activity**

There are no restrictions on your sex life if you have a stent. Some patients experience discomfort during sexual activity and the side-effects may have an adverse effect on your sex drive. If you have a temporary stent, with a thread through your urethra, sexual activity can be difficult. You should be careful not to dislodge the thread and displace the stent

Are there any other possible complications?

If left in place for too long, a stent can become encrusted with a “crystal” (stone-like) coating on its surface. This does not normally cause problems although it may worsen some urinary side-effects (especially pain & bleeding). Occasionally, encrustation of stents can be problematic, making it difficult for the urologist to change or remove the stent. It is therefore very important that you are told how long the stent is to be left in and that you know when it is due to be removed or changed.

Displacement of the stent is very unusual but, if your stent does slip out of your urethra, or even fall out altogether, you should contact your urologist or specialist nurse as soon as possible.

Monitoring of patients with stents

Most urologists use some form of stent-tracking system to record their patients with ureteric stents. The purpose of these is to ensure that stents are removed or changed at the appropriate time, and not left in too long. Some basic patient data (e.g. name, NHS number and date of birth) are entered and securely stored. This is required so that members of the clinical team can keep a close eye on how long your stent has been in place.

If, however, you are concerned that your stent has been in longer than you expected, please contact the secretary of your urology Consultant to enquire about the removal date.

In the Appendix at the bottom of this information leaflet, you will find a checklist summarising details of your stent insertion, when it needs to be changed or removed, and details of who to contact if you have any questions or concerns. You are advised to keep this document in a safe place so you can refer to, it if needed.

When should I call for help?

You should get in touch with a doctor or hospital urgently if:

- you experience constant, unbearable pain associated with your stent;
- you have symptoms of urinary infection (raised temperature, pain on passing urine and feeling generally unwell);
- your stent gets dislodged or falls out; or
- you notice a significant increase in the amount of blood in your urine.

How is the stent removed?

We usually remove stents under local anaesthetic by [flexible cystoscopy](#).

We use local anaesthetic jelly to numb and lubricate your urethra. Once the flexible telescope (pictured) has been put into your bladder, the end of the stent can be grasped with forceps and the stent removed.



You may experience some temporary discomfort following stent removal, usually lasting a few hours, so you may find it helpful to take some painkillers such as paracetamol or ibuprofen.

If removal under local anaesthetic is not appropriate, you will be admitted as a day case for removal under a general or spinal anaesthetic.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);

- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP

APPENDIX: Patient Discharge Information

Enter your initials in the right-hand column for each item, to confirm your understanding

Information provided by on / /	Office use only
I understand that I have had a ureteric stent inserted on / / as part of my urological treatment	
I have been told that this is a temporary measure and that I might have symptoms that mimic a urinary tract infection (urine frequency, sensation of bladder not emptying fully and blood in my urine). I may also have ache in my loin (where the kidneys are) when I pass urine. If these symptoms get worse, I have been given details about what to do and who to call for further advice	
I have been told that this stent should be removed or changed by / /	
I have been told that, if stents remain in place too long, there is a risk of urinary tract infection and “ encrustation ” (where stones form on the coils of the stent, making them more difficult to remove, sometimes requiring further telescopic surgery to remove them)	
If the date above passes without a confirmed date to remove or change the stent within a further weeks, I have been told to contact the urology department to ensure the plans for the stent are in place - the key contact details for my surgical team are recorded below	
Name of the surgeon responsible for my overall care, including my ureteric stent	
Name and contact details of the Specialist Nurse for questions about my ureteric stent	
Name and contact details of the Urology Department Administrator	