Open removal of stone from the ureter: procedure-specific information

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 involves the removal of a stone in the ureter (the tube connecting the kidney to the bladder) with an incision in the side or abdomen & possible placement of plastic tube in ureter

What are the alternatives to this procedure?
Telescopic removal, (telescopic or minimally-invasive) removal, shock wave treatment, observation to allow spontaneous passage

What should I expect before the procedure?
You will usually be admitted on the same day as your surgery. You will normally undergo preassessment on the day of your clinic or an appointment for preassessment 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 6 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.

An X-ray to confirm the position of your stone(s) will normally be performed shortly before your operation.

You will be given an injection under the skin of a drug (Dalteparin), that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.
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 or Clopidogrel (Plavix®)
- 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 site of the incision will be determined by the position of your stone. This may be in just below your rib cage (for a stone in the upper ureter), in your flank (for a stone in the mid-section) or in your lower abdomen (for a stone in the lower third). The ureter is mobilised and an incision made into it through which the stone is removed.

A wound drain is usually inserted at the end of the procedure, together with a bladder catheter to monitor urine output; it may also be necessary to insert a stent into the ureter at the time of surgery.
What happens immediately after the procedure?

You will be mobilised as soon as possible after the operation. The wound drain is normally removed when drainage ceases after 3-5 days and the bladder catheter is removed once you are mobile enough to go to the toilet to pass urine yourself.

Absorbable stitches are usually used and do not require removal; If the stitches used are not absorbable, we will arrange for them to be removed either on the ward or by your District Nurse after 7-10 days.

You may have a further X-ray after the procedure to confirm that the stone has been completely removed and to check the position of a ureteric stent If this has been inserted.

The average hospital stay is 8 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 1 in 10)
- Temporary insertion of a bladder catheter and wound drain
- Need to stent the ureter with a temporary plastic tube
- Further procedure to remove the ureteric stent, usually under local anaesthetic

Occasional (between 1 in 10 and 1 in 50)
- Bleeding requiring further surgery or transfusions
- Possibility of further or recurrent stones#

Rare (less than 1 in 50)
- Long term drainage of urine from the drain site due to slow healing of the opening made in the ureter to remove stone
- Scarring or stricture of ureter requiring further surgery
- Infection, pain or hernia of incision requiring further treatment
- No guarantee of removal of all stones
- Need to do further open surgery or radiological procedures to remove the stone

Hospital-acquired infection (overall risk for Addenbrooke’s)
- Colonisation with MRSA (0.01%, 2 in 15,500)
*Clostridium difficile* bowel infection (0.02%; 3 in 15,500)
*MRSA* bloodstream infection (0.00%; 0 in 15,000)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

**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.

You will feel slightly uncomfortable for at least 6 weeks after the procedure and you will need at least 4 weeks off work after this operation.

It is advisable that you continue to wear your elasticated stockings for 14 days after your discharge from hospital.

If a ureteric stent has been inserted, this usually needs to remain for 4-6 weeks to allow complete healing of the incision in the ureter. Stent removal is normally performed in the Day Surgery Unit under local anaesthetic and we will arrange this for you.

Approximately 60% of patients with stents experience some discomfort, similar to cystitis, until the stent is removed. Simple painkillers will usually help but there is nothing to be gained from treatment with antibiotics unless there is a proven urinary infection.

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

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

If you develop any unexpected abdominal pain, loin pain or other symptoms, you should contact your GP immediately.

**Are there any other important points?**

A follow-up outpatient appointment will normally be arranged 6-8 weeks after the operation. A further kidney X-ray or radioisotope measurement of kidney
function may be requested at that stage to assess the recovery of the kidney following stone removal.

It is not unusual to experience twinges of discomfort with any incision on your abdomen and these twinges can go on for several months.

You can prevent further stone development by implementing changes to your diet and fluid intake. If you have not already received a written leaflet about this, contact your named nurse, the Specialist Nurse in outpatients or your Consultant.

**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 3 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 may need to remove hair to allow them to see or reach your skin. If the healthcare team consider it is important to remove the hair, they will do this by using 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 for hair removal, as this can increase the risk of infection to the site of the operation. If you have any questions, please ask the healthcare team who 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 & 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 & 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 & 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 & security information)**
- Telephone: +44 (0)1223 596060

**What should I do with this form?**
Thank you for taking the trouble to read this information sheet. 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 form 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 information sheet and I accept the information it provides.

Signature..................................................Date...........................................

**How can I get information in alternative formats?**
Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

**Polish** Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

**Portuguese** Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

**Russian** Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

**Cantonese** 若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223
Addenbrooke’s is a smoke-free site. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169.