

# Cystoscopy and stent insertion / replacement (Side: \_\_\_\_\_ )

affix patient label

## What is this procedure?

This procedure involves telescopic inspection of the bladder and water pipe (urethra) combined with insertion of a soft plastic tube placed in the pipe running between the kidney and the bladder (ureter). The procedure is usually performed under X-ray control.

## Why do I need this procedure?

A ureteric stent is placed if there is a blockage to its drainage, either from a cause within the tube, or from the outside. Sometimes stents can be placed to protect the ureter from harm eg if future surgery is planned that will be close to the ureter(s). In all cases, your specialist should inform you of the reason for stent placement.

## Are there any alternatives?

Alternatives to this procedure include observation or placement of a tube directly into the kidney through your back (nephrostomy).

## What happens before the procedure?

If this is a planned (elective) operation, you will usually be admitted to hospital on the same day as your surgery. You will usually receive an appointment for a 'pre-assessment' to assess your general fitness, screen you for MRSA and do some baseline investigations. Once you have been admitted, you will be seen by the surgeon performing the operation, and complete the consent form. You will be asked not to eat and drink for six hours before surgery. Immediately before your operation, the anaesthetist may give you a pre-medication which will make you dry mouthed and pleasantly sleepy.

If this is an emergency operation, the operating surgeon will see you on the ward and explain the reason for the procedure, and go through the consent form with you. The anaesthetist will also see you prior to the procedure.

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Please feel free to discuss any concerns and ask questions prior to signing.

## What does it involve?

Either a full general anaesthetic (where you will be asleep) or a spinal anaesthetic (where you are unable to feel anything from the waist down) will be used. Your anaesthetist will explain the pros and cons of each type of anaesthetic.

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

A telescope is inserted through the water pipe (urethra) to your bladder. A stent (soft plastic tube) is then inserted into the ureter, using the telescope, under X-ray guidance.

## What happens afterwards?

You will usually be allowed home once you have passed urine satisfactorily. If a catheter is left in place, this is usually removed within 24 hours. If this is an elective procedure you will normally go home on the day of surgery.

**Are there any risks or complications?**

As with all procedures, there are risks from having this procedure. You should be reassured that, although these complications are well recognised, the majority of patients do not suffer any significant problems after this procedure.

**Common** (greater than 1 in 10 patients)

- Mild burning or bleeding on passing urine for a short period after the operation.
- Temporary insertion of a catheter.
- Temporary discomfort from the tube causing pain, frequency and occasional blood in the urine: The lower part of the stent can irritate the inner lining of the bladder, which can cause 'cystitis' symptoms. Most patients will be offered a tablet (called tamsulosin) to control these symptoms.
- Further procedure to remove stent if inserted.

**Occasional** (between 1 in 10 and 1 in 50 patients)

- Infection of bladder requiring antibiotics: If you feel feverish after the procedure please seek medical attention.
- Occasionally we cannot pass the stent, which means alternative treatment is needed: If this occurs, the surgeon will discuss alternative measures such as nephrostomy insertion (see earlier).
- Telescopic removal/biopsy of bladder abnormality/stone if found.

**Rare** (less than 1 in 50 patients)

- Delayed bleeding requiring removal of clots or further surgery.
- Injury to the urethra causing delayed scar formation.

**Hospital-acquired infection**

- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.01% - 1 in 10,000)
- MRSA bloodstream infection (0.02% - 1 in 5000).

The rate for hospital-acquired infection may be greater in high-risk patients, for example those patients:

- with long-term drainage tubes
- who have had their bladder removed due to cancer, or
- who have had a long stay in hospital/multiple hospital admissions.

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

When you are discharged from hospital, you should:

- be given advice about your recovery at home
- be advised when to resume normal activities
- receive contact details if you have concerns once you are home
- be told when to expect the results of any tests done or tissues or organs which have been removed
- be told when your follow-up will be and who will do this (the hospital or your GP).

When you leave hospital, you will be given a 'draft' discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment.

When you get home, drink twice as much fluid as you would normally for the first 24-48 hours to flush your system through. When you first pass urine, you may find that it burns and is lightly bloodstained.

Six out of ten patients (60%) will suffer from stent symptoms. These might be discomfort/pain in the flank, increased frequency of voiding urine, or pain on voiding urine. In up to 40% of patients these symptoms may interfere with their ability to work. Simple painkillers will usually help this but there is nothing to be gained from treatment with antibiotics unless there is a proven urinary infection. Occasionally, this pain can be severe enough to result in early removal of the stent.

**Is there anything else I should look out for?**

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

**Will I have any follow-up?**

Your follow-up plan will be explained before your discharge from hospital and may involve an outpatient clinic appointment, arrangements for you to have your stent removed / replaced at a later date, or further treatment. If stent placement is a long-term measure, they usually need changing every 6 months. Otherwise, stents do not normally need to remain in place for more than six weeks. Please let us know if you have not heard from us about removing your stent within six weeks of your discharge.

**Contact us**

If you have any questions, worries or concerns, please contact your specialist's secretary, or alternatively your GP.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690



**CONSENT FORM 1**  
**PROCEDURE SPECIFIC PATIENT AGREEMENT**

NHS number: .....

Name of patient: .....

Address: ..... *AFFIX PATIENT LABEL*

Date of birth: .....

CR number: .....

# Cystoscopy and stent insertion / replacement (Side: \_\_\_\_\_ )

*A procedure involving telescopic inspection of the bladder +/- X-ray guided stent insertion / replacement*

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

**I have explained the procedure to the patient.** In particular, I have explained the intended benefits:

- *To pass a telescope into the bladder for inspection +/- insert a ureteric stent under X-ray guidance.*

**Significant, unavoidable or frequently occurring risks:**

- *Cystitis symptoms*
- *Blood in the urine*
- *Urine infection*
- *Catheterisation*
- *Further procedure to remove stent.*

**Uncommon but more serious risks:**

- *Inability to pass stent.*

**Rare but serious risks:**

- *Blood infection (septicaemia).*

**Any extra procedures which may become necessary during the procedure:**

- *Other procedure (please specify):*

**I have also discussed what the procedure is likely to involve,** the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

**I have given and discussed the Trust's approved patient information leaflet for this procedure: Cystoscopy and stent insertion / replacement (RCHT1585) which forms part of this document.**

**I am satisfied that this patient has the capacity to consent to the procedure.**

This procedure will involve:  General and/or regional anaesthesia     Local anaesthesia     Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

### STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I understand** that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**I have received a copy of the Consent Form and Patient Information leaflet: Cystoscopy and stent insertion / replacement (RCHT1585) which forms part of this document.**

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRMATION OF CONSENT** (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Job title: \_\_\_\_\_

**Important notes** (tick if applicable):

See advance decision to refuse treatment  Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

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