

**Patient Information to be retained by patient**

# Ureterorenoscopy and stone removal (URS)

affix patient label

## What does this procedure involve?

This operation involves the passage of a fine telescope through your bladder and up into the ureter (tube draining your kidney) to remove a stone.

## Why do I need this procedure?

We think you have a stone in your ureter or kidney. Without treatment these stones can increase in size and block the flow of urine from the kidney. They can cause pain, damage to the kidney and severe infection.

## Are there any alternatives?

Some small stones will pass without help along the ureter and into the bladder. It may sometimes be safe to watch for a short time to see if this happens. Some stones can be treated with shock wave therapy (lithotripsy). Keyhole or open surgery may be an option for larger stones.

If you would like more information about why we are recommending this procedure (URS) and not others, you should feel free to ask your urologist.

## How do I prepare for it?

You **can** continue to take your regular medication unless you have been told otherwise. If you are taking aspirin, clopidogrel or warfarin regularly, you must discuss this with your urologist at the clinic, or at the pre-assessment appointment.

Do not eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (eg tea or coffee with milk) and sweets all count as food. You **can** drink water or a drink without fats in it (eg black coffee) until 2 hours before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You will usually be admitted on the day of surgery. A member of the urology team will also see you on the ward. This is usually the surgeon who will perform your operation. Feel free to ask any questions you have about the operation or what will happen afterwards. The surgeon may examine you again. They will also check that this consent form has been completed and signed.

## What does it involve?

The operation is usually performed using a general anaesthetic. In exceptional cases it can be performed under a spinal anaesthetic using an injection into your back. The anaesthetist will discuss this with you on the day of surgery. Antibiotics are normally given at the time of surgery to reduce the risk of infection.

A short telescope is inserted into the bladder through the water pipe or urethra that connects the bladder to the outside world. Low dose X-rays are then used to guide a flexible wire into the affected ureter up to the kidney. A long and very thin telescope (ureteroscope) is then passed next to the guidewire up to the stone. In most cases the stone is destroyed with a laser, and the fragments extracted with special grabbers. The fragments are sent for analysis as this can help to explain why they are forming. Smaller fragments can be left to pass without help.

In some cases a hollow tube (stent) is left in the ureter at the end of the surgery. This improves urine flow after stone removal. It may be needed if it has taken multiple passes to remove the stone as this can cause some swelling and blockage of the ureter. Stents also reduce the risk of stone fragments blocking the ureter and causing pain. They do however cause some irritation and need to be removed (See over).

**What happens afterwards?**

After returning to the ward from the recovery area you will normally be allowed to eat and drink. We will check that you can pass urine. Before you leave you should be told if and when we need to see you again. If a stent has been inserted this will normally be removed one to two weeks later using a flexible cystoscope. This is a thin medical telescope inserted into the bladder under local anaesthetic.

**What should I look out for at home?**

You will normally be given painkillers to take for a short period after surgery. If you have a stent in place you may also be given a tablet called tamsulosin. This once-a-day tablet reduces the common symptoms caused by the stent:

- cystitis symptoms – a burning sensation, frequency and urgency to pass urine
- pinkish coloured urine
- discomfort in the kidney, worse with a full bladder and on passing urine.

You may experience some pain in the kidney for several days after surgery. Over the counter painkillers can help with this, especially anti-inflammatory tablets, if you can safely take them.

Although most patients will go home on the day of surgery, it can take a week or two to recover. You should expect to take a week off work.

By the time of your discharge from hospital you should be given advice about:

- your recovery at home
- when to resume normal activities
- contact details if you have concerns once you are home
- your follow-up arrangements.

**What else should I look for?**

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

**Will I need any follow up?**

We will usually see you in the outpatient department with an X-ray or shortly after an ultrasound scan. You may not need an appointment if we are confident that the stone has gone. Your GP will be informed of the result of the stone analysis in due course. They may provide dietary or other advice to reduce the risk of stones forming in the future.

**Are there any risks or complications?**

As with all procedures, there are risks from having this operation as described below. You should be reassured however that the majority of patients do not suffer any significant problems after this procedure.

**Common (Happens to more than 1 in 10 patients)**

Mild burning or bleeding on passing urine: This may occur for up to 12 hours after the procedure. If a stent is placed these symptoms may last longer.

Temporary insertion of a catheter: A catheter may be left in for a short time after surgery if bleeding has occurred during the operation or if the procedure is prolonged.

Insertion of a stent with a further procedure to remove it: Stents are sometimes left in place at the end of the procedure to ensure free flow of urine. They can cause irritation and will need a further procedure to remove them around 2 weeks later. **Nearly all patients with a stent will experience some symptoms**, but the severity is varied. Common complaints include increased urgency and frequency of urination, discomfort when passing urine, pinkish urine, intermittent loin discomfort. We may give you tamsulosin to help with this.

#### **Occasional (Happens to between 1 in 10 and 1 in 50 patients)**

Inability to remove the stone or pushing the stone back into the kidney: Sometimes the stone is impacted in the wall of the ureter and cannot be safely fragmented. Sometimes small stones are pushed back up into the kidney. In these cases, a stent is placed, which causes the ureter to expand, allowing safe access at a later date or allowing small stones to pass into the bladder.

Failure to safely pass the ureteroscope: In some instances the ureter is tight or kinked, preventing the ureteroscope passing up the ureter to treat the stone. In these circumstances a stent is placed and the procedure is repeated at a later date.

Urine infection: This risk is minimised by testing your urine before the operation and by giving antibiotics at the start of the operation. If you feel feverish or unwell after the operation or have any other symptoms of infection, please see your GP immediately.

Recurrence of stones: About half of patients that produce a kidney stone will develop another stone in their lifetime. Your urologist will discuss ways of reducing this risk.

#### **Rare (Happens to fewer than 1 in 50 patients)**

Damage to the ureter: The movement of the ureteroscope along the ureter may cause scarring, as do the stones themselves. This can lead to narrowing or blockage of the ureter that might need further treatment in the future. The risk is minimized with careful use of stents.

During fragmentation of the stone, the laser can also damage the ureter, causing scarring or even a hole in the wall of the ureter. If this occurs the procedure will be abandoned and a stent inserted to prevent urine leakage.

#### **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)

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 253690



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

# Ureterorenoscopy and stone removal (URS) (Side: \_\_\_\_\_ )

An operation to remove a stone(s) in the kidney or ureter

NHS number: \_\_\_\_\_  
 Name of patient: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 CR number: \_\_\_\_\_

**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 and summarised the risks, as below:

- *To remove the stone(s) from your ureter and reduce the risk of problems such as pain, obstruction, or infection.*

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

- *Temporary symptoms of frequent or urgent need to pass urine and discomfort on passing urine*
- *Symptoms from a stent (if inserted) including those above as well as pinkish urine or loin pain*
- *It may not be possible to remove the stone and further procedures may be necessary.*

**Uncommon / later risks:**

- *Urine infection*

**Rare but serious risks:**

- *Damage to the ureter leading to risk of future scarring and requiring stent placement*

**Any extra procedures which may become necessary during the procedure (including associated risks):**

- *Insertion of a stent requiring a further procedure to remove it and additional symptoms as above*
- *Temporary placement of a urinary catheter*

**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: Ureterorenoscopy & stone removal (URS) RCHT1496 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: Ureterorenoscopy & stone removal (URS) RCHT1496 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: \_\_\_\_\_

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

# Ureterorenoscopy and stone removal (URS) (Side: \_\_\_\_\_ )

*An operation to remove a stone(s) in the kidney or ureter*

NHS number: \_\_\_\_\_  
 Name of patient: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 CR number: \_\_\_\_\_

AFFIX PATIENT LABEL

**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 and summarised the risks, as below:

- *To remove the stone(s) from your ureter and reduce the risk of problems such as pain, obstruction, or infection.*

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

- *Temporary symptoms of frequent or urgent need to pass urine and discomfort on passing urine*
- *Symptoms from a stent (if inserted) including those above as well as pinkish urine or loin pain*
- *It may not be possible to remove the stone and further procedures may be necessary.*

**Uncommon / later risks:**

- *Urine infection*

**Rare but serious risks:**

- *Damage to the ureter leading to risk of future scarring and requiring stent placement*

**Any extra procedures which may become necessary during the procedure (including associated risks):**

- *Insertion of a stent requiring a further procedure to remove it and additional symptoms as above*
- *Temporary placement of a urinary catheter*

**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: Ureterorenoscopy & stone removal (URS) RCHT1496 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: Ureterorenoscopy & stone removal (URS) RCHT1496 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: \_\_\_\_\_