

What is a ureteral stent?

A ureteral stent is a soft tube about 10 - 12 inches long and about as big around as a coffee swizzle stick (picture on left). It is placed in the ureter, which is the muscular tube that drains urine from the kidney to the bladder (picture below). One end of the tube sits inside the kidney, and one end sits in the bladder.

What does the stent do?

The purpose of a stent is to hold the ureter open and maintain drainage of urine. It usually is used temporarily, although in some cases a blockage of the ureter is managed long-term with a stent.

When is a stent used?

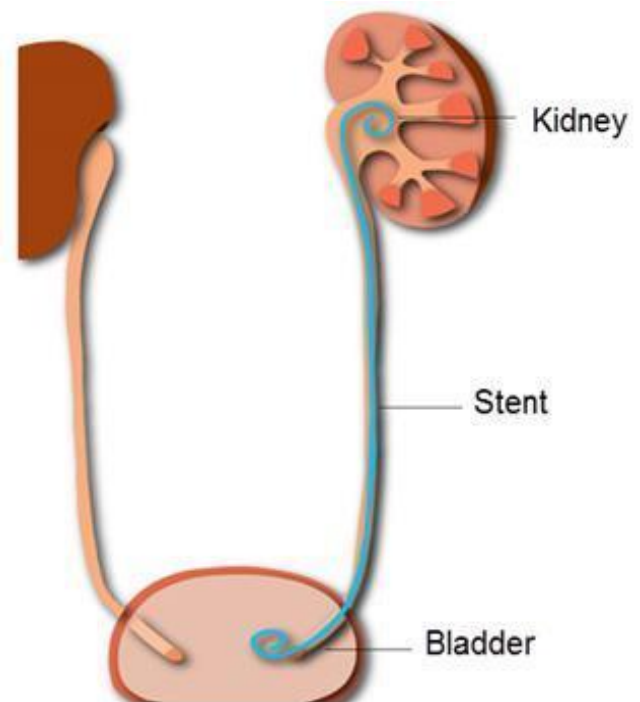
A stent is placed if your Urologist thinks that urine might not drain well through the ureter. This may be caused by a blockage or as a reaction to surgery.

Does the stent ever fall out?

Yes, uncommonly. If you notice that the stent falls out, please bring it to clinic.

Does the stent cause symptoms?

Many patients do feel the stent. Most commonly there is bladder irritation, typically causing frequent and/or uncomfortable urination. Some patients feel pain in the kidney during urination. It is also common for the urine to be bloody when the stent is in place, and this bleeding usually increases with activity. The amount of blood loss is rarely significant. Once the stent is removed, the symptoms resolve, usually within 24 to 48 hours.



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When should the stent be removed?

In some cases, the stent can be removed just a few days after the procedure, while in other cases your Urologist may recommend that it stay in place longer. In general, a stent should be removed (or exchanged) within 3 months.

How is the stent removed?

There are two ways to remove ureteral stents. Commonly, the stent is removed by cystoscopy, an outpatient procedure which takes only a few minutes. During cystoscopy the Urologist places a small flexible tube through the urethra (the hole where urine exits the body). Immediately before the procedure we instill sterile lubrication containing local anesthetic (lidocaine) into the urethra to numb the area. You will be asked to urinate after the procedure. Because there is no need for an intravenous (IV) line and the anesthesia is local, not general, you do not have to be accompanied by anyone else and you can eat normally before and after the procedure.

Do the following one hour prior to having your stent removed in clinic:

- Drink 3-4 cups of water
- Take extra medications: narcotic (e.g. Norco[®], oxycodone), ibuprofen, and an extra dose of tamsulosin (Flomax[®])

In some instances, your doctor will attach to the stent, a string which protrudes from the end of your urethra. This allows you to remove the stent at home. Your doctor will tell you what day to remove your stent by pulling on the string.

Do the following one hour prior to removing your stent at home:

- Drink 3-4 cups of water
- Take extra medications: narcotic (e.g. Norco[®], oxycodone), ibuprofen, and an extra dose of tamsulosin (Flomax[®])

When you pull on the string (on the instructed date) the stent will easily come out with it. It is preferable to remove the stent in the morning. You can remove the stent in the tub or shower by pulling the string gently. Make sure the stent is intact. On the rare occasion that the string breaks and the stent doesn't come out, contact the Urology office at 515-400-3550 to make arrangements to remove the stent using cystoscopy.

What can I expect after removal of the stent?

You may have bloody urine, possibly with some small clots. You may also have "achy" pain due to ureteral spasms. This generally only last a few hours, but should resolve over the next 2-3 days. Sometimes, mild discomfort can last up to 2 weeks. You may also have burning with urination, with urinary frequency as well.

What should I do after stent removal?

- Drink 2.5-3 liters of water daily (82-100 ounces)
- Continue taking narcotic pain medicine (opioids) as needed for moderate to severe pain. Alternate with acetaminophen (Tylenol®), maximum of 3,000 mg per day, or ibuprofen (Motrin®), maximum 3,200 mg per day. You should be able to taper off narcotics.
- Continue phenazopyridine (Pyridium®) to reduce painful urination three times a day as needed.
- Continue tamsulosin (Flomax®) until you are pain free for 3 days.
- Take warm baths or use heating pad
- Prevent constipation: take stool softener like Colace, drink juices, and eat foods high in fiber (fruits and vegetables)

When should I seek medical attention?

- Go to the nearest Emergency Room (ER) if you have any of the following:
- Fever of more than 101.5 Fahrenheit along with sweats and rigors.
- Bright red blood in urine and large clots.
- Opaque urine that you can't see through.

If you are unable to urinate call the Clinic. If you are not able to reach a nurse or doctor within 60 minutes, then go to the ER.

Call the clinic if you have any of the following signs or symptoms:

- Severe pain that persists and is not relieved with pain medications. It is common to have a few hours of pain.
- Persistent painful urination lasting more than 48 hours.
- Feeling of urgency and/or need to urinate frequently.