

Flexible Ureteroscopy and Lasering of Stones

This procedure is performed to treat kidney stones. The beauty of this procedure is that it is minimally invasive, and recovery is usually very rapid.

Procedure

The procedure is done under general anaesthetic. The flexible ureteroscope is a long thin camera which is inserted via the urethra into the bladder and then into the ureter up to the kidney. The tip of the scope is manoeuvrable so that stones can be accessed in all corners of the kidney. Once the stone is located, a very fine laser is inserted inside the camera and the stone is fragmented into very fine pieces. Depending on the size, position and number of stones, the procedure can take 45 to 90 minutes.

Post Procedure

Normally, you are able to go home the same day as your surgery. If you live out of town, or the procedure has been long, it is often worthwhile staying overnight. Paracetamol and anti-inflammatory medication (eg Voltaren or Brufen) is usually all that is required for pain relief.

Risks and Complications

Treating stones in the kidney can be very challenging. Occasionally it is very difficult to access the kidney as the ureter is tight and if this is the case, the procedure is abandoned and a ureteric stent placed (See below). This is because the ureter can easily be damaged, and the worst-case scenario of a ureteric injury is that the ureter completely ruptures, which requires a large operation involving a large incision in your abdomen. Thankfully this is very, very rare!

The main risk of flexible ureteroscopy is that the stone cannot be accessed, or that the whole stone cannot be lasered. We would quote the risk of needing to come back for a second procedure at 5 to 10%. Again safety is paramount.

It is not unusual to see some blood in your urine for a few days after the procedure. This is almost always minor. There is a small risk of urinary infection, and we give you antibiotics while you are under anaesthetic.

Ureteric stents

A ureteric stent is a fine tube which is placed at the end of the procedure. It runs from the kidney down inside the ureter to the bladder. We place a stent for several possible reasons;

1. It has been too difficult to access the ureter with the camera, and a stent makes a second procedure much more straightforward.
2. The procedure has been successful, but there is a risk that the ureter may block due to small stone fragments or swelling of the ureter itself. As the ureter is quite small, even a small amount of swelling may block it, replicating the pain of a stone. In this case, the stent is usually only in place for a week or two.
3. There are residual stones left behind, meaning you need a second procedure. The stent helps to stretch out the ureter, making access to the stone a lot more easy. In this case, the stent stays in place until all the stones have been treated.

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Flexible Ureteroscopy and Lasering of Stones...continued

We only ever put in a ureteric stent if we think you need it. The majority of patients will not need a stent. If the stent has been placed, you may notice some symptoms related to it. These include pain in your kidney when you pass urine, frequency and urgency (needing to run to the toilet). You may also have bladder pain. We can give you some medication to try and minimise the symptoms. If the stent has been placed, we endeavour to keep it in place for as short a time as possible.

Follow up

We almost always need to do an x-ray after the procedure, to check that the stone has been fully cleared, and if it hasn't, what is involved in a second procedure. We would normally see you for six weeks after surgery with a plain x-ray. If you have a stent, we would always try to take this out 1 to 2 weeks after surgery if possible. Occasionally, the stent is left in longer to allow fragments to pass. Even if an x-ray it for six weeks is clear, to be completely safe, we often do an ultrasound scan 3 to 6 months after surgery.



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