

Introduction

Ureteroscopy is a procedure for diagnosis and treatment of pathology in ureter and renal pelvis. Ancillary procedures may be carried out including ureteric stent insertion (and subsequent removal) lithotripsy (for ureteric stone). Alternative treatments of ureteric stone include SWL, PCNL, open or laparoscopic ureterolithotomy.

The Operation

The procedure may be done under general, regional or local anaesthesia (to be decided by Urologist and Anaesthetist). During the Procedure, legs of patient will be elevated and put on a comfortable stirrup. Doctor will then pass an endoscope through the urethra, bladder and finally into the ureter, with continuous video viewing through the endoscope, sometimes guided by X-ray. When stone or target lesion is identified, stone will be broken by instrument. Lesion such as tumor or stricture will be dealt with accordingly. Ureteric stent and urinary catheter may be inserted as required. Video recording may be carried out for academic purpose.

Preoperative preparation

1. Admit 1 day before or on same day of this elective operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, your regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis and intravenous line may be required.
6. Coagulation problem or infection need to be optimized before operation.
7. Female patients in reproductive age should be screened for pregnancy because X-ray would cause serious harm to fetus.
8. Prophylaxis against deep vein thrombosis may be required in long procedures or patients at risk.

Postoperative Instruction

General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurses if more analgesics are required.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. There may be bloody urine. Patient may pass blood clot or stone pieces after removal of urinary catheter.
5. Patient will be given instruction on removal of ureteric stent if required.

Diet

Resume diet usually 4 hours after anaesthesia, when taking sips of water well.

Common Risks and Complications (not all possible complications are listed)

Anesthesia related complications

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

Procedure related complications

Obstructive nephropathy, urinary tract infection, or haematuria.

Things to take note on discharge

1. Contact your doctor or the Accident & Emergency Department if you find increasing pain or redness around the wound and discharge from the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "Ureteroscopy" (2022)

Smart Patient: https://www.ekg.org.hk/pilic/public/surgery_pilic/urosurg_ureteroscopy_0214_eng.pdf (20-07-2023)