

Department of Urology

Living with a ureteric stent

Introduction

Because you have a problem with the drainage of urine from one, or both, of your kidneys the urologist is going to insert a “stent” into one or both ureters. This is the tube that drains urine from your kidney to your bladder.

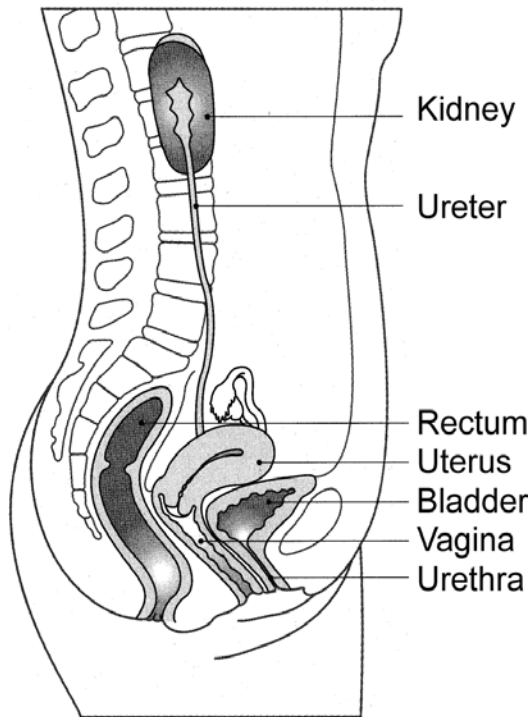


Diagram of a female urinary tract

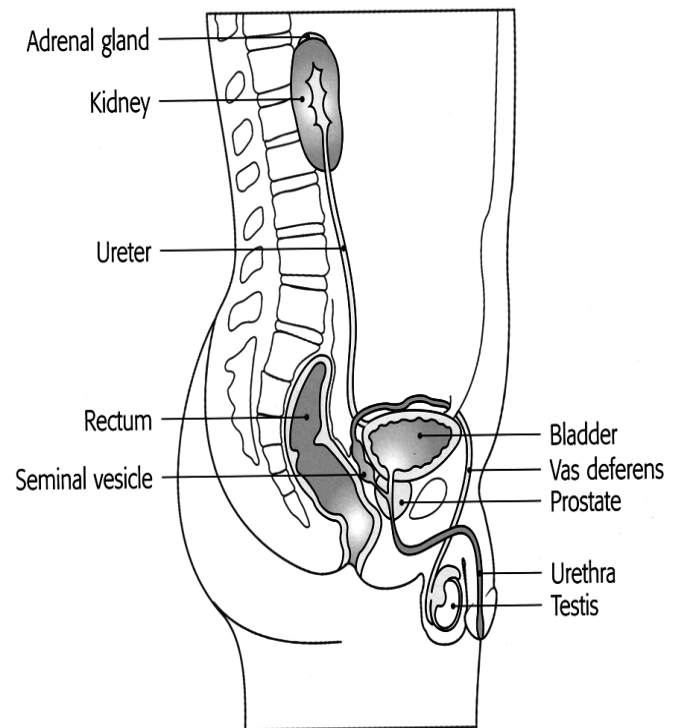


Diagram of a male urinary tract

Reasons for inserting a stent

The blockage of urine from your kidney may have been building up for a period of a few weeks. During this time you may have noticed an increasing feeling of tiredness, loss of appetite and possible sickness. This is due to the build up of salts in the bloodstream that the kidneys would normally have filtered out.

If you have one normal functioning kidney you may not have noticed any of these symptoms.



Why it is important to relieve the blockage

If the blockage is left untreated there is a possibility of permanent damage to the kidney with loss of the normal function of one or, in some circumstances, both kidneys.

If you are having treatment with chemotherapy you will need maximum kidney function for your body to deal safely with the side effects of the drugs.

What is a ureteric stent

The ureteric stent is a specially designed hollow plastic tube that is flexible enough to be placed into the urinary system (bladder and ureter). It is possible to leave the tube in place for a period of 6 to 8 months after which it can either be removed or replaced by a fresh stent.

How is the stent inserted?

The stent is usually inserted by the urologist in the operating theatre while you are under a general anaesthetic. A small telescope (cystoscope) is passed through the water pipe (urethra) into the bladder. The stent is then placed into the ureter and kidney via the opening of the ureter in the bladder. (The ureter is the water pipe from the kidney to the bladder).

Occasionally, if you have a nephrostomy tube already in place, the stent may be inserted from the kidney down into the bladder. This procedure is done in the X-ray department by a radiologist. (During a nephrostomy a fine plastic tube is inserted through the skin into the kidney from the back.)

After the procedure

Sometimes we may take an x-ray of you after placing the stent to ensure that it is in the correct position while you are in theatre. If it is not, the stent may need to be removed and repositioned.

Side effects/ consequences

As with any procedure performed under general anaesthetic there are potential risks to health.

The anaesthetist will discuss these with you.

The side effects that can occur whilst the stent is in place are pain or discomfort and urinary symptoms such as:

- increased frequency in passing urine
- irritation similar to a urine infection
- a mild increase in the need to get to the toilet quickly to pass urine
- a sensation of incomplete emptying of the bladder
- a small amount of blood in the urine
- a small risk of a stone forming around the stent.

Many of these side effects (especially blood in the urine) can be relieved by maintaining a good fluid intake of around 1.5 to 2 litres of fluid a day. Pain and discomfort in the pelvis and kidney area may be worse at the end of passing urine but it is important to maintain a good fluid intake. These side effects will decrease in the weeks following insertion of the stent.

Changing the stent

The ureteric stent is designed to stay in place for up to 6 to 8 months. If it is still required after this period of time you should be admitted to hospital for change of stent which is done in the same way as the first insertion.

Removal of the stent

If and when the kidney returns to normal function the stent will be removed. This is usually done in theatre under a local anaesthetic via a flexible cystoscopy. This is when a narrow flexible tube is passed into the bladder so the stent can be seen. The stent is then removed via the water passage. Sometimes this may need to be done under a general anaesthetic.

Contacts:

Your key workers are the Macmillan Urology Clinical Nurse Specialists:
(available 9am to 5pm)

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If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

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The Christie Patient Information Service
September 2017 – Review September 2020

