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# Ureteroscopy (Diagnostic)

## Examination of the ureter and kidney ± biopsy

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This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

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### What are the alternatives to this procedure?

Open surgery, other X-ray investigations or further observation

### Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

- ~ An artificial heart valve
- ~ A coronary artery stent
- ~ A heart pacemaker or defibrillator
- ~ An artificial blood vessel graft
- ~ A neurosurgical shunt
- ~ Any other implanted foreign body
- ~ Blood thinning medications, particularly
  - ~ Asasantin
  - ~ Aspirin
  - ~ Fish oil
  - ~ Iscover
  - ~ Persantin
  - ~ Plavix
  - ~ Warfarin
- ~ Mesh hernia repair
- ~ Previous abdominal surgery
- ~ Angina
- ~ Hypertension
- ~ Diabetes
- ~ Recent heart attack

You will usually be admitted on the day of surgery. You may be asked to attend a pre-admission clinic 5–10 days before the procedure to assess your general fitness and to perform some baseline investigations.

If you are taking warfarin, Clopidogrel, iscover, asaantin, or persantin on a regular basis, you must discuss this with Dr Campbell because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will be asked not to eat or drink for 6 hours before surgery. Immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be fitted with elasticated stockings on admission, which will help prevent thrombosis (clots) in the veins of the legs.

After admission, you will be seen by members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, your named nurse. The specialist registrar may perform your procedure in conjunction with Dr Campbell with your permission

### Where do I go for my procedure?

The admissions section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation. If no contact has been made telephone Dr Campbell's secretary on (07) 3367 6708, and the problem will be addressed.

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### Do I need to do anything special before my procedure?

You will need to not drink or eat anything for 6 hours prior to the procedure.

### During the procedure

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

A telescope is inserted into the bladder through the water pipe (urethra). Under X-ray screening, a flexible guidewire is inserted into the affected ureter up to the kidney. A longer telescope (either rigid or flexible) is then inserted into the ureter and passed up to the kidney.

Any abnormal areas in the ureter or kidney are biopsied and it may be necessary to leave a ureteric stent and/or a bladder catheter in place after the operation.

The operation takes approximately 60 minutes to complete.

### Immediately after the procedure

After the procedure, if a bladder catheter has been inserted, this is usually removed on the day after surgery. You will be able to go home once you are passing urine normally.

The average hospital stay is 1 day.

### Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction:

#### Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for short period after operation
- Temporary insertion of a bladder catheter
- Insertion of ureteric stent with a further procedure to remove it
- No guarantee of cure as this is often a diagnostic procedure only

#### Occasional (between 1 in 10 & 1 in 50)

- Kidney damage or infection needing further treatment
- Failure to pass the telescope if the ureter is narrow

#### Rare (less than 1 in 50)

- Finding cancer requiring additional therapy
- Damage to the ureter with need for open operation or tube placed into kidney directly from the back to allow any leak to heal
- Very rarely, scarring or stricture of the ureter requiring further procedures

### General side-effects of any procedure

Any operative procedure that involves regional (spinal) or general anaesthetic can have side-effects. These are explained in the leaflet on anaesthesia.

#### Hospital-acquired infection

- ~ Colonisation with MRSA (0.9%, 1 in 110)
- ~ Clostridium difficile bowel infection (0.2%; 1 in 500)
- ~ MRSA bloodstream infection (0.08%; 1 in 1,250)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

## Ureteroscopy (Diagnostic) continued...

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### What should I expect when I get home?

When you get home, you should drink twice as much fluid as you would normally to flush your system through and minimise any bleeding.

You may experience pain in the kidney over the first 24–72 hours, due to the swelling caused by insertion of the instrument or by the presence of a stent. Anti-inflammatory painkillers will help this pain which normally settles after 72 hours.

It may take at least 10 days to recover fully from the operation. You should not expect to return to work within 7 days.

When you leave hospital, a discharge summary of your admission will be sent to your family doctor. This holds important information about your inpatient stay and your operation.

### What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact Dr Campbell immediately, your family doctor, or your nearest emergency department. Small blood clots or debris may also pass down the ureter from the kidney, resulting in renal colic; in this event, you should contact Dr Campbell immediately, your family doctor, or your nearest emergency department.

For after hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, and The Greenslopes Private Hospital Emergency Centre (07) 3394 7111 are other resources that are also available.

### Are there any other specific points?

If a biopsy has been taken, it may take 5 days before these are available. A follow-up appointment is normally necessary to discuss these results with you. Your GP will also be informed of the results.

Depending on the underlying problem, an outpatient appointment, further treatment or another admission may be arranged for you before you leave the hospital. Dr Campbell or a member of his urological team will explain the details of this to you.

If a stent has been inserted, you will be informed before your discharge when the stent needs to be removed. Ureteric stents are usually removed as Day Surgery cases under local anaesthetic. A specific information sheet on what to expect with a ureteric stent is available from Dr Campbell's clinical liaison officer.

### Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed are subject to rigorous audit at monthly Audit & Clinical Governance meetings.

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## Ureteroscopy (Diagnostic) continued...

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### Who can I contact for more help or information?

**Dr Peter Campbell**

Suite 9, level 9, Evan Thomson Building, The Wesley Hospital,  
Chasely St,  
Auchenflower, QLD 4066  
(07) 3367 1608,  
[www.campbellurology.com.au](http://www.campbellurology.com.au)

**The Wesley Hospital, Urology Ward**

451 Coronation Drive,  
Auchenflower, QLD 4066  
(07) 3232 7168  
[www.uhc.com.au/wesley](http://www.uhc.com.au/wesley)

**The Wesley Emergency Centre**

451 coronation Drive,  
Auchenflower, QLD 4066  
(07) 3232 7333

**Greenslopes Private Hospital, Continence Advisor**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 7978  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

**Greenslopes Private Hospital Urology Ward**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 7261  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

**Greenslopes Private Hospital Emergency Centre**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 6777  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

**The Queen Elizabeth II Jubilee Hospital,  
Urodynamics Department**

Kessels Rd,  
Coopers plains, QLD 4108  
(07) 3275 6346

**American Urological Association Foundation**

1000 Corporate Blvd, Suite 410,  
Linthicum, MD 21090  
1800 828 7866  
[www.urologyhealth.org](http://www.urologyhealth.org)

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Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

*I have read this information sheet and I accept the information it provides.*

Signature

Date

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