

Patient information - short document on URETER STENT

What is a stent

A stent is a small hollow tube which is put inside your ureter (the tube that drains urine from your kidney to your bladder). It is curled up at both ends to keep it in place and stop it moving.



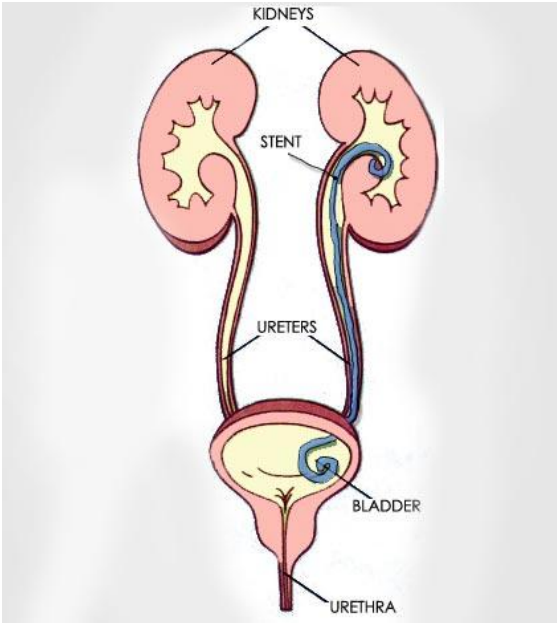
Stents are placed for a number of reasons - kidney stones, scar tissue, strictures

- cancer of a structure outside compressing the lower of the ureter

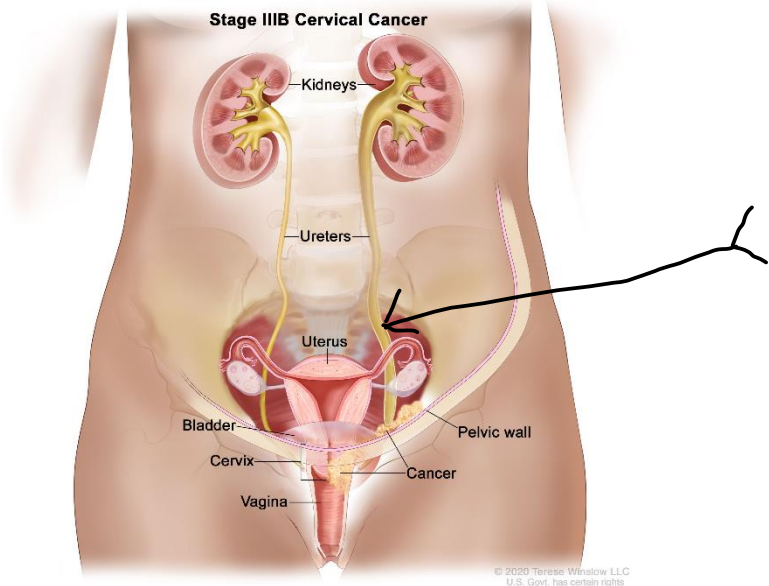
Cervix cancer when very large can compress the ureter and block it

In the gynecology oncology service in the Mater hospital, **cervix cancer** is the most common reason for our service to require a stent placed in a ureter so the kidney function can be protected or normalized prior to treatment. If the stent is not put in then the ureter swells up as does the kidney , and if this continues then the kidney may fail or not work as well. This can also cause a lot of pain.

This photograph shows the stent in the ureter with both ends curled up to keep in place.



This photograph shows the left ureter blocked by the cancer in the cervix causing the ureter to swell so a stent will be needed to decompress the ureter and the kidney



What to expect during the procedure

The first time time your stent is inserted it will be done under local anaesthetic in the interventional radiology department (IR). Because the lower end of the ureter is compressed and distorted by the cancer, it is not possible to insert the stent through the bladder. Therefore a procedure is performed in the X-Ray department where an ultrasound is performed of the kidney, some local anesthetic is put into the skin and a small needle is placed through the skin and into the swollen kidney under ultrasound control. Once this is done a small flexible guide wire is inserted through the needle and pushed all the way down into the bladder passed the compressed part of the ureter. Then a stent is placed over the guidewire and pushed down into position. This is usually done as a single procedure, but on occasion it needs to be done as a 2 staged procedure to allow the ureter and kidney to decompress first. If it is a 2 stage type then there will be a temporary bag attached to the back to allow the urine from that blocked kidney to drain out.

When the stent needs to be changed it is usually performed by a different team, The urology team. This entails a short general anesthetic, a small camera (cystoscope) is inserted into the bladder, the old stent removed and a new one inserted. This needs to be exchanged usually every 6 months. The reason for exchanging the stent this way is to prevent having to puncture the kidney each time and so less trauma. If the stent is not exchanged regularly then it can become encrusted with small crystals. When a stent is being changed under general anesthetic the hospital will advise the patient prior to coming into hospital as to what to bring in. the patient will also need someone to bring them home afterwards and may need to take a few days off work to fully recover. The patient will need to be **fasting from midnight** before the procedure and can drink water only up to 2 hours before the procedure.

What are the potential Problems following stent insertion

Stents can cause pain along its course , pain in the flank or loin area, the groin and in the bladder area. Sometimes the stent can irritate the bladder and cause blood in the urine. It can also make the bladder more sensitive and cause frequency, hesitancy, infection. Feeling unwell, raised temperature, and frequency can be a symptom of infection so the need to contact your GP or doctor and possible antibiotics and per oral fluids to keep well hydrated. Once the stent is in place it should not interfere with daily activities e.g. work, exercise, sexual function etc but pain can be an issue for some after exercise.