



The British Association of Urological Surgeons

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INSPECTION/EXAMINATION OF THE URETER ± BIOPSY INFORMATION FOR PATIENTS

What evidence is this information based on?

This booklet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and other sources. As such, it is a reflection of best urological practice in the UK. You should read this booklet with any advice your GP or other healthcare professional may already have given you. We have outlined alternative treatments below that you can discuss in more detail with your urologist or specialist nurse.

What does the procedure involve?

Examination of the ureter and kidney ± biopsy, with possible placement of a plastic tube or stent. This procedure usually includes inspection of the bladder and x-ray screening.

What are the alternatives to this procedure?

The alternatives to this procedure include open surgery, other X-ray investigations and further observation.

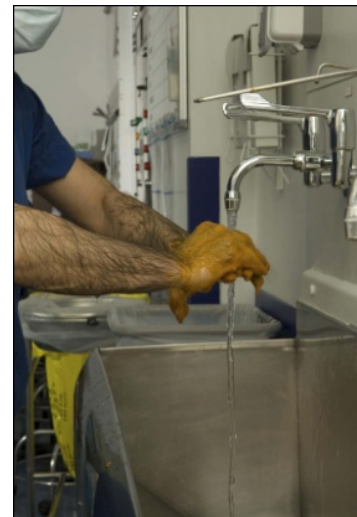
What should I expect before the procedure?

You will usually be admitted to hospital on the same day as your surgery. You will normally receive an appointment for a "pre-assessment" to assess your general fitness, to screen you for MRSA and to do some baseline investigations. Once you have been admitted, you will be seen by members of the medical team which may include the consultant, specialist registrar, house officer and your named nurse.

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

Please tell your surgeon (before your surgery) if you have any of the following:

- An artificial heart valve
- A coronary artery stent



- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood-vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

A full general anaesthetic is normally used and you will be asleep throughout the procedure. You will usually be given an injection of antibiotics before the procedure, after you have been checked for any allergies. The anaesthetist may also use an epidural or spinal anaesthetic to reduce the level of pain afterwards.

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

The surgeon will insert a telescope into the bladder through the water pipe (urethra). Under X-ray screening, a flexible guidewire will be passed into the affected ureter up to the kidney.



A longer telescope (**rigid**, bottom picture, or **flexible**, top picture) is then inserted into the ureter and passed up to the kidney.

Any abnormal areas in the ureter or kidney can be biopsied through the telescope. It may be necessary to put a ureteric stent and a bladder catheter in place after the operation.

What happens immediately after the procedure?

You should be told how the procedure went and you should:

- ask the surgeon if it went as planned;
- let the medical staff know if you are in any discomfort;
- ask what you can and cannot do;
- feel free to ask any questions or discuss any concerns with the ward staff and

- members of the surgical team; and
- make sure that you are clear about what has been done and what happens next.

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.

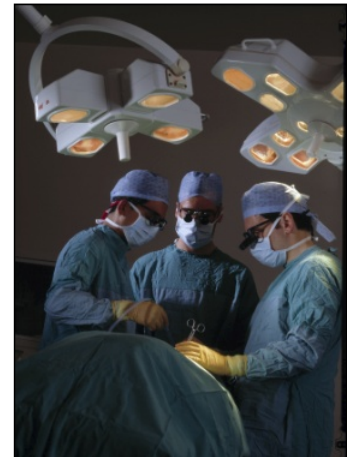
The average hospital stay is one day

Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for short period after operation.
- Insertion of a ureteric stent with need for a further procedure to remove it.
- No guarantee of cure (this is a **diagnostic** procedure only).



Occasional (between 1 in 10 and 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 which needs additional treatment.
- Damage to the ureter with need for an open operation or a tube placed into kidney directly from the back to allow any leak to heal.
- Very rarely, scarring or narrowing of the ureter needing further procedures.

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110).
- MRSA bloodstream infection (0.02% - 1 in 5000).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).

Please note: The rates for hospital-acquired infection may be greater in “high-risk” patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

What should I expect when I get home?

When you are discharged from hospital, you should:

- be given advice about your recovery at home;
- ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- ask for a contact number if you have any concerns once you return home;

- ask when your follow-up will be and who will do this (the hospital or your GP); and
- be sure that you know when you get the results of any tests done on tissues or organs that have been removed.

When you leave hospital, you will be given a “draft” discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

When you get home, you should drink twice as much fluid as you would normally to flush your system through and reduce any bleeding. You may experience some pain in the kidney over the first 24 to 72 hours; this is due to the swelling caused by 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 and you should not expect to return to work within seven days.

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 your GP immediately. Small blood clots or debris may also pass down the ureter from the kidney, resulting in renal colic. In this event, you should contact your GP immediately

Are there any other important points?

If a biopsy has been taken, it will be 14 to 21 days before the results on the tissue removed are available. All biopsies are discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

Depending on the underlying problem, an outpatient appointment, further treatment or another admission may be arranged for you before you leave the hospital. Your urologist or named nurse will explain the details of this to you.

If you have had a stent inserted, you will be informed before your discharge when it needs to be removed. Ureteric stents are usually removed under local anaesthetic. A specific information sheet on what to expect with a ureteric stent is available from the ward or from the specialist nurse.

Driving after surgery

It is your responsibility to make sure you are fit to drive following your surgery. You do not normally need to tell the DVLA that you have had surgery, unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to give you advice on this.

Is any research being carried out in this area?

Before your operation, your surgeon or specialist nurse will tell you about any relevant research studies taking place. In particular, they will tell you if any tissue that is removed during your surgery will be stored for future study. If you agree to this research, you will be asked to sign a special form giving your consent.



All surgical procedures, even those not currently undergoing research, are audited so that we can analyse our results and compare them with those of other surgeons.

In this way, we learn how to improve our techniques and results; this means that our patients will then get the best treatment available.

What should I do with this information?

Thank you for taking the trouble to read this booklet. If you want to keep a copy for your own records, please sign below. If you would like a copy of this booklet filed in your hospital records for future reference, please let your urologist or specialist nurse know. However, if you do agree to go ahead with the scheduled procedure, you will be asked to sign a separate consent form that will be filed in your hospital records; we can give you a copy of this consent form if you ask.

I have read this booklet and I accept the information it provides.

Signature..... Date.....

How can I get information in alternative formats?

Please ask your local NHS Trust or PALS network if you require this information in other languages, large print, Braille or audio format.



Most hospitals are smoke-free. Smoking can make some urological conditions worse and increases the risk of complications after surgery. For advice on stopping, contact your GP or the free **NHS Smoking Helpline** on **0800 169 0 169**

Disclaimer

While we have made every effort to be sure the information in this booklet is accurate, we cannot guarantee there are no errors or omissions. We cannot accept responsibility for any loss resulting from something that anyone has, or has not, done as a result of the information in this booklet.

The NHS Constitution Patients' Rights & Responsibilities

Following extensive discussions with staff and the public, the NHS Constitution has set out new rights for patients that will help improve your experience within the NHS. These rights include:

- a right to choice and a right to information that will help you make that choice;
- a right to drugs and treatments approved by NICE when it is considered clinically appropriate;
- a right to certain services such as an NHS dentist and access to recommended vaccinations;
- the right that any official complaint will be properly and efficiently investigated, and that patients will be told the outcome of the investigations; and
- the right to compensation and an apology if you have been harmed by poor treatment.

The constitution also lists patients' responsibilities, including:

- providing accurate information about their health;
- taking positive action to keep yourself and your family healthy.
- trying to keep appointments;
- treating NHS staff and other patients with respect;
- following the course of treatment that you are given; and
- giving feedback (both positive and negative) after treatment.

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