

# Edith Cavell Hospital

## Department of Urology



### Open Ureterolithotomy (Open removal of a stone from the ureter)

#### **What is the problem?**

There is a stone in the ureter (the tube draining the kidney down to the bladder).

#### **What does the operation consist of?**

You will be given a general anaesthetic. The surgeon will make an incision (the exact site of the incision will be discussed with you) in the skin to allow access to the part of the ureter affected to be easily reached. A small hole will be made in the ureter, the stone removed, and the ureter sewn back up again. Sometimes the surgeon will put a stent into the ureter to rest it while the ureter heals..

#### **Are there any alternatives?**

This operation is not the first choice procedure for most stones in the ureter. If the operation is being suggested it is because other options (ie lithotripsy or ureteroscopy and stone removal) have been tried and have failed.

Leaving the stone alone is not an option in the majority of cases as there is a risk the kidney may become blocked and damaged, or that infections may occur.

#### **What happens before the operation?**

You may be requested to attend the ward before your admission date to have blood tests and examinations performed to ensure you are fit for the operation. On admission to the ward you will be welcomed and shown to your bed. You should plan to be in hospital for approximately 4-5 days. The nursing staff will discuss your discharge with you.

You will be seen by the House Officer and Surgeon who will explain the operation to you and ask you to sign the consent for surgery. If you are unsure about any aspect of the operation, please ask for more details from the medical or nursing staff. You will be advised of the approximate time of your operation.

You will be seen by an anaesthetist who will discuss the type of anaesthetic you will be given. They will be interested in chest troubles, dental treatment and any previous anaesthetics you have had. The anaesthetist will discuss with you the different types of pain relief.

The physiotherapist may visit you and show you exercises to help clear your chest after the operation. You should try to avoid smoking as this will increase your risk of a chest infection, which will delay your discharge.

You can have your usual diet until approximately 6 hours before the operation. This will let your stomach empty to prevent vomiting. You will be advised on what time to stop drinking fluids.

You may be given a sedative about one hour before the operation to help relax you; if so you will be taken to theatre on a trolley. If no sedation has been prescribed, you may choose to walk to theatre, accompanied by a nurse. You will be asked to wear a cotton gown and remove all jewellery. You may be asked to wear elastic stockings to prevent blood clots and aid circulation. Your details will be checked before your anaesthetic begins

### **What happens after the operation?**

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed. You may experience some sickness for up to 24 hours after the operation, but you will be given some anti sickness medication.

You will be encouraged to start drinking at the earliest opportunity, as long as you are not feeling sick. You should be eating and drinking normally after 2 or 3 days.

### **Warning after a General anaesthetic**

The drugs we give you will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite all right. Therefore **do not make any important decisions** at this time.

It is quite normal for your bowels not to open for a day or so after the operation. If you have not opened your bowels after 2 days or you feel uncomfortable, ask the nursing staff for advice.

You may have a catheter draining the bladder for a while – the catheter may drain bloodstained urine for a day or two, this is normal. This tube will be taken out once your mobility returns and the urine is clear. The nurses will monitor your urine output.

The surgeon may insert a ureteric stent into the ureter to allow the ureter to heal safely,

### **After you leave hospital.**

You are likely to feel very tired and need to rest after your operation. You should be able to return to your usual level of activity very quickly.

### **Driving**

You should NOT drive for 24 hours after a general anaesthetic.

### **Sexual intercourse**

You can restart sexual relations as soon as you feel able to.

## **Work**

Please discuss this with the nursing or medical staff.

## **Complications**

Complications are unusual but are rapidly recognised and dealt with. If you think that all is not well, please tell the team straightaway.

The presence of the stent may irritate the bladder – it is not uncommon to feel the need to pass urine frequently. There may be blood in the urine intermittently. Sometimes you may feel pain in the back (on the stented side) while passing urine. This is not a serious problem.

Chest infections may arise, particularly if you are a smoker. Co-operation with the physiotherapist to clear the air passages is important in preventing the condition. You should try not to smoke before or after surgery.

## **Any questions?**

This leaflet has been written by the nursing and medical staff who work in the Urology Unit.

If you have any questions, jot them down here and ask the nursing or medical staff for answers.

**Urology Department , Ward 11 - Telephone (01733) 875311**

## **Please do not hesitate to ask the nursing staff**

If you have any further questions

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