

Patient Information Sheet – URS/Stent

Following your procedure, it is normal to have:

- Blood and flecks of white tissue in the urine, especially if a stent is present
- Some urgency and frequency to urinate, and discomfort in the flank
- Stinging and pressure sensation in the kidney/bladder regions when passing urine

In most cases these resolve within a few days, though some level of ongoing discomfort and bleeding is normal with stents. Some strategies that may help with discomfort include:

- Drinking plenty of water
- Using Ural sachets (available from supermarkets and pharmacies, and may be provided by the hospital in some circumstances)
- Medications including paracetamol, ibuprofen, or those which may have been prescribed including tamsulosin (for stent discomfort) or Indocid® suppositories. Occasionally stronger pain relief may be required. In general, Dr Handmer advises most patients after ureteroscopy to:
 - Take regular paracetamol as the baseline pain relief– 1 gram four times daily (this is usually 2 tablets, four times daily)
 - Take regular tamsulosin – 400 micrograms once daily
 - If you feel pain coming on, use an indomethacin (Indocid®) 100mg suppository, with a maximum of two used per day
 - If the pain is not being well controlled with the above, you can use stronger pain relief as prescribed by your doctor, anaesthetist or Dr Handmer (for example, tapentadol (Palexia®), or oxycodone(Endone®))
 - Occasionally Dr Handmer will prescribe solifenacin or oxybutynin as an anti-spasmodic
 - It is important not to try to 'hold off' using medications and wait for pain to become severe before treating it – regular basic pain relief medications in combination with occasional stronger pain relief - and staying ahead of the pain – works better for most people
 - Some of these drugs are constipating, it is important to remember to drink plenty of water, and if constipation is an issue, Dr Handmer often advises the use of over the counter medications such as Movicol (up to 2 sachets twice daily) and coloxyl (1 tablet twice daily)

However, if you are experiencing:

- Inability to pass urine

- Fevers and shakes
- Or are seriously concerned for any other reason

Then you may need to be assessed and treated urgently. Dr Handmer suggests that in an emergency (particularly if you are unable to pass urine, or if you have a fever) that you attend the Emergency Department for assessment and treatment, or call 000 for an ambulance. Dr Handmer provides urgent advice and admits emergency Urology patients at both John Hunter Emergency and Lake Macquarie Private Emergency Departments. For less urgent complaints, your General Practitioner may be able to assist. Most days of the week Dr Handmer is operating, and therefore we usually cannot provide urgent care or medical advice through the office.

Follow up plans:

- In most cases, Dr Handmer will discuss your anticipated follow-up **prior** to your operation. This is because the drugs used for anaesthesia impair your ability to retain and process information on the day of surgery, therefore usually Dr Handmer will not explain the findings of your procedure and future plans in detail on the day of surgery.
- You are welcome to contact the office to arrange your follow-up any time from the day after surgery. If we have not heard from you, we routinely contact you within four days of your procedure to arrange follow-up.