

# Urologist



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## **PATIENT INFORMATION BROCHURE**

### ***URETEROTOMY***

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Patient well-being is my first priority!

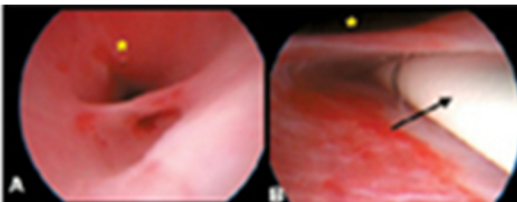
# Ureterotomy

Where a congenital/ acquired narrowing in the ureteric opening occurs. This procedure is used to open the ureter and ease the urine flow.

It can cause **vesico-ureteric reflux**.

## Why is it done?

- Congenital narrowing of the ureteric opening in the bladder as per a Ureterocoele
- Previous bladder surgery where the ureteric orifice was involved: ie Bladder tumour resection
- Where conservative measures have failed: ie Stenting, Dilatation etc
- To prevent renal function deterioration
- Stenting or nephrostomy placement would have been done in the acute state to relief an obstructed and infected system



## How is it done?

- Patients will receive a general anaesthesia.
- Prophylactic antibiotics is given.
- The correct kidney is identified and marked while you are awake
- This will be an endoscopic procedure.
- A Cystoscopy will be done with placement of ureteric guidewire.
- Laser will be used to cut the stricture open.
- The alternative is using an endoscopic scissors (when available)
- An Ureteric stent is left with an Indwelling Urethral catheter
- An ureteric stent is placed for 6 weeks and an indwelling catheter overnight.

## What next?

- You may be in hospital for 1-2 days
- You may have continuous intravenous antibiotics on board.
- You may have persistent hematuria
- The stent may be uncomfortable with pain radiating to your affected kidney every time you urinate.
- Your stent will be removed on a separate occasion in 6 weeks with a flexible cystoscopy under Local Anaesthesia
- A ward prescription may be issued on your discharge, for your own collection at any pharmacy
- A follow-up appointment will be scheduled for 6 weeks to review your symptoms.
- A further follow-up may be arranged with a CT IVP to check on the end result of the ureter.
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**