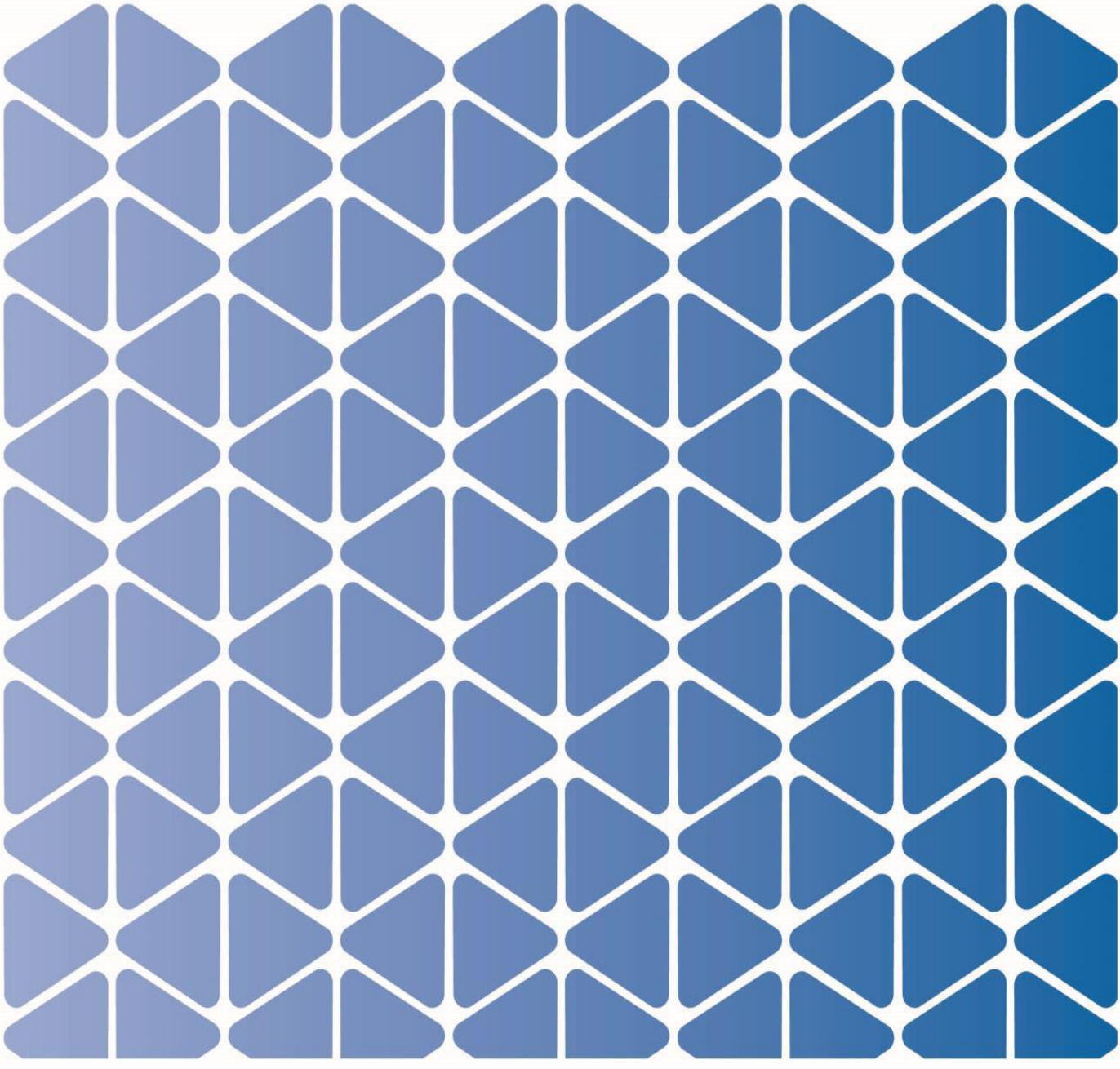
PATIENT INFORMATION

Worcestershire Acute Hospitals NHS Trust

ANTEGRADE URETERIC STENT INSERTION

(INFORMATION FOR PATIENTS WHO HAVE A NEPHROSTOMY IN PLACE)



This leaflet tells you about the procedure known as antegrade ureteric stenting, explains what is involved and any possible risks associated with the procedure. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such a discussion.

If the antegrade ureteric stenting is being undertaken as a pre-planned procedure, then you should have already discussed the situation with your consultant. If you need the stent more urgently, then you still should have had sufficient explanation before you sign the consent form.

What is antegrade ureteric stenting?
The urine from a normal kidney drains through a narrow, muscular tube, the ureter, into the bladder. When that tube becomes blocked, for example by a stone, the kidney can rapidly become affected, especially if there is infection present as well. While an operation may become necessary, it is also possible to relieve the blockage by inserting a long plastic tube, called a stent, through the skin, into the kidney and then down the ureter, under local anaesthetic and/or sedation. Because the stent is put in through the kidney and down the ureter, this is called an antegrade procedure (as opposed to placing a stent through the bladder and up the ureter, which is a retrograde procedure). This stent then allows urine to drain in the normal fashion, from the kidney into the bladder.

Why do I need antegrade ureteric stenting?
Other tests will have shown that the tube leading from your kidney to the bladder has become blocked. However, it may not be obvious what the cause of the blockage is. If left untreated, your kidney will become damaged. An operation may be necessary to provide a permanent solution to the blockage, but in the meantime, insertion of a stent will allow the kidney to drain in a normal way.

Are there any risks or complications?
Antegrade ureteric stenting is a very safe procedure, but there are some risks and complications that can arise:

- Bleeding from the kidney. It is common for the urine to be bloody immediately after the procedure. This usually clears over the next 24–48hrs. On rare occasions, the bleeding may be more severe and require a transfusion. Very rarely the bleeding may require another surgical operation or radiological procedure to stop it.

- Leak of urine from the kidney, resulting in a small collection of fluid inside the abdomen. If this becomes a large collection, it may require draining under local anaesthetic.

- Infection. The urine in the kidney may be infected. This can generally be treated satisfactorily with antibiotics, but occasionally you can feel unwell after the procedure.

Occasionally the interventional radiologist may not be able to place the stent satisfactorily in the ureter. If this happens, a surgeon will arrange another method of overcoming the blockage, which may involve surgery.
Despite these possible complications, the procedure is normally very safe, and will almost certainly result in a great improvement in your medical condition.

Who has made the decision?
The consultant in charge of your case, and the radiologist doing the antegrade ureteric stenting will have discussed the situation, and feel that this is the best treatment option. However, you will also have the opportunity for your opinion to be considered, and if, after discussion with your doctors, you do not want the procedure carried out, you can decide against it.

Who will you see?
A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment

Where will the procedure take place?
In the interventional procedure room within the radiology department. This is an X-ray room in which specialised X-ray equipment has been installed.

Are you required to make any special preparations?
You need to be an inpatient in the hospital. You cannot eat for 6 hours beforehand, though you are allowed to drink some water up until 2 hours prior to the appointment. You need to have a needle put into a vein in your arm in case you require any medicines during the procedure. You will receive an antibiotic prior to the procedure. During the procedure you may receive a sedative. The radiologist will discuss this with you at the time.

You will need to have a blood test prior to admission to check your blood clotting levels. You will be informed of the arrangements for this test

Your normal medication
We will usually ask you to continue with your normal medication (except as instructed below) during your stay in hospital, so please bring it with you.

Aspirin
If you are taking aspirin regularly, please stop 5 days before the procedure unless you have a high risk indication. eg have had a cardiac stent inserted within the last twelve months.

Clopidogrel, Prasugrel, Persantin, Clexane,
If you are taking any of these regularly please ring the Imaging department on the numbers provided below.

We will need to know why you are taking this medication and discuss this with you. You will need to stop taking these prior to your procedure, but this should only be done after discussion with the referring clinician.

Warfarin, Dabigatran, Rivaroxaban, Edoxaban, Apixaban
If you are taking any of the above, it may need to be stopped prior to the procedure and alternative medication should be arranged with your referring Clinician. Please ring the Imaging department on numbers provided below. We will need to know why you are taking this and what your target INR is.

If you don't feel well and have a cough, a cold or any other illness when you are due to come into hospital for your investigation, we will need to know. Depending on your illness and how urgent your investigation is, your procedure may need to be delayed.

What happens during antegrade ureteric stenting?
You will be transferred to the X-Ray department on your bed, by a porter and accompanied by a nurse from the ward. You will lie on the X-Ray table, generally on your stomach, but not completely flat. You may have a monitoring device attached to your finger.

The radiologist will keep everything as sterile as possible. Your skin will be cleaned with antiseptic, and then the rest of your body will be covered with a theatre drape.

The radiologist will use x-ray equipment to help guide the insertion of the stent.

A guide wire will be placed into the kidney, through your nephrostomy tube, and then passed down the ureter. A local anaesthetic and/or sedation may be used. Once the wire has been placed through the blockage and into the bladder, the long plastic stent can be placed over the guide wire, and the wire withdrawn. Urine should then be able to pass down the stent and into the bladder. As a temporary measure, a nephrostomy drainage catheter may be left in the kidney. This will be removed in within a few days. Taking this out will not hurt.

Will it hurt?
Unfortunately, it may hurt a little, for a very short period of time, but any pain you have can be controlled with painkillers or sedation. If you are given sedation you should be accompanied home by a responsible adult who should stay with you for at least 12 hours if you live alone. It is recommended that patients who have been given sedation do not drive a car, operate machinery, sign legal documents or drink alcohol for 24 hours.

If a local anaesthetic is injected it will sting to start with, but this soon wears off and the skin and deeper tissues should then feel numb. Later, you may be aware of the stent passing into the kidney. There will be a radiographer, or another member of clinical staff, standing next to you and looking after you. If the procedure does become painful for you, then they will be able to arrange for you to have painkillers through the needle in your arm. Generally, placing the stent in the ureter only takes a short time, and once in place it should not hurt at all.

How long will it take?
Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about an hour

What happens afterwards?
You will be taken back to your ward on your bed. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. You will generally stay in bed for a few hours, until you have recovered.

How long will the ureteric stent stay in, and what happens next?
These are questions which only the doctors looking after you can answer. You will be able to carry on a normal life with the stent in place.

Finally
Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure

Other sources of information

Websites
For general information about radiology departments, visit The Royal College of Radiologists' website: https://www.rcr.ac.uk/

Contact details
If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Alexandra Radiology Department 01527 512059
- Worcester Royal Hospital 01905 760542

The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk
  Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
  Information fact sheets on health and disease
- www.rcoa.ac.uk
  Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhs.uk
  On-line health encyclopaedia
- www.bsir.org
  British Society of Interventional Radiology – patient information

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.