

Radiology department

# Antegrade ureteric stenting

## Introduction

This leaflet tells you about the procedure known as antegrade ureteric stenting. It explains what is involved and the benefits and risks. It may make you think of the things you would like to discuss with your doctor/s.

## What is a ureteric stent for? What will it do?

You have a blockage between your kidney and your bladder which prevents the kidney(s) from working properly. A nephrostomy tube has already been inserted into the kidney(s) to allow urine to drain into the bag attached to your back. Patients often find this inconvenient. If your doctors feel that the nephrostomy tube will be needed for more than a month or two, they may wish us to insert a ureteric stent. This is a tube placed inside your body, connecting the kidney to the bladder. If this functions properly, the nephrostomy tube can be removed, and you will then be able to urinate normally without the inconvenience of a bag on your back.

## What to tell the doctor

- if you have any allergies
- if you have had a previous reaction to intravenous contrast medium (the dye used for some X-rays and CT scanning)
- it is important to tell the doctor or the radiology department **before attending for admission** if you are taking medication to prevent blood clots. Below is a list of some of the medications which are used to thin the blood and help to prevent blood clots.

**If you are currently taking any of these medications, please contact your referring doctor or the radiology department on 0161 918 2346 as soon as possible, as these may need to be stopped prior to your procedure. Failure to do so may result in your procedure being postponed.**

Apixaban	Dabigatran	Rivaroxaban
Aspirin	Dalteparin	Warfarin
Clexane	Enoxaparin	
Clopidogrel	Fragmin	

## Is there any preparation for my stent?

- You will need to have your blood tested either a few days before the procedure or on the day. This is just to check that it is safe to go ahead with the procedure.
- You will not be able to eat for some time before the stent as you will be given sedation for the procedure.
- The radiologist will explain the procedure and any possible risks to you and ask you to sign a consent form.



## **Agreeing to treatment?**

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given the opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you.

Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

## **Who has made the decision?**

Your situation will have been discussed and agreed at the multi-disciplinary team (MDT) meeting attended by oncologists (cancer specialists), radiologists, surgeons, physicists, pathologists and nurses. The doctors doing the treatment will have discussed the situation and feel that this is the best treatment option.

## **Who will do the procedure?**

A specially trained doctor called a radiologist will carry out the procedure. Radiologists have special expertise in using X-ray and scanning equipment, and also in interpreting the images produced. They need to look at these images while carrying out the procedure.

## **Where will the procedure take place?**

In the special procedure room on the integrated procedure unit (IPU).

## **How do I prepare for a ureteric stent?**

You will be asked to attend the IPU and following your procedure, you will be admitted to one of the wards where you will stay overnight. We will ask you not to eat for 6 hours beforehand, though you will be allowed to drink water up to 2 hours before the procedure. You will be asked to put on a hospital gown.

If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium, (the dye used in kidney X-rays and CT scanning), then you must tell your doctor as well as the X-ray team about this.

## **What actually happens during the ureteric stent insertion?**

- On arrival at the IPU, you will have the opportunity to discuss the procedure with the radiologist or a radiology nurse specialist.
- They will explain all the benefits and possible risks associated with this procedure and will ask you to sign the consent form.
- You will lie on the X-ray table on your tummy, if possible. You will already have a needle in the vein in your arm, so that you can be given a sedative or painkillers as required. You will also have monitoring devices attached to you and will be given oxygen through small tubes in your nose.
- The radiologist needs to keep everything as sterile as possible and will wear a theatre gown and gloves. The nephrostomy tube and the skin around the tube will be swabbed with antiseptic and the area will be covered with theatre towels.
- The radiologist may inject local anaesthetic down the tube and/or in the skin around the tube.
- A guide wire will then be placed through the existing tube into the kidney. The radiologist will then pull the tube out, leaving the guide wire in place. This allows the stent to be inserted over the wire and into the correct place in your ureter.

- The radiologist will use the X-ray equipment and small amounts of dye to make sure that the stent is moved into the right position.
- It is likely that a nephrostomy tube will be replaced. This will be removed once your doctors are satisfied that the stent is working properly.

### **Will it hurt?**

The local anaesthetic injected into your skin can sting for a short time. After this the procedure should not be too uncomfortable, although you may experience some discomfort or pain. There will be a nurse or another member of clinical staff looking after you. If the procedure does become uncomfortable for you, we will give more painkillers through the needle in your arm.

### **How is it held in position?**

The tube has a loop within the kidney and a second loop within the bladder which helps it to stay in place.

### **How long does it stay in place?**

For as long as it is needed. Please discuss this with your doctor. The stent is usually replaced every 6 months by the urology surgeon. This is usually done by passing a small telescope into the bladder.

### **How long do I need to stay in hospital?**

You will need to stay in hospital overnight to make sure the stent is working properly. You may have to stay in longer if other treatment is needed.

### **How will I manage at home?**

You should be able to pass urine normally and ought not to notice the stent. You will be able to have a bath and shower as normal.

### **Are there any complications of the procedure?**

Significant complications are rare and the benefit of the stent outweighs the potential complications. This will all be explained to you in detail by the doctors performing the stent.

- If we are unable to perform the stent procedure, we will replace the nephrostomy tube.
- We may make a hole in the ureter, the tube which drains urine to the bladder, while we attempt to bypass the narrowing in it. This is not normally likely to cause any problems.
- The stent could be positioned in an incorrect place, but this is also unlikely to occur.
- There may also be bleeding from the kidney and, on very rare occasions, this may require another radiological procedure or surgery to stop it.
- Infection can also occasionally occur so we usually give you antibiotics during the procedure.
- It is possible to damage the kidney or possibly collapse a lung if the tube needs to pass through the rib cage. These events would be unusual.
- Some patients can develop bladder irritation from the stent in the bladder, but this usually settles in a few days.
- Stents can occasionally become blocked, most commonly from a build-up of 'stones' from the urine which can form in the tube. If this happens then the tube needs replacing or a new nephrostomy tube needs to be inserted.

## If you have any problems or worries, please contact:

From 9:00am to 5:00pm:

Radiology department on **0161 918 2346**

Out of hours and weekends (for emergencies):

Ring The Christie on **0161 446 3000** and ask for the on-call radiologist

The Christie Hotline **0161 446 3658** (24 hours)

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **[the-christie.patient.information@nhs.net](mailto:the-christie.patient.information@nhs.net)**

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.



Contact The Christie Hotline for  
urgent support and specialist advice  
**The Christie Hotline: 0161 446 3658**  
Open 24 hours a day, 7 days a week