

POST OPERATIVE INSTRUCTIONS

Procedure: Ureteroscopy and/or Stent Insertion

1. Please call the office (623-512-4390) for an appointment in
 - One Week
 - One Month
2. Depending on the nature of your surgery, you may need an X-ray prior to your appointment. Please notify the medical receptionist if you need an X-ray.
 - a. I need a KUB prior to my visit _____
 - b. I don't need a KUB prior to my visit _____
3. Please notify the medical receptionist **if you need your stent removed.**
 - Dangler present
 - Dangler not present and will need Cystoscopy
 - You do not have a stent
4. Because you have a **STENT** running from your kidney to the bladder, you may experience the following (*all of these symptoms are normal after a stent insertion*):
 - a. Blood in the urine that comes and goes until the stent is removed.
Occasionally, you may pass some blood clots.
 - b. An increase in the frequency and urgency of urination
 - c. Burning on urination
 - d. Pain on urination that radiates into your flank
 - e. Pressure in the lower abdomen or flank
5. If you have had a stone extraction with laser, there may be stone fragments that will pass upon urination. You should strain your urine and attempt to collect any fragments (we can analyze the composition of these stones). We will provide you with a strainer for your urine.
6. You have been given two prescriptions (an antibiotic and a pain medicine). Please take the antibiotic until it's finished in order to prevent an infection.

Updated: 1/11/2010