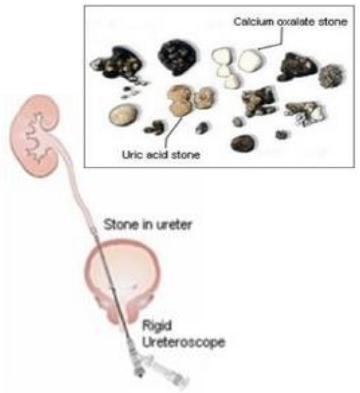
3 THE PROCEDURE

GENERAL ANAESTHESIA

Ureteroscopy is usually performed under general anaesthesia. Urine is checked when indicated and infection is treated before elective stone surgery. Antibiotic prophylaxis is given according to local policy and individual risk.

URETEROSCOPY + LASER

A fine rigid or flexible ureteroscope is passed through the urethra and bladder into the ureter and, when required, the kidney. The stone is fragmented with a holmium:YAG or thulium fibre laser. Fragments may be removed with a basket or reduced to “dust” to pass naturally.



WHAT MAY BE DONE?

- Rigid/semi-rigid ureteroscopy for ureteric stones
- Flexible ureteroscopy / RIRS for renal stones
- Laser fragmentation, dusting and/or basket extraction
- A ureteric stent may be placed if clinically required

Many patients go home the same day after stent placement, or after an overnight stay. A second procedure is occasionally required for a large stone burden or difficult access.

CONTACT & FOLLOW-UP

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RESULTS & FOLLOW-UP

Stone clearance, any residual fragments and the need for a stent or further procedure will be discussed. Stone analysis and recurrence-prevention advice may be arranged. Follow-up imaging is individualised according to the stone and procedure.

Urologist

Dr Jo Schoeman
UROLOGIST

PATIENT INFORMATION BROCHURE

URETERO-RENOSCOPIC STONE EXTRACTION WITH LASER (URSE)

Scan website
drjoschoeman.com.au

Endoscopic laser treatment of ureteric and renal stones.

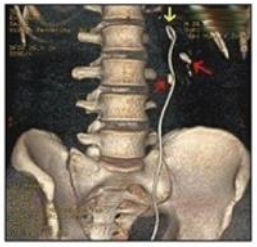
Please visit drjoschoeman.com.au for more information

1 WHY IS URETEROSCOPY DONE?

Ureteroscopy (URS) treats selected ureteric and renal stones through the natural urinary tract, without an external incision. Compared with shock-wave lithotripsy, URS generally offers a higher chance of being stone-free after one procedure, although complication rates are higher.

COMMON INDICATIONS

- Stones unlikely to pass spontaneously
- Persistent pain despite adequate analgesia
- Persistent urinary obstruction
- Reduced renal function, bilateral obstruction or a solitary kidney
- Symptomatic, growing or selected renal stones
- When SWL is unsuitable, has failed, or URS is preferred after discussion



2 BEFORE YOUR PROCEDURE

- Tell the team about fever/UTI symptoms, allergies, pregnancy possibility and blood-thinning medicines
- Urinalysis/urine culture and relevant imaging are reviewed
- Fast as instructed for anaesthesia; take medicines only as advised
- Infection is treated before elective URS
- Pre-stenting is not routine, but may be used when access is difficult or to facilitate later renal URS

2026 EAU guidance recommends Ho:YAG or thulium fibre laser for flexible URS. USANZ endorses EAU Guidelines subject to Australian and New Zealand conditions.

4 AFTER YOUR PROCEDURE

URINE & DISCOMFORT

Burning, urinary frequency, pink urine and flank/bladder discomfort are common for a short period, particularly if a ureteric stent is present.

STENT

A stent is not required after every uncomplicated URS. When used, it may cause frequency, urgency, flank pain or blood in the urine. Removal timing will be explained to you.

ACTIVITY & MEDICINES

Resume light activity as comfort allows and follow your anaesthetic/discharge instructions. Pain relief and, when appropriate, an alpha-blocker may reduce stent symptoms and colic.

INFECTION

Seek urgent advice for fever, rigors, worsening pain or feeling significantly unwell. Infection after URS can occasionally progress to sepsis.

STONE CLEARANCE

Some stones are completely cleared in one session; others require passage of dust/fragments, follow-up imaging or a staged second procedure.

LASER & EXTRACTION

Laser energy fragments or dusts the stone under direct endoscopic vision. Fragments can be retrieved with a basket. Careful irrigation and pressure control help reduce thermal and infectious risk.

EAU: perform stone extraction only under direct endoscopic visualisation. Routine post-operative stenting is unnecessary after an uncomplicated URS.

5 POSSIBLE COMPLICATIONS

Most URS complications are minor, but important risks include:

- Pain, urinary frequency and blood in the urine
- Urinary tract infection; rarely urosepsis
- Failure to access or completely clear the stone
- Need for a temporary ureteric stent or repeat procedure
- Ureteric abrasion, perforation or false passage
- Later ureteric narrowing (stricture)
- Very rarely, major ureteric injury requiring repair

SEEK URGENT MEDICAL HELP FOR

Fever or rigors / feeling significantly unwell

Severe or worsening flank or abdominal pain
Inability to pass urine
Heavy or persistent bleeding / clots
Persistent vomiting or inability to keep fluids down

6 FOLLOW-UP & PREVENTION

Follow-up may include stent removal, imaging for residual fragments, stone analysis and metabolic assessment. Recurrence prevention usually includes good fluid intake and stone-specific dietary or medical advice.

Updated from Dr Schoeman's URSE patient brochure and aligned with 2026 EAU Urolithiasis guidance endorsed by USANZ for Australian and New Zealand conditions.