



What next?

- This all depends on what is found during the procedure. All the options will be discussed in detail.
- With the removal of stents, the ureters have been dilated and will regain function (peristalsis) as soon as the stents are out. Thus slight pain can be expected in the first 24-48hrs.
- There may be some blood in the urine. This can be remedied by drinking plenty of fluids until it clears.
- A ward prescription will be issued to patients on discharge, for own collection at any pharmacy.
- Patients should schedule a follow-up appointment within 7 days.
- Please don't hesitate to direct all further queries to Jo.
- **REMEMBER: THOSE WHO SUFFER IN SILENCE, SUFFER ALONE!**

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PATIENT INFORMATION BROCHURE

**CONDUITOSCOPY
RETROGRADE
PYELOGRAM, STENT
MANAGEMENT**

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

Conduitoscopy, Retrograde Pyelogram, Stent Management

A diagnostic procedure under general anaesthetic, where a rigid cystoscope is placed in your conduit (stoma), ureteric catheters are placed to enable imaging of the upper tracts with/without insertion or removal of ureteric stents

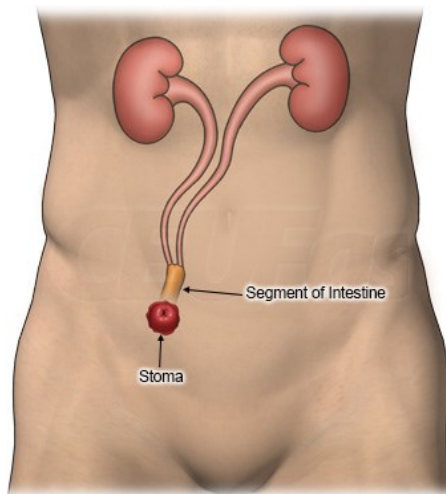
Why is it done?

To investigate:

- Haematuria (blood in the urine)
- Recurrent upper urinary tract infections
- Space occupying lesions in the kidneys and ureters
- Abnormal cells suggestive of urothelial carcinoma, on urine cytology
- Surveillance of previous bladder cancer

Risk factors:

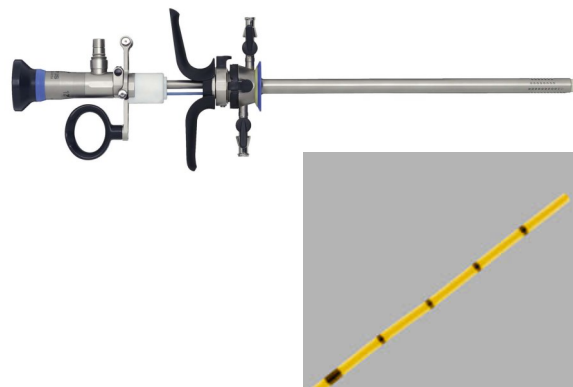
- Previous bladder cancer
- Upper tract urothelial carcinoma
- Ureteric structuring
- Stone disease



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How is it done?

- This is done under General anaesthesia.
- A cystoscopy is performed by placing a camera in the conduit
- The conduit is then distended with saline.
- The inside of the conduit is viewed for pathology.
- A retrograde pyelogram is done at the same time, (placement of small silicone catheters up the kidney pipes). Through these iodine contrast is injected up into the kidney collecting systems. This facilitates the viewing of kidney pipes and kidney collecting systems on X-ray to exclude any upper tract pathology.
- If any abnormalities are found in the kidney/ureters, a ureteroscopy (which is the placement of a long thin camera up the ureter) will be performed.
- If any suspicious lesions are seen, a biopsy will be taken.
- A ureteric stent may be placed
- Urine would have been sent for cytology, to rule out the existence of cancer.
- Antibiotics may be given to prevent infection.



What to expect after the procedure?

- Pain on initial passing of urine
- Infection ranging from a burning sensation to, fever, to puss (rare)
- Blood stained urine
- Lower abdominal discomfort which will persist for a few days
- Pain radiating from bladder to renal angle associated with urinating.
- Infection could present with a stent being present.

Indications for a Ureteric stent

- Hematuria from upper tracts
- Disobstruction of the ureter caused either calculus, blood clot or tumour
- External compression of the ureter by retro-peritoneal pathology ie Fibrosis, retroperitoneal lymphnode compression
- Reduced renal function associated with hydronephrosis
- Sepsis associated with hydronephrosis