

Complications

- Ureteric perforation
- Stricturing / Narrowing
- Disruption of ureter
- Stent Irritation
- Procedure abandoned due to bleeding



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**PATIENT
INFORMATION
BROCHURE**

**URETEROSCOPY
AND
FULGERATION
URETERIC
LESION**

See this live on:
vidscrip.com/urojo

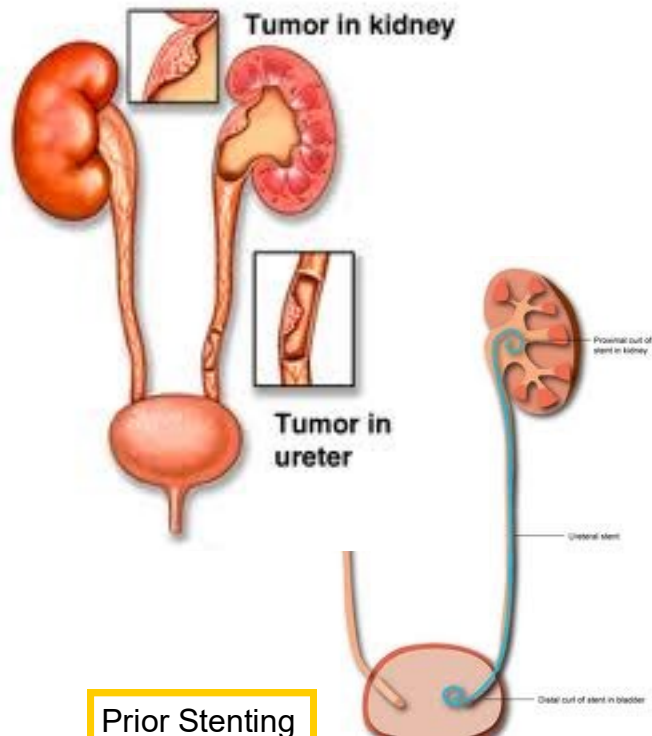
Patient well-being is my first priority!

Ureteroscopy and Fulguration Lesion

Endoscopic investigation of the upper tracts with a flexible/ rigid ureteroscope. Indicated for any suspicious lesions seen on CT IVP or retrograde studies

Why is it done?

- Viewing suspicious lesions in upper urinary tracts (ureter and renal pelvis)
- Flexible uretero-rensoscopy to review inside of renal pelvis and renal calyces
- Removal of lesion using laser
- Rigid is better for the ureteric inspection



How is it done?

- Patients will receive a general anaesthesia.
- Prophylactic antibiotics is given.
- The correct kidney is identified and marked while you are awake
- You would have had a cystoscopy with retrograde pyelogram 10 days prior with placement of ureteric stent to prepare your ureter
- A cystoscopy will be done first to remove the stent and 2 guidewires will be placed to enable access up the ureter
- Depending on the position of the lesion, either a rigid or flexible uretero-rensoscopy will be used.
- Suspicious lesions may be biopsied and fulgerated.
- Laser fulguration or Diathermy may be used.
- Catheters will be removed the next morning depending on the presence of blood in the urine
- Extended use of a ureteric stent may be advised, depending on degree of bleeding

2 Treatment Options

1. Rigid Ureteroscopy
Prior stenting with a ureteric stent may be advised
Continued stenting may be an option if significant pathology requires this
2. Flexible Uretero-rensoscopy
Prior stenting for 7-10 days.
A ureteric catheter will be left over night

What next?

- You will spend a few nights in hospital
- You will have a catheter for that time.
- On removal of you catheter, you may experience sharp colicky pain, exactly the same as your presenting renal colic. This is due to your ureter contracting back to its usual size. (The stent has dilated this to 5X its usual size)
- You will be discharged as soon as your pain has stabilised and you can function independently.
- Allow for a few days for stabilization of symptoms.
- A ward prescription will be issued on your discharge, for your own collection at any pharmacy
- A follow-up appointment will be scheduled for a few weeks to discuss further investigations and planning treatment
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**

