

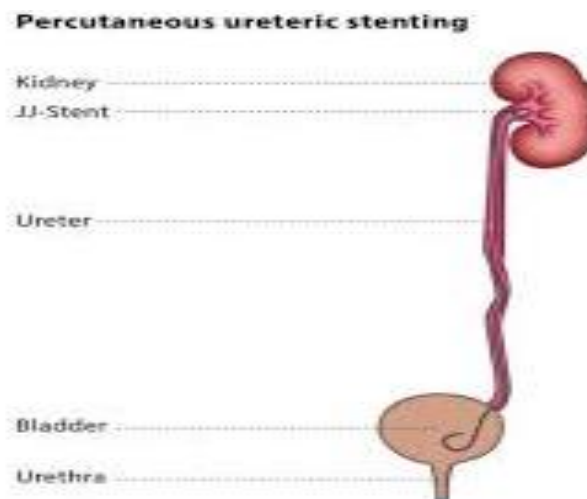
Antegrade Ureteric Stenting - Information for patients

This leaflet aims to answer some of the questions you may have about having antegrade ureteric stenting. It explains the risks and the benefits of the procedure and what you can expect when you come to hospital.

If you have any questions or concerns, please do not hesitate to speak to the staff caring for you.

What is antegrade ureteric stenting?

Normally urine drains from your kidneys through a narrow tube (ureter) into your bladder. When the tube becomes blocked, for example by a stone, the kidney can rapidly become affected, especially if there is infection present as well. While an operation may become necessary, it is also possible to relieve the blockage by inserting a long plastic tube, called a stent, through the kidney and then down the ureter under local anaesthetic. Due to the stent is inserted through the kidney and down the ureter, this is called an antegrade procedure (as opposed to placing a stent through the bladder and up the ureter, which is a retrograde procedure). This stent then allows urine to drain in the normal fashion, from the kidney into the bladder.



What are the benefits of having antegrade ureteric stenting?

Other imaging tests show there is a blockage in the tube draining your kidney. However, it may not be obvious what the cause of the blockage is. If left untreated, your kidney will become damaged. An operation may be necessary to provide a permanent solution to the blockage, but in the meantime, insertion of a stent will allow the kidney to drain in the normal way. The doctor looking after you and the Interventional Radiologist performing the antegrade ureteric stenting will have discussed your case and feel that this is the best treatment option.

What are the risks?

Antegrade ureteric stenting is a very safe procedure, but as with any medical procedure there are some risks and complications that can occur. The Radiologist will explain these to you before the procedure. Below is a list of some possible risks:

- Pain/bruising at puncture site (usually settles within 24 hours. Pain relief can be taken e.g. paracetamol)
- The main risk is failure to place the stent which is more common if the ureter is completely blocked. If this happens, a nephrostomy tube will be inserted and the Interventional Radiologist will arrange a second visit. Antegrade stenting may be successful on a second visit but occasionally surgery is necessary for a combined approach to place the stent.
- There may also be bleeding from the kidney and on very rare occasions this may require another radiological procedure or surgery to stop it

Contrast

Antegrade ureteric stenting uses x-ray dye (contrast), and very rarely, a reaction may occur. If you have ever had a test that uses x-ray and you have had a reaction to it, you should tell the doctor or nurse before you have your ureteric stenting. A reaction may take the form of a rash or itching and very rarely, a more severe allergic reaction can occur. The team are trained and have measures in place to deal with this safely should this occur.

If you have had a previous reaction, please let us know, and we can put measures in place to minimise risk from another reaction.

Radiation – Benefit versus Risk

Antegrade ureteric stenting uses X-ray radiation. The radiation dose that you get from a ureteric stenting is small and the associated risks are low. Clinical staff consider both the risks and benefits when deciding what examination is appropriate for you. The benefits of having the ureteric stenting outweigh any risk. Clinical staff are responsible for making sure that the dose you receive is kept as low as necessary to aid your diagnosis or treatment.

Pregnancy

If you are in the early stages of pregnancy there is a very small risk of x-rays harming your unborn child. If you think you could be pregnant, or you are trying to get pregnant, please tell us before your appointment. Individuals aged 10-55 will be asked to confirm their pregnancy status by the radiographer before the procedure and asked to sign a form.

Are there any alternatives?

Your referrer has decided that antegrade ureteric stenting would be the most useful in your case. The examination will help your referrer to assess you more fully and plan any further treatment that might be necessary. If you would like more information about alternative imaging tests, please speak to the doctor or health care professional managing your care.

Before your procedure:

Pre-assessment

An appointment with one of our pre-assessment nurses is required prior to your procedure. They will carry out a pre-assessment health check and explain the procedure and answer any questions you may have.

At your pre-assessment visit you will be asked questions about your general health and some questions which are important for us to know so that we can prepare for your procedure and give you advice before attending. You may also have some blood samples taken.

Fasting

You may be asked not to eat for 4 hours before the procedure, although you may still drink water.

What happens before the procedure?

Please attend the appropriate department as stated on your appointment letter (usually Day of Surgery).

When you receive your letter, please let us know if you have any of the following:

• Severe allergies?
• Have you had a previous adverse reaction to x-ray dye before?
• Asthma, which is poorly controlled?
• Renal impairment (poor kidney function)?
• Diabetes, which is treated with Metformin therapy?
• Are taking any anti-coagulants (blood thinners)?

You will be asked to change into a hospital gown and a small cannula (thin tube) will be inserted in your arm. You will be brought to the Interventional suite in your bed, where you will be met by a team of nurses, a Radiographer and an Interventional Radiologist.

Consent

We want you to be involved in all the decisions about your care and treatment. The Interventional Radiologist will ask you if you are happy for the procedure to go ahead. This is called verbal consent. If you do not wish to have the procedure or are undecided, please tell the Radiologist. Students/trainees may be present during the examination but only with your verbal consent.

Please remember that you can ask the Interventional Radiologist any questions you have at any time before, during or after your scan.

What happens during the procedure?

You will be helped to transfer onto the X-ray table and asked to lie on your stomach, sometimes a pillow is placed under your stomach. Monitors are attached to record heart rate and blood pressure. You will be awake for the procedure.

The procedure is performed under sterile conditions and the interventional radiologist will wear a sterile gown and gloves to carry out the procedure. The skin will be cleaned with antiseptic, and numbed with local anaesthetic (this will sting for a short while). A light sedative can also be given if needed. Using ultrasound guidance a small needle will be placed accurately into the kidney. Once in position, a guidewire is passed down into the ureter through the blockage and into the bladder. The long plastic stent can be placed over the guidewire and the wire withdrawn. As a temporary measure, it may be necessary to leave a fine plastic drainage tube called a nephrostomy catheter in the kidney to let urine drain externally. This catheter will then be fixed to the skin surface and attached to a drainage bag.

What happens after your procedure?

Duration and Location

Admission is to a Day of Surgery Unit (DSU) or ward as stated on your appointment letter. Here is where you will be looked after pre and post procedure by a team of nurses. You will be transferred to the Interventional Radiology Suite in your bed, at the required time.

The procedure itself, performed in the Interventional Radiology Suite, should take approximately 1 hour.

Whilst we try to accommodate all patients at their appointed time, occasionally emergency patients arise which may delay procedure or result in an extended length of time in DSU prior to the procedure. Your procedure may be cancelled due to emergency cases and you will be offered another appointment as soon as possible.

Once the procedure is completed, you will return to the Day of Surgery Unit/ ward for nursing staff to monitor you post procedure and to check that the nephrostomy has not been dislodged. You will generally stay in bed 4-6 hours for this. You can usually eat and drink normally, unless told not to. You will generally go home later that day.

Aftercare following discharge

The drainage bag attached to the nephrostomy tube will need to be emptied frequently to avoid it becoming too heavy. The team will show you how to do this. Always be careful to avoid dislodging the tube.

When will I get the results of the procedure?

You may be able to discuss your procedure with the performing Interventional Radiologist once it is complete. The performing Interventional Radiologist will formally report on your procedure, and it will be attached to the images on our Radiology Information System (RIS). A copy of the report will be sent by Radiology to the referring clinician. The referring clinician will arrange any follow up.

Image sharing

Your images will be electronically stored on the hospital picture archiving system. This data can be accessed throughout the Belfast Health and Social Care Trust and other doctors and health care professionals who are directly involved in your care. The ability to share images and radiological reports will improve the safety and quality of your care by ensuring that the right information is available in the right place at the right time.

In order to improve the medical services we provide we may also use your data as anonymously as possible for internal audit and medical education. If you would prefer that your data is not used for these purposes, please inform a member of staff when you attend for your examination.

If your data is to be used for research, then a separate consent process will be used. You will be asked for your consent, should this be the case.

Contact us

If you have any queries, we will be happy to answer any questions before or after your procedure and you can contact us on the number given on your appointment letter.

For procedures performed at the Royal Victoria Hospital, please email InterventionRadRVH@belfasttrust.hscni.net Tel: 02896156661 Interventional Radiology Secretary RVH

For procedures at the Belfast City Hospital, please email InterventionRadBCH@belfasttrust.hscni.net Tel: 02895041165 Interventional Radiology Secretary BCH

Feedback

We hope you found the information in this leaflet helpful. If it did not tell you what you needed to know or you would like to provide any feedback on your experience please let us know so that we can make any necessary improvements.

You can provide feedback on your experience:

Telephone: (028) 9504 8000 (Monday-Friday: 9am-4pm)

Textphone: 18001 028 950 48000

By email: compliments@belfasttrust.hscni.net

By email: complaints@belfasttrust.hscni.net

By completing an online form: <http://www.belfasttrust.hscni.net/contact/FeedbackForm.htm>

Care Opinion



We invite you to share your experience by clicking the following link:
<https://www.careopinion.org.uk/>

or by scanning the following QR code on your smartphone or tablet:



Language and accessible support services

Deaf/Hard of Hearing

If a Sign Language interpreter is required, please either telephone **028 9615 8900** via the Sign Video remote interpreting service (<https://signvideo.co.uk/deaf-community/>) or email us at MPHAdminFOH@belfasttrust.hscni.net and we will arrange one for your appointment. Please have your H&C number ready when calling or include it in your email. This can be found at the top right corner of any Health and Social Care letters you may have received.

If you are unable to hear on the phone and need to contact us with regards to your appointment you can email us at MPHAdminFOH@belfasttrust.hscni.net.

Do you need this information in another format or language?

The Trust has access to interpreting and translation services. If you need this information in another language or format, including Braille, large print, CD, audio tape please contact the telephone number **028 9615 8900** or e-mail address MPHAdminFOH@belfasttrust.hscni.net, and we will do our best to meet your needs.

Polish - Czy potrzebujesz tych informacji w innym formacie lub języku?

Fundusz ma dostęp do usług w zakresie tłumaczeń ustnych i pisemnych. Jeśli potrzebujesz tych informacji w innym języku lub formacie, w tym w piśmie Braille'a, dużym druku, na płycie CD, kasecie magnetofonowej, skontaktuj się z nami pod numerem telefonu lub adresem e-mail **028 9615 8900 / MPHAdminFOH@belfasttrust.hscni.net**, a my dołożymy wszelkich starań, aby spełnić Twoje potrzeby.

Arabic - هل تحتاج هذه المعلومات بصيغة أو بلغة أخرى؟

تستطيع الجمعية توفير خدمات الترجمة الفورية والتحريرية. إذا احتجت هذه المعلومات بلغة أو بصيغة أخرى، بما فيها صيغة برايل Braille أو صيغة بالأحرف الكبيرة، أو في سي دي CD أو في شريط مسموع، يُرجى الاتصال برقم التليفون أو عبر البريد الإلكتروني **028 9615 8900 / MPHAdminFOH@belfasttrust.hscni.net**، وسوف نبذل قصارى جهدنا في تلبية احتياجاتك.

Lithuanian - Ar jums reikia šios informacijos kitu formatu ar kalba?

Tarnyba gali suteikti vertimo žodžiu ir raštu paslaugas. Jei reikia šios informacijos kita kalba ar formatu, įskaitant Brailio raštą, didelį šriftą, kompaktinį diską, garso įrašą, skambinkite telefonu arba susisiekite el. paštu MPHAdminFOH@belfasttrust.hscni.net / **028 9615 8900** ir mes padarysime viską, kad patenkintume jūsų poreikius.

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Romanian - Aveți nevoie de aceste informații într-un alt format sau altă limbă?

Trustul are acces la servicii de interpretariat și traducere. Dacă aveți nevoie de aceste informații într-o altă limbă sau într-un alt format, inclusiv Braille, tipărire cu caractere de mari dimensiuni, CD, înregistrare audio, atunci vă rugăm să ne contactați la numărul de telefon sau la adresa de e-mail **MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900**, iar noi vom face tot posibilul pentru satisfacerea necesităților dumneavoastră.

Tetum - Ita presiza atu informasaun ida ne'e iha formatu ka lian seluk ka lae?

Fidusiáriu ida ne'e iha asesu ba servisu durubasa no tradusaun. Se Ita presiza informasaun ida ne'e iha lian ka formatu seluk, inklui letra Braille, letra boot, CD, kasete audio, entaun favór telefone número ka enderesu e-mail **MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900**, no ami sei halo esforsu tomak atu kumpre Ita-nia nesesidade sira.

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