Introduction
Ureters convey the urine from the kidneys to the urinary bladder. Patients with ureteral stones will present with renal colic or dull loin pain; if the problem is serious, renal function will be impaired. Therefore, surgical intervention is necessary.

Preparation
- Relevant blood and urine tests together with radiological examinations
- Anticoagulants e.g. aspirin may have to be stopped
- Fasting for 6 hours prior to procedures performed under general anaesthesia or as instructed by doctor
- A written consent is required.

Procedure
Ureteroscope is passed through the urethra and urinary bladder up to the ureter under X-ray guidance
- The ureteral stones can be disintegrated by laser or ultrasound or other energy source into small pieces, which can then be passed out along with urine
- The stones can be extracted with instruments
- Internal ureteral stents will be placed to facilitate healing and ensure drainage if necessary
- The stent will be removed with cystoscope a few weeks after the operation under local anaesthesia

Care and Advice
- You are advised to have fluid diet during initial post-operation period. If you can tolerate, you can eat solid food or as instructed by doctor
- Take analgesics as prescribed.
- You may have sore throat, headache, dizziness, vomiting or bruises at the venous puncture site. These are common after general anaesthesia and will subside after a few days
- Patients may have loin pain or burning sensation during micturition. Sometimes the urine may turn red, or it may contain blood clots or small pieces of broken stones. These will disappear in a few days
- During the first 2 days, drink a lot of water (2-3 Litre per day) to facilitate urination. Avoid coffee, tea, coke or alcoholic beverages

Patient's Label

[C01]
Complications
You have to inform your doctor or attend the Accident and Emergency Department of a hospital if you have any of the following complications
◆ Severe pain despite taking the analgesics
◆ Difficult or unable to pass urine
◆ Fever (Body temperature above 38°C or 100°F)

Remarks
This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Should you have any queries, please consult your doctor-in-charge