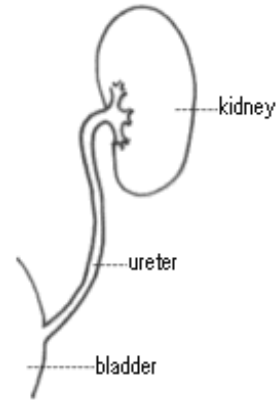
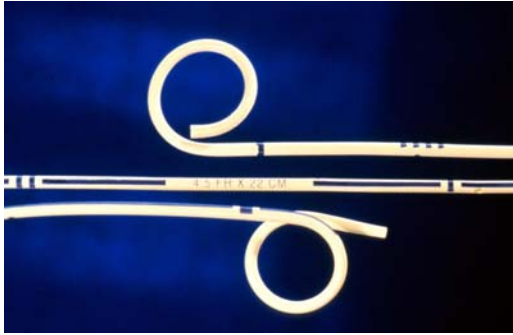


Frequently Asked Questions about Ureteral Stents

UMHS Department of Urology



What is a ureteral stent?

A ureteral stent is a small, soft, tube about 10 - 12 inches long and about as big around as a coffee swizzle stick (see picture above, on left). It is placed in the ureter, which is the muscular tube that drains urine from the kidney to the bladder (see picture above, on right). Each end of the stent is shaped like a pigtail. One end of the tube sits inside the kidney, and one end sits in the bladder.

What does the stent do?

The purpose of a stent is hold the ureter open and maintain proper drainage of urine. It usually is used temporarily, although in some cases the patient and Urologist elect to manage blockage of the ureter long-term with a stent.

When is a stent used?

A stent is used in a number of situations. A stent is placed if the Urologist is concerned that urine might not drain well through the ureter, owing to blockage or as a reaction to surgery. A stent is also used after several different operations that involve surgery on or near the ureter.

Does the stent guarantee that the ureter will heal properly?

No, but it does decrease the likelihood of a problem.

Does the stent ever pass by itself?

Yes, but this is uncommon. If you notice that the stent passes with your urine, please save the stent and show it to the nurse in the clinic.

Does the stent cause symptoms?

Many patients do feel the stent. Most commonly there is bladder irritation, typically causing frequent and / or uncomfortable urination. Some patients experience pain in the kidney during urination when there is a stent in place. There can be urinary tract infections associated with the stent. Once the stent is removed, all of the symptoms associated with the stent will quite rapidly disappear (oftentimes immediately).

When should the stent be removed?

In some cases the stent can be removed just a few days after the procedure, while in other cases your Urologist may recommend that it stay in place for up to 3 months. In general, a stent should be removed (or exchanged) within 3 months of insertion, since stents left in place for longer periods can lead to blockage, stone formation, or urinary infections.

How is the stent removed?

The stent is removed by cystoscopy, an outpatient procedure. Cystoscopy involves placement of a small flexible tube through the urethra (the hole where urine exits the body). The procedure, which usually takes only a few minutes and causes little discomfort, is performed in an outpatient clinic or ambulatory surgery center. Most patients tolerate having the stent removed using only a topical anesthetic placed in the urethra. Immediately before the procedure, sterile lubrication containing local anesthetic (lidocaine) is instilled into the urethra. Since no intravenous line is inserted and there is no anesthesia, you do not have to be accompanied by anyone else and you can eat normally before and after the procedure. For those patients who prefer having the stent removed under IV sedation, arrangements must be made for post-operative patient transportation.

In some instances, your urologist may decide to leave a string on the stent. The string is attached to the stent and the string comes out of the urethra. You will be instructed on the timing of the stent removal. Follow the instructions. When you pull on the string the stent will easily come out with it. On the rare occasion that the string breaks and the stent doesn't come out, contact the Urology office at (734) 936-7030. Arrangements can then be made to remove the stent using cystoscopy.

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