Pain in the kidney or bladder is common for several days after ureteroscopy. This pain is usually controllable with a mild painkiller such as acetaminophen (e.g. Tylenol™) or anti-inflammatories such as ibuprofen (e.g. Advil™). In some cases, a stronger painkiller such as acetaminophen with codeine (e.g. Tylenol #3™), available only by prescription, may be required. A few patients may have more severe pain or high fever, requiring a visit to the emergency room.

**Ureteric stents**

 Patients requiring a ureteric stent often experience bladder discomfort with increased frequency and urgency of urination. Flank pain with urination or a full bladder, and blood in the urine are not unusual. These symptoms often increase with activity and resolve immediately after the stent is removed.

 Some stents have an attached thread that comes out of the urethra. This may be taped to the penis or lower abdomen. Your urologist or family physician can remove this stent when appropriate by simply pulling on the thread.

**Follow-up**

 You may be asked to make a follow-up appointment to review the ureteroscopic findings and plan further tests or treatment as required. A follow-up x-ray is often recommended after stone removal to ensure that there are no residual fragments. If a ureteric stent was placed, you will be notified regarding how and when it will be removed.
The investigation and treatment of many problems of the kidneys and their drainage system may require visual examination. The ureters are the tubes that drain urine from each kidney to the bladder. Ureteroscopy is a procedure in which a narrow scope is passed through the urethra (urinary tube) and bladder, into the ureter toward the kidney.

Ureteroscopy is performed most often to remove a stone from the kidney or ureter. Investigation and treatment of unexplained urinary bleeding or blockage of a ureter may also require ureteroscopy.

The procedure

Ureteroscopy is performed under anesthesia. Most cases will require a general anaesthetic (you are “put to sleep”) or spinal anaesthetic (a needle in the back “freezes” you below the waist and you remain conscious). Simpler cases can be performed comfortably with sedation alone.

After the anaesthetic is administered, your legs are elevated, spread and supported. A long, narrow telescope (ureteroscope) is passed through the urethra into the bladder and up the ureter to the area of concern. X-rays are often taken during the procedure.

A stone can often be removed by trapping it in a wire “basket” and carefully pulling it out. Various instruments including laser, ultrasound, or mechanical energy are available to fragment larger stones and allow their passage or removal. These specialized instruments may not be available at all hospitals.

Upon completion of the procedure, a thin plastic tube (ureteric stent) may be placed temporarily in the ureter to prevent blockage while any swelling resolves. This tube must be removed, usually within a few days or weeks. Most patients can be discharged from hospital on the day of their ureteroscopy.

Possible risks

Urinary infection requiring antibiotic medication is uncommon. Rarely, abnormal scar formation may occur and require additional surgery to correct the problem.

After the procedure

You must arrange to be driven home if you are discharged on the day of your ureteroscopy. You should be able to resume all your usual activities within a few days.

Burning during urination, passing blood in the urine and passing small clots are common for a few days after ureteroscopy. This is related to the passage of instruments through the urethra. To help ease these symptoms, drink plenty of fluids and empty your bladder frequently. Small stone fragments may be seen in the urine if the procedure was performed for stone removal.