

Complications:

- Urinary tract infection
- Hematuria
- Obstructed ureter leading to pain and infection, may require subsequent dilatation, will improve as some of the Macroplastique is molded
- Minimal risk with migration of the Macroplastique to other organs in the body

NB! Each person is unique and for this reason symptoms vary

Jo Schoeman
FRACS, FCS (Urol) SA, MBChB

The Wesley Hospital
Suite 10 Level 9
Evan Thompson Building
24 Chasely street
AUCHENFLOWER QLD 4066

Ph: 07) 3371-7288
Fax: 07) 3870-5350
E-mail: jo@urojo.com.au
Emerg: 0403 044 072

www.brisbane-urologist.com.au

Urologist



Dr Jo Schoeman
Specialist Urologist

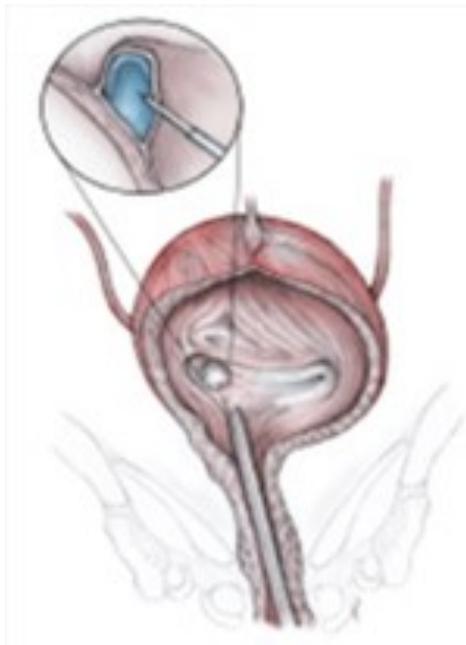
PATIENT INFORMATION BROCHURE

*ENDOSCOPIC
VESICO-URETERIC
REFLUX SURGERY
(STING)*

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

Endoscopic Vesico-Ureteric Reflux Procedure (STING)



Indication

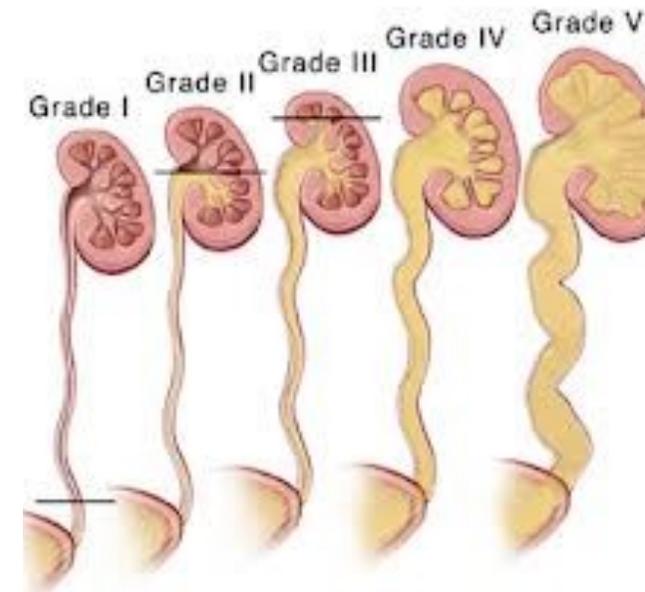
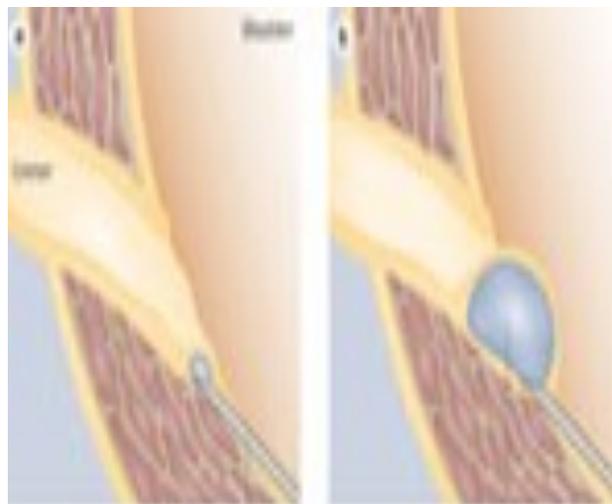
- For moderate **vesico-ureteric reflux**. Grade 4-5
- It is a minimally invasive procedure performed with endoscopy.
- A synthetic material (Macroplastique) is injected at the ureteric opening to prevent reflux.

Why is it done?

Grade 3-4 Vesico-Ureteric Reflux where conservative management has failed with a progressive deterioration in renal function.

How is it done?

- Patients will receive a general anaesthesia.
- Prophylactic antibiotics is given.
- The correct ureteric system is identified and marked while you are awake
- This will be an endoscopic procedure.
- A Cystoscopy will be done with injection of Macroplastique just under the affected ureteric orifice
- Enough Macroplastique will be injected to partially close the ureteric opening, yet not obstructing the orifice.
- An indwelling catheter is placed



What next?

- You may be in hospital the day or overnight.
- As soon as you are comfortable with no signs of pain and emptying your bladder sufficiently, you will be discharged
- A ward prescription may be issued on your discharge, for your own collection at any pharmacy
- A follow-up appointment will be scheduled for 6 weeks to review with a CT IVP and cystogram to check on the end result of the ureter.
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**