

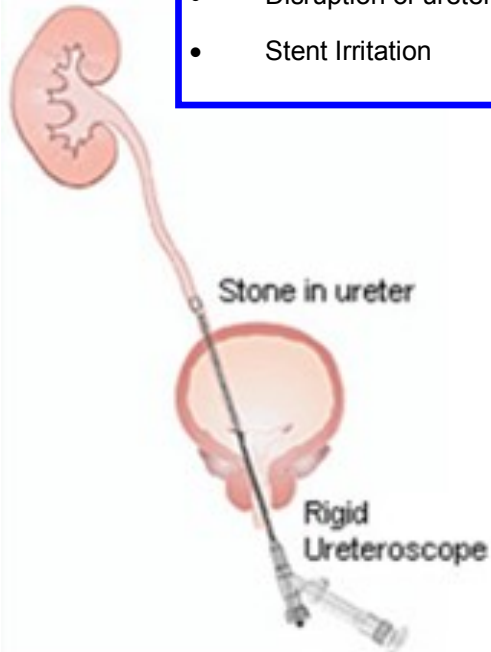
Types of Stones:

- Calcium Oxalate
- Uric Acid
- Calcium Phosphate
- Struvite (Infection stones)
- Cystine



Complications

- Ureteric perforation
- Strictureing / Narrowing
- Disruption of ureter
- Stent Irritation



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**

***URETERO-
RENSCOPIC STONE
EXTRACTION WITH
LASER
(URSE)***

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

Uretero-Renoscopic Stone Extraction +/- Laser (URSE)

Endoscopic removal of renal and ureteric calculi using a flexible/ rigid ureteroscopy with/without laser. Indicated for stones smaller than 0,5-2cm

Why is it done?

- Removal of renal or ureteric stones
- **Ureteric stones** can vary from 5mm to over 1 cm in size
- You may present with excruciating pain on the affected side. (This pain may be worse than child-birth)
- **Renal stones** usually larger than 1cm obstructing the renal pelvis
- Or renal stones not causing any symptoms
- **Any fevers or a single kidney is deemed an emergency!**

2 Treatment Options

1. Ureteric Calculi

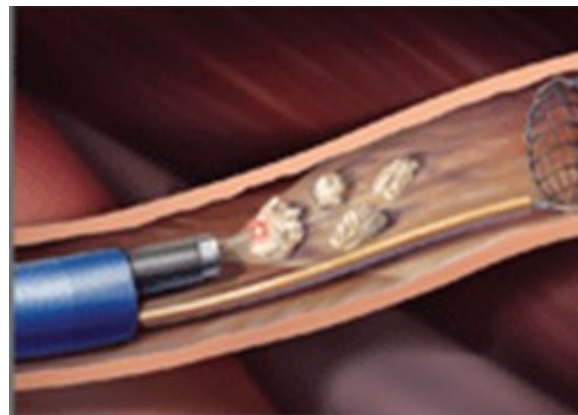
Managed with Rigid Ureteroscopy
Prior stenting with a ureteric stent,
7-10 days after stenting the stent is removed and the stone is addressed with a lithoclast or laser

2. Renal Calculi

Prior stenting for 7-10 days.
After stent removal the kidney is accessed with a flexible uretero-
renoscopy and the stone is fragmented with laser

How is it done?

- Patients will receive a general anaesthesia.
- Prophylactic antibiotics is given.
- The correct kidney is identified and marked while you are awake
- You would have had a cystoscopy with retrograde pyelogram 10 days prior with placement of ureteric stent to prepare your ureter
- A cystoscopy will be done first to remove the stent and 2 guidewires will be placed to enable access up the ureter
- Depending on the position of the stone, either a Rigid or Flexible Uretero-roscope will be used.
- If a stone is in the kidney a Flexible Uretero-roscope will be used with access obtained with an access sheath to protect the ureter from damage.
- Either the lithoclast or laser will be used to fragment the stone.
- All fragments will be attempted to be cleared. Small 1-2 mm fragments may be left as "Clinically Insignificant Fragments CISF" and will pass spontaneously
- A Ureteric catheter with an indwelling catheter is left post-operatively overnight.
- Catheters will be removed the next morning depending on the presence of blood in the urine



What next?

- You will spend at least one night in hospital
- You will have a catheter for that time.
- On removal of you catheter, you may experience sharp colicky pain, exactly the same as your presenting renal colic. This is due to your ureter contracting back to its usual size. (The stent has dilated this to 5X its usual size)
- You will be discharged as soon as your pain has stabilised and you can function independantly..
- Allow for a few days for stabilization of symptoms.
- A ward prescription will be issued on your discharge, for your own collection at any pharmacy
- A follow-up appointment will be scheduled for 6 weeks. Stone analysis results will then be discussed in order to formulate a plan to prevent recurrences
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**

