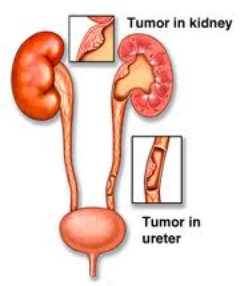
Ureteroscopy and Fulgeration Lesion

**Item Number:**

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Why is it done?

 Viewing suspicious lesions in upper urinary tracts (ureter and renal pelvis)

 Flexible uretero-renoscopy to review inside of renal pelvis and renal calyces

 Removal of lesion using laser

 Rigid is better for the ureteric inspection

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

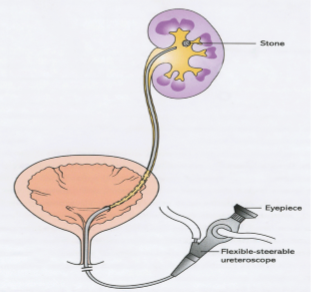
 Depending on the position of the lesion, either a rigid or flexible uretero-renoscope will be used.

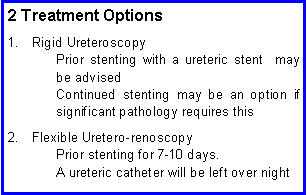
 Suspicious lesions may be biopsied and fulgerated.

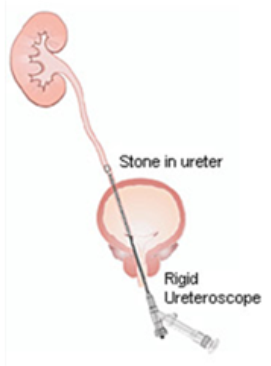
 Laser fulgeration or Diathermy may be used.

 Catheters will be removed the next morning depending on the presence of blood in the urine

 Extended use of a ureteric stent may be advised, depending on degree of bleeding

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Complications

**Side–effects**

 Ureteric perforation

 Stricturing / Narrowing

 Disruption of ureter

 Stent Irritation

 Procedure abandoned due to bleeding

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