Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:		HKID No.:
Case No.	:		
Name	:		
DOB	:		M / F
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Ureteroscopic Lithotripsy (URSL)

1. Introduction

1.1. Urinary stones are reached directly by endoscopy. Laser is applied through the endoscope to break the stone into small fragments. Stone fragments are removed through the endoscope by instruments or allowed to pass spontaneously. Different methods of approaching the stone are required according to the location of the stone. Ureteroscopic Lithotripsy is suitable for ureteric stone especially those located at distal ureter.

2. Indication of URSL

2.1. Ureteric stone or renal stone.

3. The procedure

3.1 The procedure may use general or spinal anaesthetic care. Doctor will pass a fine semi-rigid or flexible fibreoptic ureteroscope into urethra, bladder and finally ureter. X-ray sometimes may be required to guide the endoscope. Doctor identifies the stone and stone will be broken down by instrument. The fragmented stones are removed by using either a basket or forceps depending on the size and location of the stone. Ureteric stent may be inserted as required.

4. Risk and complications

4.1. Haematuria.
4.2. Urinary tract infection.
4.3. Perforation of ureter.

5. Per-operative complications

5.1. If the ureter is too tight to pass the endoscope, a ureteric stent will be inserted to dilate the ureter and repeat the procedure in two weeks.
5.2. Conversion to open surgery or other interventional procedures.
5.3. Anaesthetic complications and radiation hazard.
5.4. Injury to adjacent organs including perforation of ureter (1-5%) and avulsion of ureter.

6. Post-operative complications

6.1. Haematuria and dysuria.
6.2. Residual stone and stone recurrence requiring repeating procedures and ancillary procedures.
6.3. Ureteric stricture (0.5-2%, up to 25% with stone impaction).
6.4. Urinary tract infection (～2-15%) and life threatening septicemia.
6.5. Mortality (rare).

7. Preparation before the procedure

7.1. Patient will be asked not to eat or drink for 6-8 hours (or instructed by Doctor) before operation.
7.2. Inform your doctor if you are pregnant.
7.3. Inform your doctor of any medical condition (for example diabetes, heart diseases, high blood pressure, etc.) and any medications you are currently taking.
7.4. Your doctor will tell you whether you should continue your regular medications during the fasting period or may give you other instructions.
7.5. Some drugs including blood thinners & aspirin may need to stop before operation.

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8. After the procedure

8.1. It is advised to drink 3-4 litres of water per day to increase the urine output to 2-3 litres a day. This will facilitate the passage of stones.
8.2. Take analgesic if needed as prescribed by doctor.
8.3. Follow up according to the schedule for removal of ureteric stent if necessary.
8.4. Seek medical advice if persistent fever, loin pain or voiding difficulty.

9. Follow up

9.1. Patient will be discharged when considered appropriate for specific operations. If serious events develop after discharge, patient should contact your doctor in-charge or go to nearest Accident and Emergency Department.

10. Remarks

10.1. This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

11. References

11.1. Hospital Authority. Smart Patient Website

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____