

# Living with Ureteric (“JJ”) Stents

Information for patients, relatives and carers

## Department of Urology

① For more information,  
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## **What is a Ureteric Stent?**

These are hollow plastic tubes that are between 20 and 30cm long. They lie in the tube that normally drains the kidney to the bladder, called the 'ureter'.

They are internal and each end of the tube is curled (which gave rise to an old name of a 'pigtail' stent). Stents are hollow with side holes. Urine drains alongside and down the stent.

## **Why are they used?**

Ureteric Stents (also known as 'JJ' Stents due to their shape) are inserted for a variety of reasons including kidney stones, obstruction to the ureter or when the ureter has been repaired.

They can also be used to help to dilate the ureter when an attempt has been made to pass an instrument called an 'ureteroscope' into the ureter, but the ureter is too narrow.

In this case, the surgeon may decide to pass a stent instead and then re-operate after a period of time once the ureter has dilated or 'stretched'.

## **How are stents inserted?**

Stent insertion through the bladder is usually performed under a general anaesthetic procedure. The procedure is done telescopically via the bladder with the help of an X-ray machine to check the position. If you are a woman of childbearing age, you may need to have a pregnancy test, which must show negative, before having the stent inserted

Some stents can be inserted through the skin of the back directly into the kidney. This is usually done by a Radiology Doctor and is another way of passing a stent into the kidney and ureter.

## **How long do they stay in the body?**

Stents vary in their intended duration – your surgeon will be able to explain the purpose of the stent and give an approximate guide as to the duration it should be left. Ideally they should be removed or replaced, depending on the purpose it is intended for, after six months, but some stents are designed to last longer. Please ask your consultant for more specific details on your stent.

The concern is that stents can become gradually 'encrusted' as stones begin to form on them if left in place too long.

## **Are there any risks or side-effects?**

Most procedures have a potential for side-effects. Although major complications are rare, most patients do experience some stent-related symptoms. These include:

- Bleeding on passing urine for a short period after the procedure.
- Urinary frequency, urinary urgency or incontinence.
- Pain in the kidney area, lower abdomen and, in men, tip of penis.
- Urinary tract infection due to bacteria developing on the stent, requiring antibiotic treatment.
- Need for repeated procedures either to remove the stent, replace the stent or undertake an ureteroscopy operation.
- Failure to pass the stent into the kidney if the obstruction is very significant.

## What are 'stent-related symptoms'?

The shape and location of the stent will cause some 'stent-related symptoms' in the majority of patients who have a stent.

Specifically, this includes irritation of the bladder. This may manifest as some blood seen in the urine. It may also cause some pain on passing urine and cause more frequent or urgent urination. Some patients report pain in the kidney area: others report pain in the lower abdomen and some have urinary incontinence or leakage. Men with stents sometimes have pain in the tip of the penis which is actually a 'referred' pain from the bladder area. Some of these symptoms improve with time and of course, some patients may not have any.

However, **we advise patients having stents in the ureter to expect some of these 'stent-related symptoms'**.

If they are especially bothersome, there are some medications that can help, including anti-inflammatories and medications that can help with urinary urgency. There is a type of medications called alpha blockers that can help with some of the stent related pain. There is also a type of medication called anticholinergics that can help with some of the bladder related symptoms of the stent.

## **What are the alternatives to this procedure?**

The alternatives depend on why you are having the stent inserted in the first place. Alternatives might include:

- A tube direct into the kidney by puncturing the skin (called a 'Nephrostomy').
- For small stones in the ureter tube (that drains the kidney to the bladder) - observation to allow spontaneous passage of any kidney stones that have moved into the ureter.

# **What should I expect when I get home?**

By the time of your discharge from hospital:

- You should be given advice about your recovery at home.
- Most people prefer to take the a few days off work.
- Exercise may cause a temporary increase in any blood in the urine.
- There are no restrictions in sexual intimacy.
- Ask for a contact number if you have any concerns once you return home.

When you get home, you should increase your fluid consumption. Painkillers should be taken as necessary and you must complete the course of antibiotics.

Some blood in the urine is normal for 48-72 hours: In some instances it can continue for a week or so; this usually clears up without undue problems.

## **What else should I look out for?**

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately. Small blood clots or stone fragments may also pass down the ureter from the kidney, resulting in renal colic; in this event, you should contact your GP immediately.



## **Are there any other important points?**

You will be informed before your discharge of any follow-up arrangements. This will usually involve either further procedures to treat the stone or a simple follow-up outpatient appointment when a further X-ray will be taken.

If you have a stent in place, you may be given an appointment for removal of the stent at hospital under local anaesthetic if this is appropriate.

## **How is the stent removed?**

We will remove this by inserting a tube (cystoscope) into your urethra (the pipe you pass urine through) and pull the stent out using forceps. A camera will help us to find the stent. If you have a stent with a string (the string will be visible at the entrance of your urethra), we will remove the stent by pulling on the string. If this fails, we will use the cystoscope and forceps procedure.

## **Driving after surgery**

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

## **Useful contact numbers**

Day Unit in York Hospital:	01904 726010
Day Unit Appointments:	01904 725126
Lilac Ward in Scarborough Hospital:	01723 342805
Lloyd Ward in Bridlington Hospital:	01262 423134

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: Mr Khafagy, Consultant urological surgeon, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 725985.

## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email [pals@york.nhs.uk](mailto:pals@york.nhs.uk).

An answer phone is available out of hours.

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