

Removal of bladder stones

Urology Department

Patient Information Leaflet

Introduction

This leaflet is about removing bladder stones using a telescope. It gives information on what the procedure involves, the benefits and risks of the procedure and what happens after it.

We hope that this leaflet answers questions that you may have about your procedure. However, if you would like more detailed information, please contact one of our urology clinical nurse specialists.

What are bladder stones?

Bladder stones vary in their size, shape and texture. Some are small, hard and smooth whereas others are huge, spiked and very soft. People can have one or more stones. Bladder stones are more common in men who have had prostate enlargement.

Stones found in the urinary bladder do not always cause any symptoms and are sometimes discovered by chance if people are having an X-ray. However, when symptoms do occur, these may include:

- severe lower abdominal (stomach) and back pain
- difficulty in passing urine
- frequent urination at night
- painful urination
- blood in the urine
- fever (a high temperature)

Most people who have symptoms will complain of pain which comes in waves.

What are the benefits of removing them?

Bladder stones can irritate the wall of the bladder or block the flow of urine so removing them should improve this. Any pain or problems you are having with urinating should go.

What are the risks?

All surgical procedures have some risks and it is important that we make you aware of these. The risks of this operation are:

Common risks

- Mild burning or bleeding on passing urine for a short period after the operation
- Temporary insertion of a bladder catheter (a fine tube used to collect urine so it can drain into a bag)
- If your prostate gland is possibly causing the bladder stones, you may need to have another operation to treat your prostate

Occasional risks

- Infection of bladder which may need treatment with antibiotics
- Fragments of the stones may be left in the bladder
- New stones may form

Rare risks

- Delayed bleeding which may require removal of clots or further surgery
- Damage to the bladder requiring open surgery to repair it, or a temporary urinary catheter (fine tube)
- Injury to the urethra which may cause scarring in the future

What are the alternatives to this procedure?

It is possible to remove the stones using open surgery, where we make a cut in your abdomen (stomach) and remove them from your bladder through that. You can decide not to have the surgery but to have regular checks instead.

What happens before the procedure?

You will need to come to hospital the day of your surgery. Your admission letter will contain the date and any instructions you must follow before your operation.

If you are taking warfarin, aspirin or clopidogrel (Plavix®) on a regular basis, you must discuss this with your consultant because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding, but this can result in increased clotting which may also carry a risk to your health. Therefore, the risks and benefits of this will be discussed with you before your operation. We will tell you when you can safely start taking these medications again before you leave hospital.

If you smoke, try to cut down or preferably stop, as this reduces the risks of heart and lung complications during and after the operation. If you would like help with stopping smoking, please contact a member of the Hospital Stop Smoking Team on 01384 456111 ext. 2783.

Your admission letter will contain guidance about when you can eat and drink before your operation. You will be asked not to eat for six hours before surgery. You will be able to drink clear fluids until two hours before your operation. Clear fluids include water, black tea and coffee and squash. The ward staff will give you more specific guidance on when you can eat and drink when you come to hospital on the day of your operation.

Pre-assessment

Before you have your operation, we will send you an appointment for pre-assessment. This is to assess your general fitness and to determine whether there are any reasons why you should not have the operation.

At this assessment, a range of investigations will be carried out such as:

- A blood test, if you take certain medications.
- You may have an ECG – a heart trace test. This is nothing to be alarmed about, just a routine test to check your heart.
- Your blood pressure, pulse and weight will be recorded.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.
- A finger prick test to check your blood glucose levels.

You will have the opportunity to ask any questions or discuss any problems you may have.

At this assessment, please tell us if:

- You are diabetic
- You have a cold, cough or any type of infection
- You take any medications and what these are. You may need to stop taking some of these for a short period of time before you have the procedure.

Please be sure to tell your consultant before the procedure if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood vessel graft
- A brain shunt
- Anything else that has been implanted such as metal pins
- A previous or current MRSA infection
- You have received a cornea transplant, a dural transplant in the brain or previous injections of human-derived growth hormone, as these can be associated with Creutzfeldt-Jakob Disease (CJD)

Giving consent

We will explain the procedure to you and check that you understand what is to be done. If you are happy to go ahead, we will ask you to sign a consent form giving permission for the procedure to take place. Please ensure that you have discussed any concerns and asked any questions you may have, before signing the form.

What happens during the procedure?

Normally, we use a full general anaesthetic where you will be asleep throughout the procedure, or a spinal anaesthetic where you will be awake but not able to feel anything from the waist down. Your anaesthetist will explain the anaesthetic options to you before your surgery. We may give you antibiotics by injection before the procedure. Therefore, please remember to tell your hospital doctor if you are allergic to any antibiotics.

A special telescope will be inserted into your bladder to see the stones. The telescope is long and thin with a camera on the end. The stone(s) are crushed or broken up using a telescopic instrument or a laser. The stone fragments are then removed by a suction device, and a catheter (a fine tube) is inserted.

What happens after the operation?

After your operation, you will normally go back to the urology ward. We will tell you how the procedure went and what you can and cannot do. You should:

- Let the staff know if you are in any discomfort.
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team.
- Ensure that you are clear about what has been done and what should happen next.

We will give you a drink and something to eat as soon as you recover from the anaesthetic. The catheter will be removed within 24 to 48 hours and after this you should be able to pass urine normally. You are likely to have a burning feeling, need to urinate more frequently than normal and bleeding within the first 24 to 48 hours after catheter is taken out.

The average hospital stay is one to five days. Your surgeon will inform you when you are likely to be able to go home after your operation. **Please make arrangements to have a lift home available.**

What happens when I leave hospital?

When you leave hospital, we will give you a summary of your operation, known as a discharge summary. This holds important information about your operation. If you need to call your GP for any reason or to go to another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of leaving hospital.

What should I expect when I get home?

When you get home, you should drink twice as much fluid as you normally do to flush your system through. This helps to minimise any bleeding.

You may find when you first pass urine that it stings or burns slightly and it may be slightly blood-stained. This may continue for some time. Avoid heavy lifting or strenuous exercise for at least a week and longer, if you notice the bleeding getting worse.

What should I look out for?

If you get any of the following, contact the urology ward on 01384 244282 or your GP immediately:

- A fever (high temperature)
- Severe pain on passing urine
- You cannot pass urine
- Any bleeding gets worse

Driving after surgery

It is your responsibility to ensure that you are fit to drive after 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 that may affect your ability to drive. However, you should check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Medication

Please make sure before you come into hospital you have enough of your regular medication to take when you get home as it is unlikely that your regular medication will be changed. Also, please make sure you have a supply of painkillers to take when you get home. We recommend paracetamol, if you can take it or your usual painkillers (always read the label; do not exceed the recommended dose).

Getting medication from the hospital pharmacy can sometimes take a long time as they are very busy and this will delay you leaving hospital.

Can I find out more?

You can find out more from the following weblink:

NHS Choices

<http://www.nhs.uk/Conditions/Bladder-stones/Pages/Introduction.aspx>

Contact information for urology clinical nurse specialists

If you have any questions, you would like more information, or if there is anything you do not understand about this leaflet, please contact:

Urology clinical nurse specialists on 01384 456111 ext. 2873 or mobile 07787 512834 (8am to 4pm, Monday to Friday)

Ward C6 on 01384 244282

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/urology/>

If you have any feedback on this patient information leaflet, please email patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm să sunați la 0800 073 0510.

یہ کتابچہ آپ کو بڑے حروف کی لکھائی، سمعی صورت اور دیگر زبانوں میں مہیا کیا جا سکتا ہے۔ برائے مہربانی فون نمبر 08000730510 پر رابطہ کریں۔