

**POST-OPERATIVE DISCHARGE INSTRUCTIONS**

**URETEROSCOPY WITH URETERAL STENT (JJ) PLACEMENT WITH STRING**

Ureteroscopy is the process of looking, with a medical telescope, into the tube (ureter) that carries urine from your kidney to the bladder. A Double J. stent (JJ) is an artificial implant that is placed inside a patient's ureter. It helps drain urine from your kidney to your bladder. Typically it is placed after a procedure to remove a stone, biopsy or diagnostic procedure. The external string that is sticking out your urethra is tied to the stent.

**Diet:** May resume regular diet as tolerated.

**Activity:** Quiet activity today and then resume normal activity as tolerated. No heavy lifting or exercising while the stent is in place.

**Bathing:** May use shower or bathtub when fully recovered from anesthesia.

**Post Operative Care:** Drink plenty of fluids avoiding caffeinated drinks, spicy foods, and alcohol. Avoid strenuous activity. You may have bladder spasms throughout the day at any time. Flank pain (back pain) is common. It may feel like a dull ache or back spasm. You may feel pain in your kidney when urinating. Be careful engaging in activity that can harm yourself and others (e.g. driving or operating heavy machinery). Blood in your urine is also common could be light pink to cherry color. You may pass stone debris and small blood clots.

**Medications:**

- Lortab** (5, 7.5, 10 /500) mg one tab by mouth every 6 hours as needed for pain
- Percocet** (5, 7.5, 10/325) mg one tab by mouth every 6 hours as needed for pain
- Pyridium** (100, 200) mg one tab per mouth every 8 hours for dysuria (burning)
- Cipro** (250, 500) mg one tab per mouth twice a day
- Ibuprofen** (400, 600, 800) mg by mouth every 6 hours with food for pain (use Ibuprofen first and if you still have breakthrough pain use your narcotic prescription)
- Other: \_\_\_\_\_

**Follow-up Studies:**

- KUB XR** [flat plate x-ray of abdomen that includes a picture of your kidneys, ureters and bladder] Obtain film a few days prior to your follow-up office visit. Bring the film with you to office.
- \_\_\_\_\_

**Follow-Up Appointment:**

- You have an appointment on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.  
Date Time
- The office will call with your follow-up appointment date and time. *(Please call my assistant if you do not hear back from us 7 business days post operatively).*
- (New Patients)* Please call our office for a follow-up appointment within 2 weeks unless otherwise instructed.

**Please notify our office for any signs or symptoms of infection, such as fever (>101), chills, nausea, vomiting, or feeling ill. Call if you have bright red continuous bleeding, pain not controlled by your prescriptions, or retention of urine. My assistant, Shelly can be reached at 505-242-3991 x2026.**

**Stent Removal:** Removal Date: \_\_\_\_\_ You have been instructed to remove your stent on your own. Grasp the string and pull the entire string out along with the stent. It should be removed without effort. Best accomplished lying down. Expect to feel some sensation in your kidney area. The stent is typically 12 inches long. **DO NOT CUT THE STRING.** If you have any questions, contact my assistant Shelly at 505-242-3991 x2026. Arrangements can be made for Shelly to remove the stent in our office.

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**A COPY OF THIS FORM WAS GIVEN TO PAIENT ALONG WITH APPROPRIATE PERSCRIPTIONS. DISCHARGE INSTRUCTIONS WERE EXPLAINED. ALL QUESTIONS WERE ANSWERED. THE PATIENT (AND/OR FAMILY) UNDERSTANDS THE IMPORTANCE OF PROPER FOLLOW-UP.**

*This document is an official patient record. Please place in the chart.*

