

Your child's procedures to put in and remove a ureteric stent

This leaflet is about your child's procedures to put in a tube called a ureteric stent for draining urine and to remove it later. It explains what you should do before your child's procedures, on the day of the procedures and when you return home.

Your child's condition and procedures

What is a ureteric stent?

A ureteric stent is sometimes called a JJ stent or a double-pigtail stent. It is a thin tube that we put inside the ureter, which connects the kidney to the bladder. There are J-shaped curls at both ends of the stent to hold it in place.

The stent helps to drain urine from the kidney into the bladder.

Why should my child have a ureteric stent?

After some operations, it can be important to help urine pass easily from the kidney to the bladder. This may be to:

- help with the healing of a repair
- prevent a blockage of urine drainage from causing kidney damage or a serious urine infection

We can put in a stent as part of another procedure, such as to repair the kidney or remove a kidney stone. Otherwise, your child can have a procedure by itself to insert the stent.

How do you remove a ureteric stent?

We explain how long your child needs the ureteric stent. When it is time to remove the stent, we can do this in 2 possible ways.

- **Pulling out stent string**

When we put in a stent for a few days to a week, we can leave strings attached to the lower end of it. These strings come out of the hole that your child pees through (urethra). They stay in place until it is time for us to remove the stent. We can then pull on the strings to remove the stent while your child is awake. This can cause mild discomfort.

A disadvantage of this method is that if the string is pulled by accident, the stent may come out too early.

- **Stent removal procedure**

We can do a small (minor) procedure to remove a stent that stays in place for a few weeks or months. Your child has the procedure under a general anaesthetic. This is a medicine that makes them sleep and stops them feeling any pain during the procedure.

Before your child's procedures

What needs to happen before my child's procedures?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you dates for your child's procedures. We also explain when your child should stop eating and drinking (fast) before their procedures.

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedures. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol[®]. Ibuprofen for children may also be called Calprofen[®] or Nurofen[®]. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache.

If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of each procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit for each procedure. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before each procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During each procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

Procedure to put in a ureteric stent

The surgeon passes a medical telescope (cystoscope) through the hole that your child pees through (urethra) into the bladder. We fill the bladder with special medical water (saline) to see inside it more clearly.

Using the telescope, the surgeon finds the opening where the ureter connects to the bladder. They carefully put the stent into the ureter and kidney through this opening. We take an X-ray to confirm that the stent is in the correct position. The surgeon then removes the telescope.

No cuts or wounds are made during the procedure.

The whole procedure takes about 1 hour. This includes the time to give your child a general anaesthetic.

Procedure to remove a ureteric stent

Sometimes it is possible to remove a ureteric stent using the strings attached to it, as previously described in this leaflet. For children, we usually remove a ureteric stent by passing a device into the bladder under a general anaesthetic.

The surgeon passes a medical telescope (cystoscope) through the hole that your child pees through (urethra) into the bladder. We fill the bladder with special medical water (saline) to see inside it more clearly. The surgeon then passes medical tongs or tweezers (forceps) through the telescope, grasps the stent and pulls it out through the urethra.

No cuts or wounds are made during the procedure.

The whole procedure takes about 45 minutes. This includes the time to give your child a general anaesthetic.

Are there any other treatment options to a ureteric stent?

Another option to draining the kidney inside the body with a stent is to drain the kidney outside the body. We can use different types of tubes to do this. A tube to drain urine outside the body is sometimes called a nephrostomy (external drain).

We put the small nephrostomy tube through your child's skin and pass it into their kidney. The tube drains urine from the kidney into a collection bag outside the body. Your child usually has this type of tube for a shorter time than an internal stent.

A disadvantage is that a nephrostomy comes out of your child's skin. This means that they will be more aware of it. As the tube is outside the body, it will also limit your child's activities. There is a small chance of pulling out the tube accidentally.

The main advantage is that we can pull out a nephrostomy easily without giving your child a general anaesthetic. The surgeon talks to you about if this is a suitable option for your child.

Are there any risks to my child's procedures?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of each procedure. We talk to you about the risks in the clinic and before the procedures when we confirm that we have your consent.

Putting in and removing a ureteric stent are usually small (minor) procedures, but children need to have a general anaesthetic. This is very safe, but our separate leaflet called "Your child's general anaesthetic" explains possible side effects or complications.

Risks of putting in a ureteric stent

When we have put in the ureteric stent, most children do not notice that it is there. The stent is made from a type of soft plastic. There is nothing on the child's body to show that they have a stent.

A small number of children can feel the stent or have problems with it:

- The stent might cause discomfort in the bladder, genitals or kidney when your child moves or pees.
- There might be blood in the urine when your child pees.
- Your child might need to pee more often.

Most children who have these problems only get mild symptoms, but in rare cases they can be severe.

Risks of removing a ureteric stent

After we have removed the ureteric stent at a later date, there may be some blood in the urine. This usually settles by itself. It is rare for children to return to hospital or need more treatment for bleeding.

Sometimes, there might be a urinary tract infection after a procedure to remove a stent. During the procedure, we give your child antibiotics to reduce the chance of an infection.

In rare cases:

- it may not be possible to remove the stent during the procedure
- part of the stent may break off and be left behind

We then need to remove the stent using a different method.

After your child's procedures

How will my child look and feel after their procedures?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from each procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

Will my child be in pain after their procedures?

As we do the procedures through the water pipe (urethra) and without any outside wounds, your child usually wakes up with very little pain. There is slightly more chance of pain after the procedure to put in a ureteric stent.

If your child is in any pain, we may give them paracetamol, ibuprofen or both medicines regularly. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

Sometimes, your child may have a stinging feeling when they pee. It is important that you encourage your child to pee regularly and stop their bladder becoming too full.

When can my child eat and drink or feed after their procedures?

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of each procedure.

Do we see the surgeon after my child's procedures?

Yes, the surgeon comes to check your child after their procedures. They update you about the surgery and answer any questions that you may have.

When can my child go home?

Your child can go home on the same day of each procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do
- have peed after the procedure

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How do I care for my child after their procedures to put in and remove a ureteric stent?

The surgeon or a member of their team gives you specific instructions on caring for your child after each procedure. They also explain the arrangements for their follow-up care.

It is important to make sure that your child drinks plenty of fluids. If your child has a small amount of blood in the urine after their procedure, encouraging them to drink well can ease the symptoms. They should pee regularly every 2 to 3 hours.

Your child can return to nursery or school on the next day after each procedure.

How can I manage my child's pain after their procedures?

We recommend giving your child paracetamol and ibuprofen if they do not have any problems taking these medicines. You can give your child the medicines regularly for a few days and then as needed to control pain.

Please remember to buy the pain medicines before the day of your child's surgery.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

Do I need to look for any symptoms after my child's procedures?

It is important to get medical help if your child is unwell after their procedures or has any concerning symptoms.

After we have put in a ureteric stent

When your child can feel the stent in their bladder, this can make them want to pee. Peeing more often with a stent is not dangerous. It often improves if the bladder is allowed to fill.

Contact a GP or go to your nearest emergency department (A&E) if you feel that your child is unwell or notice these symptoms:

- **Blood**

Blood is often seen in the urine after we have put in a ureteric stent. This issue can continue until the stent is removed and get worse after physical activity or exercise.

If bleeding is a problem, you need to encourage your child to drink well. They will then make more urine to wash out the blood. Your child also needs to reduce their physical activity or exercise. However, it is important to get medical help if there is any heavy bleeding or red lumps (blood clots) in your child's urine.

- **Discomfort or pain**

Sometimes, a stent can cause discomfort or pain. This usually happens during peeing and is felt in the bladder, affected kidney or genitals. The pain often gets better as the bladder fills. Simple painkillers, such as paracetamol and ibuprofen, can help but you need to get medical advice if the pain cannot be controlled.

- **Signs of a urinary tract infection**

Your child may have developed a urinary tract infection if:

- their urine becomes cloudy or smelly
- they have a high temperature (fever)

After we have removed a ureteric stent

Contact a GP or go to your nearest emergency department (A&E) if you feel that your child is unwell or notice these issues:

- **Blood**

A little blood is often seen in the urine after we have removed a ureteric stent. This can continue for up to 2 weeks after the procedure. However, it is important to get medical help if there is any heavy bleeding or red lumps (blood clots) in your child's urine.

- **Signs of a urinary tract infection**

Your child may have developed a urinary tract infection if they have:

- a stinging or burning sensation that is getting worse when they pee
- cloudy or smelly urine
- a high temperature (fever)

- **Difficulty in peeing**

You need to get medical help if your child struggles to pee or their urine flow becomes weak.

Do you see my child again after their procedures?

If your child needs a follow-up appointment, we will tell you before you go home. We then get in touch nearer the time and tell you the exact date and time of the appointment.

Contact us

Before the procedure

For **advice about your child's procedure**, call the urology medical secretary, **phone** 020 7188 4610 or 020 7188 4628, **email** evelinaurologydoctors@gstt.nhs.uk

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child is **unwell in the 2 weeks before the procedure**, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209 (Monday to Friday, 9am to 5pm)

If your child is **unwell any time after 5pm on the evening before the procedure**, contact the bed managers, **phone** 020 7188 7188, choose the option for the bleep desk, bleep 0821 when connected and wait for the response

After the procedure

For **medical advice**, **email** evelinaurologydoctors@gstt.nhs.uk

For **advice from the clinical nurse specialists**, **email** evelinabladdernurses@gstt.nhs.uk

For questions about **outpatient appointments**, **phone** 020 7188 4000, **email** paediatricappointmentsurology@gstt.nhs.uk

If you are concerned that your child is **seriously unwell** at any time, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets

Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm **email** letstalkmedicines@gstt.nhs.uk

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS), **phone** 020 7188 8801 **email** pals@gstt.nhs.uk. To make a complaint, contact the patient resolution team **phone** 020 7188 3514 **email** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your child's care in a different language or format, please get in touch, **phone** 020 7188 8815 **email** languagesupport@gstt.nhs.uk



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