



Ureteroscopy for Tumor Biopsy and Ablation

A ureteroscopy is a surgical procedure to identify, biopsy and laser ablate a tumor in the kidney or the ureter (the drainage tube from the kidney to the bladder). Alternatives to surgery include observation or other surgical procedures. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your surgeon will utilize x-rays in order to locate the tumor, the dose of radiation used for these x-rays is a trivial amount and less than the radiation exposure from a domestic plane trip.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed with a camera passed into the bladder, through the urinary system to see and remove the tumor. Surgery time is approximately 60 minutes. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have an internal urinary drainage tube called a stent. This stent helps your kidney drain and heal after surgery. This stent may cause flank pain and discomfort but this is temporary. You may have a Foley catheter in place which is a tube going into the bladder to drain your urine but this is unlikely to be needed. You will be instructed by the hospital staff how to care for your catheter at home if required.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay for significant blood in the urine or effects from anesthesia.
- You will be discharged home from the hospital with oral pain medicine to help with bladder spasms or

pain after surgery. A fully updated home medication list will be provided to you by the hospital at discharge.

- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine blocking the catheter or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office, at the discretion of your surgeon, typically 1-3 days after surgery for a foley catheter removal appointment if required. This is performed in the morning and you may be expected to return to the office that afternoon for another appointment to assess your voiding. You may experience incontinence after your foley catheter is removed. We recommend you bring adult diapers and/or incontinence pads to your postoperative foley removal appointment.
- If you do not have a catheter after surgery you will be seen around 2 weeks after surgery for a visit to remove your stent and discuss the pathology results of your surgery. Most stents are removed with a quick procedure under local anesthesia in the office called cystoscopy.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery and risk of developing recurrent tumors.