

For Appointments Call: 08 8267 1424

## Insertion of Urethral Stent

### Why is this done?

Insertion of a temporary metal stent into the urethra is performed rarely, but it does have some advantages in the setting of difficult or recurrent strictures of the urethra. After [optical laser urethrotomy](#) or [optical urethrotomy](#), it is common for strictures to recur, as the body's natural response to opening up scar tissue is to reform the scar. Insertion of a metal stent at the time of urethrotomy can help 'stabilise' the tissue, and reduce the chance of the stricture recurring.

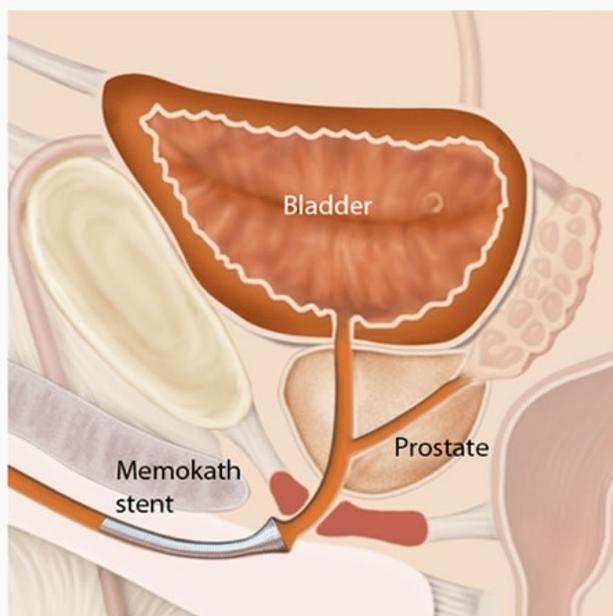
Similar problems with scarring of the bladder neck can be helped by insertion of a stent at the time of [bladder neck incision](#).



## How is the operation performed?

This is done under general anaesthetic, usually at the same time as a urethrotomy or bladder neck incision. The stent is inserted down a telescope, and positioned with X-ray guidance. Once the stent is in place, the flange on the end helps to hold it in position.

The stents are generally left in place for 12 weeks to 26 weeks, depending on the reason it was inserted, and the size, position and severity of the stricture. They are then removed with a second, short telescope operation.



## After the procedure

You may be able to go home the same day, but sometimes an overnight stay is required. It is usual to have some mild discomfort for a few days, but this should settle quickly. You should return to normal activities gently, and shouldn't lift anything heavy for a few weeks.

## Potential side effects and complications

All procedures have the potential for side effects. Although these complications are well recognised, the majority of patients do not have problems after a procedure.

Risks of the anaesthetic need to be discussed with the anaesthetist who will be looking after you during the operation, and who will visit you beforehand.

There are specific risks with this surgical procedure, and these will be discussed with you before your procedure. As a guide to complement that one-on-one discussion with your surgeon, these include:

### Common

- A burning sensation and/or a small amount of blood in the urine for a short period afterwards

### Occasional

- Infection in the bladder requiring antibiotics

- Temporary insertion of a catheter if you are unable to pass urine immediately after the cystoscopy. With a stent in place, it is sometimes necessary to insert a [suprapubic catheter](#) if you are unable to pass urine, as it can be difficult to pass a urethral catheter

## Rare

- Delayed bleeding requiring removal of clots or further surgery
- Infection from the bladder causing sepsis
- Inability to open the stricture, and the need for a temporary [suprapubic catheter](#)
- Dislodgement of the stent, requiring removal
- Encrustation of the stent, requiring removal
- Rarely, some people find a stent painful, and it needs to be removed.

**If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact the practice immediately. If out of hours, please go to your nearest emergency department.**

Please note that if you have another procedure performed in combination with an optical urethrotomy, then there may be other potential complications associated with those procedures. This will be discussed with you before your operation.

## Long-term results of optical urethrotomy

Recurrence of strictures is part of their behaviour, and occurs in about 50% of patients. You are likely to need long-term clinic follow-up to keep an eye on your waterworks. Certain things can be done to reduce the chance of recurrence, such as [intermittent self-catheterisation](#). If recurrence occurs, a formal open operation on the stricture may be a possibility, called a [urethroplasty](#). This will be discussed with you.

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### Disclaimer

This information is intended as an educational guide only, and is here to help you as an additional source of information, along with a consultation from your urologist. The information does not apply to all patients.

Not all potential complications are listed, and you must talk to your urologist about the complications specific to your situation.

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