

Benefits of a Ureteroscopy

The stone is usually directly seen allowing the delivery of special instruments or lasers to break the stone. The ureteroscope is passed through natural channels in the body and involve no skin incisions. Providing the stone can be seen, there is a very high chance that the stone will be broken in one session.

The success rate of ureteroscopy is over 95% for the majority of stones that are treated this way.

Long-term stone prevention

All stone formers should:

- Increase their fluid intake (judge the amount of fluid you need by your urine colour - the darker the urine the more fluid you need)
- Reduce dietary salt
- Recurrent stone formers will be referred on to a renal physician for further fine tuning



DR MARTIN ELMES

With over 10 years of expertise in the field of Urology, Dr Elmes provides a full range of high quality urological services for patients needs with the use of advanced techniques and cutting edge equipment to perform procedures. Dr Elmes is highly qualified in the field of urology having completed extensive surgical training throughout Melbourne and Sydney.

His main interests in the field include minimally invasive Robotic prostate & kidney surgery, BPH treatments (Advanced laser prostate enucleation (HoLEP) & UroLift) and Erectile Dysfunction (needle-free intracavernosal injections and penile prosthesis surgery). Dr Elmes is dedicated to teaching and training today's medical students, junior doctors and surgeons to ensure there is continuous development in the field of Urology.

Please visit our website or call us on (07) 5598 0098 for more information about what is best suited for you.

Varsity Lakes:

SUITE 2, LEVEL 1
GC SURGICAL HOSPITAL
2 LAKE ST
VARSITY LAKES QLD, 4227

P: (07) 5575 7922

F: (07) 5575 8922

E: ADMIN@GOLDCOASTUROLOGIST.COM.AU

FIND US ON:



WWW.GOLDCOASTUROLOGIST.COM.AU



GOLDCOASTUROLOGIST



@DRMARTINELMES

PINDARA:

SUITE 8, LEVEL 1
PINDARA PL
13 CARRARA ST
BENOWA QLD, 4217

PROCEDURE

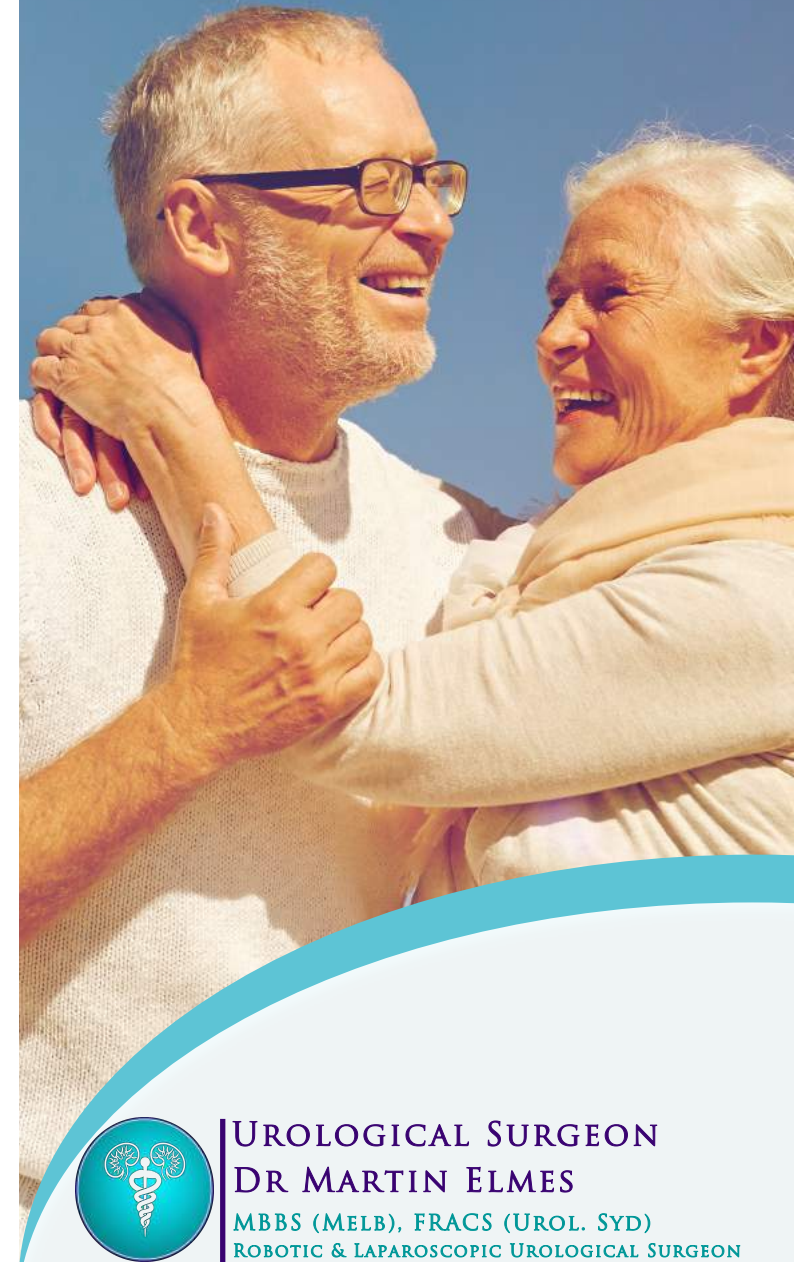
DATE:

PROCEDURE

LOCATION:

TIME TO BE ADVISED BY ROOMS THE WEEK
PRIOR TO PROCEDURE DATE

A PATIENT GUIDE TO URETEROSCOPY



UROLOGICAL SURGEON
DR MARTIN ELMES

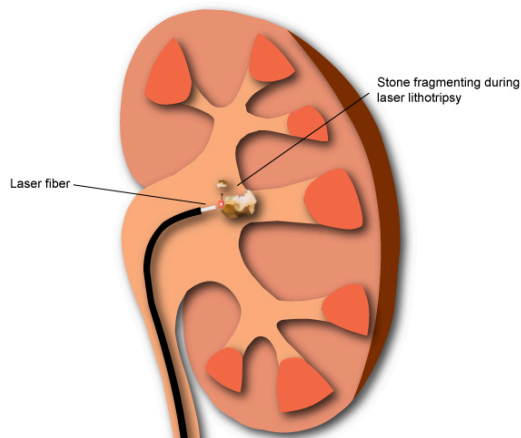
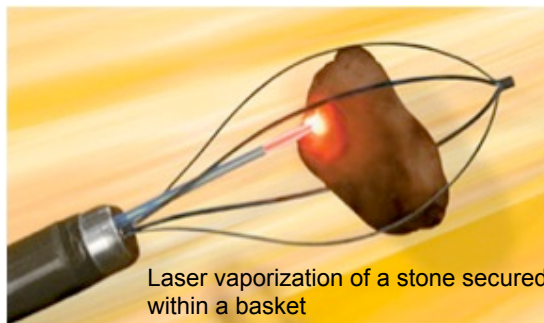
MBBS (MELB), FRACS (UROL. SYD)
ROBOTIC & LAPAROSCOPIC UROLOGICAL SURGEON

What is a Ureteroscopy?

In most cases this is performed because you have a stone trapped in your kidney or in the "ureter" (the drain pipe that connects the kidney to the bladder).

Most situations necessitate three procedures under general anaesthesia:

1. Insertion of a stent (a thin plastic internal drain tube) from the bladder up to the kidney to allow pain and infection if present to settle
2. A minimum of 2 weeks later the stent is removed and the now dilated ureter is much easier to traverse with a very fine camera and laser. The stone is vaporised in this procedure. In almost all cases a new stent is placed to minimise pain
3. A week later the stent is removed



Laser vaporization of a stone inside the kidney

Before Surgery

FASTING

You will be instructed by the hospital or Dr Elmes' rooms when to fast (food & fluid).

TABLETS

Continue all tablets (including if fasting with a sip of water) except blood thinners.

BLOOD THINNERS

- **Plavix or Clopidogrel or Persantin or Asasantin**
⇒ Cease TEN DAYS prior
⇒ You may be instructed to take 100mg aspirin daily in its place
- **Warfarin or Pradaxa**
⇒ Cease SEVEN DAYS prior
⇒ You may need Clexane bridging therapy (last dose 24 hours before surgery)
- **Brilinta**
⇒ Cease THREE DAYS prior
- **Asprin**
⇒ Stay on this unless otherwise instructed by Dr Elmes' rooms

INSULIN

Please let Dr Elmes know if you are on insulin as the dosage will need to be adjusted peri-operatively.

PRE-OP ASSESSMENT/PATHOLOGY TESTS

- You must attend this visit if asked by Dr Elmes or the hospital
- You must get all blood/urine tests done approximately one week prior to operation

FILMS

Please bring your CT's/US or other appropriate films to your operation. In some cases your surgery will be postponed if you do not.

After Surgery

Expect:

- Sensation of needing to urinate (settles 24hrs in 50% of people)
- Some mild burning or blood in the urine (may come and go until after the stent is out)
- A further procedure to remove your stent (internal drain)

What to do:

- Drink plenty of fluid
- Do NOT dehydrate
- You can exercise and do most normal activities with a stent in

Avoid:

- Working/strenuous activity for 24hours

Inform Dr Elmes' rooms if:

- Unable to urinate
- Heavy continuous bleeding / multiple clots
- Fevers / unwell
- Severe stent pain (especially if with every urination)
- Bladder spasms (may need Oxytrol patches to settle this)