

WHAT'S NORMAL vs. WHEN TO SEEK HELP

After ureteroscopy / laser lithotripsy / ureteral stent placement

Office: 832.556.6046 **Non-urgent questions:** Call during business hours or send a MyChart message.

Dr. _____ **recommends stent removal on:** _____

Most stents are left on a string. Do not pull the string until the date written above. Call the office if you prefer office removal.

Normal Symptoms to Expect

These mild symptoms are common after ureteroscopy and often improve after the stent is removed:

- 1 Mild bleeding or pink/red urine that comes and goes
- 2 Burning or discomfort when urinating
- 3 Urgency, frequency, bladder pressure, or spasms
- 4 Flank/kidney pain during or right after urinating
- 5 Passing sand-like debris or small stone fragments
- 6 Mild fatigue, nausea, sore throat, or constipation

Call your Urologist

Most concerns can be handled by calling during business hours or sending a MyChart message:

- 1 Pain, burning, urgency, or bleeding that is worsening or hard to manage
- 2 Stent string comes loose, seems longer, is pulled, or you want help removing it
- 3 Foul-smelling or cloudy urine, or concern for infection
- 4 Itchy/swollen skin, new rash, or medication reaction
- 5 Questions about Flomax, ketorolac, Tylenol #3, Pyridium, or oxybutynin
- 6 Help scheduling follow-up or renal ultrasound

Call your Urologist, Go to Urgent Care or ED (as directed by your doctor)

Seek immediate medical care for severe or persistent symptoms. These may signal a serious issue:

- 1 Persistent chest pain or difficulty breathing
- 2 Fever 100.4 F (38 C) or higher, shaking chills, or feeling seriously ill
- 3 Severe pain not relieved by medication
- 4 Unable to urinate, or large clots blocking urination
- 5 Persistent vomiting or unable to keep liquids down

Follow-up: The office will call to arrange your visit. Typical follow-up is 1-3 months with a renal ultrasound before the visit to confirm stone/hydronephrosis resolution. **Imaging scheduling:** 832.556.6300

MEDICATION GUIDE AFTER URETEROSCOPY / STENT

You may not receive every medication listed. Use only the medicines prescribed to you. Most medication questions can be handled by calling the office during business hours or sending a MyChart message.

Flomax / tamsulosin

What it does: Helps relax the ureter. This can reduce stent/ureter spasms and help residual stone fragments pass.

How to take: Take once daily for **30 days**, unless told otherwise.

Best time: Take at **night**. It can cause dizziness or lightheadedness when standing. Get up slowly.

Ketorolac / Toradol

What it does: Strong anti-inflammatory pain medicine. It is **not a narcotic** and works very well for kidney stone, ureter, and stent pain.

How to take: Take as prescribed, with food. Usually limited to **5 days**.

Do not combine with: ibuprofen, Advil, Motrin, Aleve, naproxen, or similar NSAIDs. Do not use if told to avoid NSAIDs due to kidney function, blood thinners, bleeding risk, ulcers, or another reason.

Tylenol #3

What it does: Mild narcotic for severe breakthrough pain only.

How to take: Take only as needed. Many patients do best taking it at **night** if pain prevents sleep.

Safety: No driving, alcohol, work, machinery, or important decisions while taking it. It can cause sleepiness, nausea, and constipation. It contains acetaminophen, so avoid extra Tylenol unless told it is safe.

Pyridium / phenazopyridine

What it does: Helps burning or discomfort when you urinate.

Who usually gets it: Only some patients, especially younger patients or those who have had bad burning with stents, Foley catheters, or prior urinary procedures.

Things to know: It turns urine bright orange and can stain underwear, pads, or contact lenses.

Oxybutynin

What it does: Helps bladder spasms from a stent. Spasms may feel like sudden urgency, pressure, cramping, leakage, or the constant need to urinate.

Who usually gets it: Only some patients, often younger patients with significant spasms.

Side effects: Dry mouth, constipation, blurry vision, trouble urinating, and confusion or memory issues, especially in older patients.

Helpful Reminder

Constipation prevention: Anesthesia, lower activity, Tylenol #3, and oxybutynin can cause constipation.

Drink fluids unless restricted, walk as tolerated, and use a stool softener or gentle laxative if needed.

Avoid heavy straining while there is still blood in the urine.

Urgent symptoms: Go to urgent care or the ER for fever, shaking chills, inability to urinate, severe pain not controlled with medicines, persistent vomiting, or heavy bleeding with large clots.