

Patient information

Insertion of prostatic stent

Please bring a urine sample with you in a sterile container. Your sample is checked to ensure you are free from urinary infection.

What is a prostatic stent?

A prostatic stent is a small device put in place to open up the urethra (water pipe).

This procedure is done to improve your flow of urine and bladder emptying. It is undertaken in a clinic room within the Urology Investigation Suite.

Each patient is prepared with an antiseptic wash around the urethra. A local anaesthetic gel is passed into the urethra which also acts as a lubricant.

A flexible cystoscope (fine telescopic camera) is used to examine the urethra and bladder. The appropriate length stent is positioned using the cystoscope. Once in place it is activated by warm water which you will feel being passed into your bladder. The cystoscope is then withdrawn leaving the stent in place.

You will be assessed before you leave the department to ensure you are able to both hold and pass urine with the stent in place.

What are the alternatives?

If fit for anaesthetic you may be offered Trans Urethral Resection of Prostate (TURP) surgery. Prostatic stent insertion is offered to patients not fit for surgery.

Long term urethral or supra-pubic catheter insertions are alternatives to having a stent fitted.

What are the potential risks and side effects?

- You may see blood in your urine for a few days which should settle. If it persists or becomes frank blood (bright red) please contact the Urology Investigation Suite or the Urology Unit – telephone numbers at the end of the leaflet.
- You may go into urinary retention which means not being able to pass urine when you feel the need. If this happens seek medical assistance by contacting the Urology Investigation Suite (Monday to Friday - 8.00am to 5.00pm) or your GP who can arrange admission to the Surgical Assessment Unit. Out of hours and bank holidays go to the Emergency Department.
- You may not be able to control your flow and experience urinary incontinence; this may require the stent to be repositioned, contact the Urology Investigation Suite or the Urology Unit.
- There is a slight risk of developing a urine infection. If you feel generally unwell or experience burning or stinging while urinating, please contact your GP.

What are the expected benefits of treatment?

The intended benefit is to improve urinary outflow (strength and volume) and is usually effective soon after the procedure.

What should I do before I come into hospital?

You may have been asked to stop taking blood thinning drugs, e.g. warfarin or clopidogrel. This will have been discussed with you at the time of booking the procedure. You should take all other medication as normal and you can eat and drink as normal.

Will I have an anaesthetic?

Local anaesthetic gel will be inserted into your urethra. Prostatic stent insertion is appropriate for patients unsuitable for general anaesthetic.

How will I feel afterwards?

You may experience mild discomfort after the procedure; you should take your normal pain relief, e.g. paracetamol, to alleviate this if necessary.

How long will I be in hospital?

Usually you will be able to leave hospital within around 30 minutes of the procedure although the medical team will want to know that you can pass urine before you leave.

What should I do when I go home?

You should avoid strenuous activities for the rest of the day. Drink plenty of fluids; increase your normal intake by a couple of glasses of water. You may wish to take your normal pain relief if you have discomfort.

Please note

You will need to remember that you have the prostatic stent in place should you ever require either a catheter to be passed or a urethral examination. You will be given a card with the stent details on and it is important that you inform the doctor as only a small size catheter will pass through the stent.

How soon will I be able to resume normal activities?

You can usually resume normal activities the same day.

Will I have to come back to hospital?

You will be followed up with an outpatient's appointment in around three months' time. As previously noted, you will need to come back to hospital straight away if you are unable to pass urine. Your GP will arrange admission to the Urology Assessment Unit or you can attend the Emergency Department.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

If you require further information please contact a member of the nursing team

Urology Investigation Suite – Conquest Hospital – Tel 0300 13 4500 Ext: 8468 or 8344
Urology Investigation Suite – Eastbourne DGH - Tel: 0300 131 4500 Ext: 770640

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on a procedure or any other concerns you may have with your doctor.

Hand hygiene

In the interests of our patients the trust is committed to maintaining a clean, safe environment. Hand hygiene is a very important factor in controlling infection. Hand sanitiser is widely available throughout our hospitals at the patient bedside for staff to use and also at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

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The following clinicians have been consulted and agreed this patient information:

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