

ALBUQUERQUE UROLOGY ASSOCIATES, P.A.

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POST-OPERATIVE DISCHARGE INSTRUCTIONS URETEROSCOPY WITH URETERAL STENT (JJ) PLACEMENT

Ureteroscopy is the process of looking, with a medical telescope, into the tube (ureter) that carries urine from your kidney to the bladder.

Diet: May resume regular diet as tolerated.

Activity: Quiet activity today and then resume normal activity as tolerated. No heavy lifting or exercising while the stent is in place.

Bathing: May use shower or bathtub when fully recovered from anesthesia.

Post Operative Care: Drink plenty of fluids avoiding caffeinated drinks, spicy foods, and alcohol. Avoid strenuous activity. You may have bladder spasms throughout the day at any time. Flank pain (back pain) is common. It may feel like a dull ache or back spasm. You may feel pain in your kidney when urinating. Be careful engaging in activity that can harm yourself and others (e.g. driving or operating heavy machinery). Blood in your urine is also common could be light pink to cherry color. You may pass stone debris and small blood clots.

Medications:

- Lortab** (5, 7.5, 10 /500) mg one tab by mouth every 6 hours as needed for pain
- Percocet** (5, 7.5, 10/325) mg one tab by mouth every 6 hours as needed for pain
- Pyridium** (100, 200) mg one tab per mouth every 8 hours for dysuria (burning)
- Cipro** (250, 500) mg one tab per mouth twice a day
- Ibuprofen** (400, 600, 800) mg by mouth every 6 hours with food for pain (use Ibuprofen first and if you still have breakthrough pain use your narcotic prescription)
- Other: _____

Follow-up Studies:

- KUB XR** [flat plate x-ray of abdomen that includes a picture of your kidneys, ureters and bladder] Obtain film a few days prior to your follow-up office visit. Bring the film with you to office.
- _____

Follow-Up Appointment:

- You have an appointment on _____ at _____ a.m./p.m.
- The office will call with your follow-up appointment date and time. *(Please call my assistant if you do not hear back from us 7 business days post operatively).*
- (New Patients)* Please call our office for a follow-up appointment within 2 weeks unless otherwise instructed.

Please notify our office for any signs or symptoms of infection, such as fever (>101), chills, nausea, vomiting, or feeling ill. Call if you have bright red continuous bleeding, pain not controlled by your prescriptions, or retention of urine. My assistant, Shelly can be reached at 505-242-3991 x2026.

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A COPY OF THIS FORM WAS GIVEN TO PAIENT ALONG WITH APPROPRIATE PERSCRIPTIONS. DISCHARGE INSTRUCTIONS WERE EXPLAINED. ALL QUESTIONS WERE ANSWERED. THE PATIENT (AND/OR FAMILY) UNDERSTANDS THE IMPORTANCE OF PROPER FOLLOW-UP.

This document is an official patient record. Please place in the chart.

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**Discharge Summary
Ureteroscopy Diagnostic**

Patient Label :

Date of Procedure: _____

Diagnosis: _____

Procedure: [JJ stent placement: Left, Right, Bilateral]

- Cystoscopy, retrograde pyelogram, JJ stent
- Cystoscopy, retrograde pyelogram, ESWL
- Cystoscopy, retrograde pyelogram, ureteroscopy, JJ stent
- Cystoscopy, retrograde pyelogram, ureteroscopy, basket extraction, JJ stent
- Cystoscopy, retrograde pyelogram, ureteroscopy, holmium laser, JJ stent
- Cystoscopy, retrograde pyelogram, ureteroscopy, balloon dilation, JJ stent
- Cystoscopy, retrograde pyelogram, ureteroscopy, holmium laser of stricture, JJ stent
- OTHER: _____

Medications (patient was given Rx at discharge)

- Lortab (5, 7.5, 10 /500) Percocet (5. 7.5, 10/325)
- Pyridium (100, 200) Cipro (250, 500) mg
- Ibuprofen (400, 600, 800) mg
- Other: _____

Follow-up Studies: [Attention Albuquerque Urology Schedulers]

- The patient needs to be scheduled for the following study
 - CT Scan abdomen and Pelvis (stone study – no IV or PO contrast)
 - CT scan abdomen and pelvis with IV contrast
 - KUB XR Chest XR Renal US Renal and Bladder US
 - IVP Whole Body Bone Scan Renal Flow Scan (Renogram)
 - CBC BMP BUN/Cr UA

The patient was discharged with the above orders for follow-up

Follow-Up Appointment: [Attention Albuquerque Urology Schedulers]

Schedule patient for follow up appointment in _____ weeks. **Call the patient with date and time.**

Patient has an appointment on _____ at _____ a.m./p.m.

The patient was called with appointment date and time.

Scheduled by: _____ Date : _____

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