

Living with a ureteral stent

The ureter provides the route for urine from the kidney to the urinary bladder. If the ureter is blocked, obstructed or if it has been subjected to some procedure, the proper flow of urine from the kidney to the bladder can be ensured by placing a stent inside the ureter.

The stent is a thin tube of plastic. Both ends of the stent are curled and look like a pigtail. The function of the curls is to guarantee that the stent keeps the stent securely in place. Usually, a stent is put in place in connection with cystoscopy and the patient is slightly sedated.

While the stent is in place

- You may experience slight pinching, especially toward the end of micturition. The pinches are due to the stent being pressed against the sensitive inner side of the urinary tract. They are harmless.
- You may feel some pressure in the kidney while urinating.
- Stent-related discomfort and pain may be treated with an analgesic (paracetamol [acetaminophen], ibuprofen).
- You may see blood-stained urine.
- Drink 1.5–2 liters of fluid daily. It is important that you drink enough to keep urinary excretion high. If you must restrict your fluid intake for some reason, please discuss this with the personnel.
- Having a ureter stent does not generally preclude normal working and normal life.
- Normal sex life is allowed when you have a ureteral stent.

Follow-up

- There are stents for three-month use and for one-year use. Magnetic stents are also available.
- The stent is removed in connection with cystoscopy as an open-care procedure. A local anesthetic is usually needed.
- The magnetic stent is usually removed without the need for a cystoscopy.

If you run into problems

Stent dislocation is rare. Nevertheless, if this should happen, please contact the Department of urology.