

THE UROLOGY GROUP

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POSTOPERATIVE INSTRUCTIONS for PERCUTANEOUS NEPHROLITHOTRIpsy

Diet: After anesthesia, begin with clear liquids. You may then slowly resume your regular diet. Drink plenty of water.

Medication: You may take acetaminophen (Tylenol) every four hours while awake for the first several days. You will also get a prescription for pain pills to use in addition to acetaminophen every four hours. Do not exceed 4000 mg acetaminophen per day.

You will also be given a prescription for **Tamsulosin** (Flomax), this helps relax the urinary system and ease discomfort from the stent. Take this every day. You may also place a heating pad over the kidney or bladder to ease postoperative discomfort. Take plenty of fiber and water or over the counter stool softener to avoid constipation.

Stent placement: A stent is a long, thin plastic tube that runs from the kidney to the bladder. It allows the kidney to continue draining during normal postoperative swelling. It protects the kidney from blockage, swelling and infection.

While the stent is in place you may have back or side pain, bladder pressure or pain, frequent urination, urgency to get to the bathroom and blood in the urine. Symptoms are different for each person; some people have all of these symptoms, some have none. Discomfort or ache in the back may be worse with urination. **You may see blood, clots and debris in the urine as long as the stent is in place. All of these symptoms are normal as long as the stent is in place.**

The stent will be removed in the office during a **cystoscopy** procedure. This involves placing a small camera in the bladder, grasping and removing the stent. The stent is temporary and must be removed within three months.

Foley catheter: An indwelling catheter in the bladder may be necessary to drain the urinary system and allow for proper healing. This prevents back up of urine into the kidney or leakage of urine into the surgical site. Sometimes the bladder takes a few days to recover from anesthesia and may require a catheter in the meantime.

Nephrostomy tube: A catheter exiting the kidney may be left in place for subsequent surgery to remove additional stone burden. The catheter exits the back and is secured to an external bag on the leg. This allows for a safe way to return to the kidney collecting system to remove additional stone if stone remains because of bleeding, clots or cardiovascular instability during the surgery.

Activity: You may resume your normal activity. Take care to secure any left catheters in place. You may shower or bathe as you normally do.

Postop appointment: Plans will be made for subsequent surgery or stent removal. Call the office to obtain the next surgery date or make an appointment for stent removal.