

Perspective

The implantation of ureteric stent and its effects

Kojiro Tashiro*

Department of Urology, The Jikei University School of Medicine, Tokyo, Japan.

Received: 13-Feb-2023, Manuscript No. IJUN-23- 91257; Editor assigned: 16- Feb-2023, Pre QC No: IJUN-23- 91257 (PQ); Reviewed: 03- Mar-2023, QC No: IJUN-23- 91257; Revised: 10-Mar-2023, Manuscript No: IJUN-23- 91257 (R); Published: 17-Mar-2023

ABOUT THE STUDY

A thin tube called a ureteral stent or ureteric stent is put into the ureter to prevent or treat obstruction of the kidney's urine flow. The stents used on adult patients range in length from 24 to 30 cm. Stents are also available in various diameters or gauges to fit ureters of various sizes. A cystoscope is typically used to implant the stent. A JJ stent, double J stent, or pig-tail stent is a stent that has one or both ends wound around each other to keep them from moving.

Stent placement

Ureteral stents are used to maintain a ureter's openness, which could be affected by, say, a kidney stone or surgery. This approach is occasionally employed as a stopgap solution to avoid kidney damage while waiting for the stone to be removed. It is recommended to keep ureters open for 12 months or longer if they are constricted by tumours either nearby the ureter or inside the ureter itself. These tumours are frequently incurable, hence stents are inserted to maintain urine outflow through the ureter. The kidney may be harmed if drainage is hindered for an extended period of time. Also, during a ureteroscopy technique known as a "basket grab procedure," which involves the removal of a stone, stents may be inserted in a ureter that has been inflamed or scratched. For this reason, stenting is often done for roughly a week. These stents make sure that following the trauma of the procedure, the ureter won't spasm and collapse.

Side effects and complications

If drainage is impeded for a long time, the kidney may suffer damage. Moreover, ureters that have been irritated or damaged may get stents during the "basket grab procedure," a ureteroscopy technique that entails the removal of a stone. Because of this, stenting often lasts a week. These stents guarantee that the ureter won't spasm and collapse after the shock of the treatment. The thread used to remove stents frequently enters the urethra before exiting the body. The urethra may become irritated by this thread. Those who were born with Hypospadias or other diseases that required a similar corrective operation may experience an increase in this. It is important to take

precautions to avoid catching or pulling the thread, which could cause the stent to come loose. Once the stent is in place, patients are free to engage in most routine activities; however, severe physical activity may cause some discomfort due to the stent. It's possible to carry on with daily tasks and work as usual. A stent can also be used for sexual activities, however stents with a thread may make it much more difficult. Men's prostates may shift during ejaculation or orgasm, causing the stent to sit on the prostate. This movement may cause the patient to experience acute cramping or irritability. With a stent, one should approach sex differently and with prudence.

Removal

By pulling on the thread of a threaded stent, the stent can be removed in a matter of seconds. The patient can perform this, though a nurse frequently does it. To avoid starting and stopping, the stent should be removed with a consistent, steady force. Moreover, something should be put below the patient to catch any pee that seeps while being removed. A doctor removes stents without a thread using a cystoscope. By using a cystoscopy, an outpatient procedure, the stent is removed. An extremely small, flexible tube is inserted *via* the urethra during a cystoscopy. The treatment, which often only lasts a few minutes and involves no discomfort, is carried done in an outpatient surgical centre or ambulatory clinic. With simply a topical anaesthetic injected into the urethra, the majority of patients tolerate having the stent removed. A sterile lubricant containing local anaesthetic (lidocaine) is injected into the urethra just prior to the surgery. The patient does not need to be accompanied by anyone and can continue eating normally before and after the treatment because there is no intravenous line put and no anaesthetic.

A magnetic removal method can also be used to recover a ureteric stent without the need for a cystoscope. A tiny rare earth magnet that is linked to the bladder end of the stent before it is implanted dangles freely inside the bladder. A small catheter with a similar magnet is introduced into the bladder when the stent needs to be removed. When the two magnets connect, the catheter and stent are easily removed. This does away with the requirement for an expensive and intrusive cystoscopy in both adults and kids.

*Corresponding author: Kojiro Tashiro, Email: Tashirok26@yahoo.com