

# P.A.R.C. *Urology*

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## POSTOPERATIVE INSTRUCTIONS Stones

### *ESWL*

Breaking the stone with the shock wave machine often leaves bruising on the back or abdomen. This is normal and should improve over the next several days to weeks. Indwelling stents (tubes) are rarely used, but if they are, some of the items listed below in 'ureteroscopy' may apply.

### *Ureteroscopy*

Indwelling stents are usually left inside the ureter (the tube traveling from the kidney to the bladder) to help prevent blockage of urine since swelling often occurs after ureteroscopy. This stent may be connected to a black string exiting out of the body through the meatus (pee channel), and secured to the body with plastic bandages. Please do not pull on the string until instructed to remove the stent by your surgeon. However, if the string is pulled and the stent accidentally comes out too early, don't be alarmed. We rarely have to replace it and would only do so if you/your child has such bad pain or nausea that it cannot be relieved by the medications listed below.

If the stent needs to stay in for more than a few days, there will not be any black string, and we will need to schedule an additional minor procedure to remove the stent.

### *Activity*

There is no need to restrict activity after surgery. School-aged children and teenagers should not participate in coach-directed activities for approximately 2 weeks.

### *Bathing*

The patient can resume normal bathing 48 hours after the operation. Older children can shower the day after surgery. If the patient is having bladder spasms, soaking in a warm tub may help.

Bandages aren't typically required for this surgery.

### *Blood in Urine*

This is normal after these surgeries, and may continue to occur off and on for a few weeks after surgery and the entire time the stent is in place. The urine may be colored anywhere from 'pink lemonade' to 'tomato juice'. This is normal. The darker the urine gets, please try to increase fluids to lighten the urine to 'fruit punch' or 'pink lemonade' color. If you/your child is passing large clots of blood (bigger than quarters or silver dollars), please contact our office.

### *Medications*

Infants need only ibuprofen (Motrin or Advil) and Tylenol to control pain after surgery. We recommend you give these on an alternating schedule without waiting to see if they will have pain during the first 48 hours after surgery. You can alternate them, giving first the ibuprofen, then 3 hours later the Tylenol, then 3 hours later another dose of ibuprofen, etc.

Older children, teens, and adults should also take ibuprofen on a regular schedule for the first 48 hours, alternating with either Hycet or Norco (a narcotic that also contains Tylenol) or plain Tylenol.

When a stent is left in place, older children, teens, and adults may also experience bladder spasms, which is pain in the bladder and low back that comes in waves, like a muscle cramp, particularly with urinating. To help with this, you should give ibuprofen (Motrin or Advil) and a bladder muscle relaxant named oxybutynin (also called Ditropan). Tamsulosin (also called Flomax) may also help with bladder spasms and can help stone passage. We usually recommend tamsulosin for a few weeks after surgery.

Some people experience nausea and vomiting after stone surgery. If so, we can prescribe some medicine to help (ondansetron, also called Zofran). If the nausea and pain are so bad after surgery that you/your child cannot keep even a small amount of fluids down despite taking the medicines described above (ibuprofen, Norco, Zofran, oxybutynin, and tamsulosin), please call our office.

Narcotics and oxybutynin both may cause constipation, so you may wish to increase fruits and vegetables during recovery. If the patient develops constipation, which can make bladder spasms worse, any over-the-counter laxative (such as Miralax) can be used for relief.

We may recommend antibiotics after this surgery depending on multiple factors.

### *Fever*

Temperatures even as high as over 101°F can be normal the first night after surgery. Fevers and irritability the first few days after surgery may indicate a virus or ear, throat, or lung infection. You should call your primary care physician if this occurs.

Urine infections can occur, usually 3-5 days following surgery. If you/your child has a fever more than 101°F around this time, please email our nurse at [nurse@parcurology.com](mailto:nurse@parcurology.com) during normal business hours or call our office anytime for instructions.

#### *Concerns*

Pain and nausea are very common after this surgery. However, it is very unusual to develop a problem that requires urgent attention after this surgery, especially if you use all the medications listed above. If you have questions, we encourage you to email our nurse at [nurse@parcurology.com](mailto:nurse@parcurology.com) during normal business hours. If you believe there is an urgent issue, you can call us any time at 214-618-4405.

Please do not take your child to the emergency room with questions or concerns about his/her wounds without first contacting us. Nearly all pain and/or fever issues can be addressed without having to visit an emergency room! Many times an emailed picture of the area you are concerned about will help us to decide if urgent medical attention is needed.

#### *Follow-up*

We normally schedule the first follow-up with your surgeon between 1-3 months after the operation with an ultrasound.