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Before and After RIRS and URS: Patient Guide

RIRS and URS are procedures in which a stone in the kidney or ureter is broken up with a laser through a thin endoscope passed along the urinary tract, without any incision in the skin. This guide summarises preparation, the symptoms to expect in the first days and care at home. If a double-J stent has been placed, it is especially important not to forget its removal date.

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Seek help immediately

- A temperature of 38 °C or higher, or shivering
- Being unable to pass urine, or passing much less urine than usual
- Severe side (flank) pain that does not settle with painkillers
- Dark red urine, clots or bleeding that keeps increasing
- Nausea and vomiting that stop you keeping fluids down

In an emergency call 112 (the European and Turkish emergency number) or go to the nearest emergency department.

This guide is general information; the instructions you receive personally always take priority.

RIRS (retrograde intrarenal surgery) is used for stones inside the kidney, and URS (ureteroscopy) for stones in the tube between the kidney and the bladder (the ureter). In both procedures the urinary tract is entered from below and no incision is made in the skin. Preparation and recovery are largely similar.

Before the procedure

- A **urine test and urine culture** are requested before surgery. If you have a urinary tract infection, it is treated first, so your surgery date may change.
- Blood tests and an anaesthetic assessment are carried out. Tell us about all your medicines, allergies and past illnesses.

- **Do not stop or change your blood thinners without talking to your doctor.** If your medicine needs adjusting, you will be told exactly how.
- Because of the anaesthetic, do not eat or drink **for the period you have been told**. Ask which of your regular medicines to take on the morning of surgery.
- Let us know before surgery if you develop a fever, burning when passing urine or any new symptom.
- Arrange for someone to accompany you and drive you home.

What to bring:

- Your identity document
- Your CT scan and other imaging results (CD or report)
- An up-to-date list of your medicines
- Comfortable clothes

On the day

The procedure is performed under general or spinal anaesthesia. The endoscope is passed up through the urinary tract and the stone is broken into fragments or dust with a laser. At the end of the operation some patients have a temporary **double-J stent** placed between the kidney and the bladder; this decision is made during surgery, and the stent is not visible from the outside. A urinary catheter may also be left in for a short time. Most patients go home the same day or the next day.

For at least 24 hours after an anaesthetic, do not drive, make important decisions or drink alcohol.

After the procedure: the first days

The following are common and usually ease with time:

- **Mild burning** when passing urine
- **Pink urine or slight bleeding**, which may increase after a more active day
- Passing urine often and a sense of urgency
- If you have a stent, **side (flank) pain** when passing urine or discomfort in the groin
- Passing small stone fragments in your urine

Take the painkillers and other medicines your doctor has recommended as instructed. If you have been prescribed antibiotics, finish the course even if you feel well.

Care at home

- **Fluids:** Drink plenty of water spread through the day; the aim is pale-coloured urine. If you have been told to limit fluids because of heart or kidney disease, ask your doctor how much to drink.
- **Activity:** Gentle walks help recovery. Avoid heavy lifting and strenuous exercise in the first days; ask your doctor when you can return to sport.
- **Showering:** As there is no skin incision, you can usually shower the next day.
- **Driving:** Once the first 24 hours after the anaesthetic have passed, you may drive if pain does not limit your movement and you are not taking medicines that make you drowsy.
- **Work:** Most people with desk jobs return to work within a few days. If your work is physically demanding, your return will be planned at your follow-up visit.
- **Sex:** You can resume when you feel comfortable; if you have a stent, follow the period your doctor recommends.
- **Stent on a string:** Some stents are placed with a thin string that comes out through the urethral opening. Do not pull the string; let us know if you notice it has come out.
- **Blood thinners:** Ask your doctor when to restart them.

Follow-up

- **Do not forget the removal date of your double-J stent.** Write the date down at discharge and book your appointment in advance. Stents left in place for too long can become encrusted and cause infection.
- The stent is usually removed with a short procedure that requires no incision (cystoscopy); stents on a string can be removed by pulling the string.
- Whether any stone fragments remain is assessed with follow-up imaging a few weeks later.
- If your stone has been analysed, the result is discussed at your follow-up visit, and advice to reduce the chance of new stones is planned accordingly.

For more information, see the [RIRS page](#).

Contact

- **Appointments and follow-up visits:** Özel Medicabil Nilüfer Hastanesi, 444 8 112 (weekdays 08:30–12:00); Özel Jimer Hastanesi, 444 45 67 (weekdays 13:00–17:00).
- **Emergencies:** Call 112 or go to your nearest emergency department. Do not use messaging apps (such as WhatsApp) for emergencies.

Follow-up and appointments

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