

Post transplant ureteric stent removal protocol

Public hospital system

1. Prior to removal of stent patient to have a review appointment with their transplant surgeon and a renal ultrasound
2. Stent removal to take place 6 weeks post transplant unless clinically contraindicated.
3. Procedure to be scheduled first on a urology list to avoid the need for fasting.
4. Present to day surgery at 6.45am if first on morning list (starting 8.30am), and 11.30am if first on afternoon list (starting 1.30pm). On arrival patient to drink 500ml water
5. Antibiotic cover: Keflex 500mg TDS 2 days prior to procedure and one day after
6. Follow up acute transplant clinic

Private hospital system

1. Prior to removal of stent patient to have a review appointment with their transplant surgeon and a renal ultrasound
2. Stent removal to take place 6 weeks post transplant unless clinically contraindicated.
3. Patient to be referred to Peter Alsan's rooms at St George Private hospital for stent removal
4. Present to rooms 1 hour before scheduled time of appointment and drink 500ml water
5. Antibiotic cover: Keflex 500mg TDS 2 days prior to procedure and one day after
6. Follow up acute transplant clinic

PD catheter removal at the same time as ureteric stent removal

1. Prior to removal of PD catheter nephrologist should assess the patient's renal function as stable.
2. Where clinically appropriate PD catheter to be removed at the same time as ureteric stent
3. Patient to be referred to Lou Lemech, vascular surgeon for pre-procedure assessment and consent.
4. Patient to be listed on a vascular list, RFA to be completed by Dr Lemech.
5. If fasting is required patient should be admitted to SGH the day prior for hydration
6. Lou Lemech to negotiate with urology team for the removal of ureteric stent during the procedure
7. Antibiotic cover: Keflex 500mg TDS 2 days prior to procedure and one day after
8. Follow up acute transplant clinic

PD Catheter Removal single procedure

1. Prior to removal of PD catheter nephrologist should assess the patient's renal function as stable.
2. Patient to be referred to Lou Lemech, vascular surgeon for pre-procedure assessment and consent.
3. Patient to be listed on a vascular list, RFA to be completed by Dr Lemech.
4. If fasting is required patient should be admitted to SGH the day prior for hydration
5. Antibiotic cover: Keflex 500mg TDS 2 days prior to procedure and one day after
6. Follow up acute transplant clinic