

Mercury Surgery Center, LLC.  
901 Heartland Road  
Plaza 2 Suite 1820  
St. Joseph, Mo. 64506  
816-364-2772

**Discharge Instructions for Cystoscopy, Pyelogram, and Stent Placement**

1. The medicine used for your anesthesia or sedation may delay reflexes and reduce reaction time; therefore, for the next 24 hours:
  - a. No driving or operating machinery
  - b. No strenuous activity
  - c. No alcohol
  - d. Take it easy today
  - e. You may experience nausea or vomiting, if persistent, call your doctor
2. Activities Encouraged:
  - a. There are no restrictions on your diet.
  - b. Drink at least one large glass of liquid each hour during the day.
  - c. Take a warm tub bath unless you have a catheter in place or apply a heating pad to your abdomen for pain relief and promotion of muscle relaxation.
3. Normal reactions following the procedure:
  - a. Pink tinged urine.
  - b. There may be a full bladder sensation.
  - c. Burning with urination.
  - d. Frequent urination.
  - e. Low back discomfort.
  - f. Chills
  - g. Temperature elevation up to 101 degrees F (orally)
4. Stent Placement:
  - a. A ureteral stent has been placed inside your urinary tract to prevent any stone fragments from obstructing the ureter and/or following surgery in the ureter.
  - b. The stent may cause the following symptoms which are **Normal**:
    - 1. Blood in the urine**
    - 2. A mild degree of nausea**
    - 3. A need to urinate more frequently**
    - 4. On rare occasions some flank discomfort may also be worsened at times of urination**
5. Notify your doctor if:
  - a. Your urine becomes bright red
  - b. You develop a temperature of 101 degrees F (orally)
  - c. You are unable to urinate for longer than 6-8 hours
  - d. You experience persistent abdominal pain
6. If you have any problems or questions notify your doctor at:  
Phoenix Urology 816-232-8877  
Mercury Surgery Center, LLC 816-364-2772

Your appointment: \_\_\_\_\_

Specific instructions: \_\_\_\_\_

Prescriptions (take as directed): \_\_\_\_\_

I have read and understand the above instructions:

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Person