

This is a detailed exam of the ureter — the tube that carries urine from the kidney to the bladder — done while you are asleep under anesthesia. Your surgeon combines a few tests to map exactly where a narrowing is and how long it is, so the right repair can be planned.

About This Test

A narrowing (a **stricture**) in the ureter is hard to measure from the outside, so your surgeon looks at it directly while you are asleep. Depending on what is needed, the exam may use **any combination** of these:

- **Diagnostic ureteroscopy** — a thin, flexible camera passed up the ureter to look inside.
- **Retrograde pyelogram** — dye injected *up* the ureter from the bladder, with X-rays, to outline the channel.
- **Antegrade pyelogram** — if you have a kidney drainage tube, dye is run *down* from above, through the narrowing.
- **Cystoscopy / cystogram** — a look in the bladder and X-ray pictures of it.

The goal is an accurate road map — the location, length, and tightness of the narrowing. A **stent** or kidney tube may be placed or exchanged during the same visit.

Is It Safe?

Yes. This is a common, low-risk exam. Most people have only brief blood in the urine, mild burning, or a flank ache afterward. Uncommon problems include a urine infection or short-lived irritation of the ureter; a small ureteral injury is rare. Anesthesia is generally very safe.

LEARN THE TERMS

Ureter

The tube that carries urine from the kidney to the bladder.

Stricture

A scarred, narrowed spot that slows or blocks the flow of urine.

Ureteroscopy

Looking inside the ureter with a thin, flexible camera.

Retrograde pyelogram

X-rays of the ureter and kidney after dye is injected upward from the bladder.

Antegrade pyelogram

X-rays after dye is run downward from a kidney drainage tube.

Nephrostomy tube

A tube that drains the kidney through the back; dye can be given through it.

Contrast dye

A liquid that shows up white on X-ray so the channel can be seen.

Stent

A soft internal tube that keeps the ureter open; it may be placed or exchanged.

WILL IT HURT? You are asleep under anesthesia, so you feel nothing during the exam. Afterward, expect mild burning when you urinate, a dull flank ache, or blood-tinged urine for a day or two. It is a short procedure and you usually go home the same day.

How to Get Ready (Before Your Test)

- This is done under **anesthesia** — follow all surgery instructions (fasting, and which medicines to hold, including blood thinners).
- A **urine test** checks for infection — an active infection must be treated first.
- Leave any existing **kidney tube or stent** in place, and **arrange a ride home**.

Tell your team **ahead of time** if you:

- Have ever had a reaction to **X-ray contrast dye or iodine**
- Take a **blood thinner**, or have signs of a urine infection

What Happens During the Test

- 1 You are asleep under anesthesia and antibiotics are given.
- 2 A cystoscope is passed into the bladder. Dye is injected up the ureter while X-rays are taken, and/or a camera is passed up the ureter to look inside.
- 3 If you have a kidney tube, dye may be run down from above to show the narrowing from both directions.
- 4 The findings are mapped, and a stent or kidney tube is placed or exchanged if needed.

After the Test

- You recover from anesthesia and usually **go home the same day** with a ride.
- You may feel **mild burning, a flank ache, or pink urine** for a day or two. Drinking extra water helps.
- If a stent was placed, some urgency or mild discomfort with urination is normal.
- Your surgeon reviews the map and discusses the next steps for your repair.

Call your surgeon's office or seek care if you have:

- A fever or chills
- Severe or worsening flank or belly pain
- Heavy bleeding, or blood clots in the urine
- Trouble urinating, or persistent nausea or vomiting

THREE THINGS TO REMEMBER

1. This exam maps a narrowing of the ureter while you are asleep, using a small camera and X-ray dye from below and/or above, so your surgeon can plan the right repair.
2. Because anesthesia is used, follow your fasting and medicine instructions, treat any infection first, leave any kidney tube or stent in place, and arrange a ride.
3. Most people go home the same day. Mild burning, a flank ache, or a little pink in the urine for a day or two is normal — drink extra water, and call for fever, severe pain, or heavy bleeding.