Dr. Himanshu Sharma
Consultant Urologist, Robotic Uro-oncologist & Kidney Transplant Surgeon

AFTER YOUR PROCEDURE

After RIRS: Recovery & Follow-up

You have had RIRS (retrograde intrarenal surgery) — a thin, flexible telescope was passed through the urethra and bladder up into the kidney, and a laser was used to break the stone into tiny fragments or fine dust. There are no cuts on the skin. Most people have a small tube called a DJ stent placed between the kidney and bladder to help healing and drainage. This sheet explains what to expect, how to look after yourself, and your follow-up.

YOUR RECOVERY AT A GLANCE

Day 0–1	Days 1–3	Weeks 1–4	Stent removal	After removal
Going home	**Settling**	**Stent in place**	**Quick procedure**	**Back to normal**
Usually the same day or the next morning.	Pink urine, burning and a mild ache in the side are common.	Stent symptoms are expected. Tiny fragments may pass in the urine.	Usually a few minutes; symptoms settle within a day or two.	Usual activities resume. Stone prevention continues for life.

Everyone heals at a different pace. These are typical timings, not strict rules.

THE THREE MOST IMPORTANT THINGS

- **Never forget your stent.** It must be removed or changed on time. A forgotten stent can become blocked, infected or encrusted with stone.
- **Fever with chills is an emergency** — contact us or go to hospital straight away.
- **Drink well** to flush the kidney, and start your stone prevention plan now.

YOUR UROLOGIST



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AT HOME

Looking after yourself

Fluids

- **Aim for 3–3.5 litres of fluid a day**, spread through the day, so your urine stays pale. This flushes out blood and stone fragments.
- If your urine turns darker red or you see small clots, drink an extra glass or two and rest.

IMPORTANT — HEART OR KIDNEY DISEASE

If you have **heart disease** or **chronic kidney disease (CKD)**, follow the fluid amount your doctor has advised for that condition. Do not aim for more than 3 litres a day unless told to.

Living with a stent

A stent is a soft, thin tube with a small curl at each end — one in the kidney and one in the bladder. It is completely internal, and many people notice it.

- Common stent symptoms: needing to pass urine often or urgently, a feeling of not emptying fully, discomfort in the bladder or penis, and **an ache in the side when passing urine**.
- Blood in the urine can come and go while the stent is in, especially after activity. This is normal if it clears with fluids and rest.
- Medicines such as tamsulosin, bladder-calming tablets and simple painkillers can ease these symptoms — take them as prescribed.
- If your stent has a **string** coming out of the urethra, take care not to pull on it. Do not remove it yourself unless we have told you exactly when and how.

Passing stone fragments

- Small fragments or "gravel" may pass for several weeks, sometimes with brief cramping pain.
- Pass urine through a **tea strainer** and keep any fragments in a clean, dry container. Bring them to your appointment for **stone analysis** — knowing the stone type guides prevention.

Medicines

- Take painkillers as prescribed. Only take anti-inflammatory painkillers (such as diclofenac or ibuprofen) if we have advised them, and never if you have kidney disease.
- Complete any antibiotic course.
- **Blood thinners:** restart only on the date your doctor gives you.

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Getting back to activities

ACTIVITY	WHEN YOU CAN USUALLY RESTART
Walking, light activity	The day after your procedure.
Desk / office work	Usually after 2–3 days, when comfortable.
Driving	After 1–2 days, when you are off strong painkillers and can brake suddenly.
Gym, heavy lifting, sport	Go gently while the stent is in — strenuous activity can increase bleeding and discomfort.
Sexual activity	When comfortable. The stent may cause some discomfort but is not harmed.
Travel	Plan trips around your stent removal date, and carry your stent details with you.

Normal healing — or time to call?

NORMAL — EXPECT THIS	CONTACT US OR GO TO EMERGENCY
• Pink urine on and off while the stent is in	• **Fever** of 38°C or above, **chills or shivering**
• Burning, frequency or urgency	• **Severe pain** not controlled by your painkillers
• An ache in the side when passing urine	• Repeated vomiting, or unable to keep fluids down
• Passing small stone fragments	• Unable to pass urine, or passing very little
• Mild tiredness for a day or two	• Heavy bleeding or thick clots that do not settle
	• The stent or its string comes out

IN AN EMERGENCY: call **+91 97465 52559** or go to the nearest hospital emergency department. Tell them you have had kidney stone surgery and have a stent.

FOLLOW-UP

Your follow-up plan

WHEN	WHAT HAPPENS	MY DATE
As planned	**Stent removal** — usually 1–4 weeks after RIRS, by a quick telescope check or by removing the string.	_____
About 2 weeks	Stone analysis result (if a stone sample was collected).	_____
About 3 months	Stone prevention review with **blood tests** and a **24-hour urine analysis** to find out why you form stones.	_____
Every 1–2 years	Ultrasound or X-ray to check for new stones, as advised.	_____

Timings follow EAU and AUA guidance on urolithiasis and will be tailored to you.

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PREVENTING THE NEXT STONE

- **Drink 3–3.5 litres of fluid a day** so your urine stays pale (unless your doctor has advised otherwise for heart or kidney disease).
- **Cut down on salt** to under 5 g a day, and limit papad, pickles, namkeen and processed foods.
- **Don't cut out calcium** — eat normal amounts of dairy. Keep meat, chicken and fish to moderate portions, and add citrus such as lemon to your water.
- Ask us for our detailed patient sheet on **food and lifestyle changes for kidney stones**.

MY PERSONAL PLAN (to be filled in at discharge)

Date of RIRS _____

Stent type (with / without string) _____

Stent removal date _____

Medicines _____

Next review _____

COMING SOON

Never Again

Dr. Himanshu Sharma's book on preventing kidney stones — a practical guide to staying stone-free for life.

SCAN FOR UPDATES

Follow on Instagram for launch news.

@dr.himanshusharma.urologist

This leaflet provides general information for patients and families. It does not replace individual medical advice. Please follow the advice given to you personally at discharge. Content based on current EAU (European Association of Urology) and AUA (American Urological Association) guidelines on urolithiasis.