If you partake in sports activities, you are advised not to take up any vigorous activity for at least one week, as this may cause unnecessary trauma and bleeding.

If you use intermittent catheterisation or have a urethral or suprapubic catheter and suffer from bladder spasms, then ensure that you have the medication required for this condition and take it regularly. This may help in preventing catheter blockage and could prevent other complications.

Further information and literature on autonomic dysreflexia and catheters or sheaths can be obtained from Spinal Outpatient Services.

For any further advice or to discuss any concerns you may have please do not hesitate to contact:
St Patrick Ward on 01296 315812 or
Spinal Outpatient Services on 01296 315829

How can I help reduce healthcare associated infections?
Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Litholopaxy after Spinal Cord Injury
(Pronounced Lith-o-low-paxy)
A Guide for Spinal Cord Injured Patients

Patient information leaflet
If you require a translation or an alternative format of this leaflet please call 01296 315829

Author: SPOP
Issue date: May 2016
Review date: April 2020
Leaflet code: 10
Version: 03
Litholopaxy after Spinal Cord Injury

You have been advised that you may need a surgical procedure called litholopaxy. This leaflet is designed to help you understand why you need this procedure and what the procedure involves.

Bladder stone formation is common after a spinal cord injury for many reasons. Loss of muscle tone and immobility after an injury can cause your bones to lose calcium and other minerals, which pass via the blood into the urine and form stones in the bladder or kidneys. Other causes can be recurrent urine infections and the presence of a long-term catheter in the bladder.

What is litholopaxy?

Litholopaxy is the name of an operation where a cystoscope (small narrow camera) is passed into your bladder via the urethra (the passage from the bladder through which urine is passed). The bladder stones can be broken down and flushed out.

Why am I having this?

If you are suffering from recurring urine infections, frequent blocked catheters or regular autonomic dysreflexia symptoms, you may be asked to have an x-ray or ultrasound scan to detect any signs of bladder stones. If bladder stones are found, this procedure will remove them.

What are the benefits?

By having litholopaxy and your bladder stones removed it should alleviate the problems you were experiencing, such as blocked catheters and frequent urine infections.

What does the procedure involve?

An admission to the NSIC is required to have the surgery, which is sometimes performed under a local, spinal or general anaesthetic, but this depends on your level of injury and whether or not you suffer with spasms. You will be admitted to hospital the day prior to your surgery so that the medical staff can assess you, blood tests will be taken and you may be required to have an x-ray of your kidneys and bladder. You will see the anaesthetist prior to the operation so that you can discuss your anaesthetic.

How long will I be in hospital?

Usually hospital admission is about 3-4 days but this depends on whether as a result of having the stones removed you suffer with any bleeding. You will need to remain in hospital until the bleeding has been stopped so that the medical and nursing staff can monitor you.

What to expect and what to do after discharge

You will be advised to drink plenty of clear fluids, at least 3 litres a day in order to flush the bladder and kidneys through and to prevent urinary tract infections from occurring.

During the first couple of days you may notice that your urine is bloodstained (red/pink urine). This is quite common. However, if this continues or you notice prolonged bleeding or passing of blood clots then contact your family doctor or go to the Accident and Emergency Department of your local hospital.

If you manage your bladder by urethral or suprapubic catheter ensure that it is draining well. If the catheter blocks, it is advisable to contact your GP or district nurse and ask him/her to change it.

If you have sensation in your bladder you may feel some discomfort when passing urine. This is common after surgery. Take regular painkillers such as Paracetamol, drink plenty of fluids and take plenty of rest.