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## **IMPLEMENTATION OF A STANDARDIZED CARE PATHWAY FOR URETERAL STENTS PATIENT ACROSS THE CONTINUUM OF THE ACUTE AND AMBULATORY SETTING: A QUALITY IMPROVEMENT PROJECT.**

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## **Background/Introduction**

A ureteral stent is a thin tube inserted into the ureter to prevent or treat urinary obstruction and restore the flow of urine from the kidney to the bladder (Chew & Lange, 2016). Ureteral stents are one of the most used urologic devices with the purpose of creating and preserving ureteral patency (Bidnur, Huynh, Hoag & Chew, 2016). Ureteral stents are also linked to several complications including infection, stents migration, stent-related pain, anxiety and encrustation (Bidnur et al., 2016; Chew & Lange, 2016). Side effects after ureteral-stent placement have a high prevalence and stent related pain has been reported to affect over 80% of patients (Bhattar, Tomar, Yadav, & Dhakad, 2018).

The pathophysiology of ureteral stent pain is multifactorial, and an exact cause is unknown (Koprowski, Kim, Modi, & Elsamra, 2016). It is likely due to the irritation of the bladder by the distal curl of the stent and reflux of urine through the stent up to the renal pelvis and transmission of high pressures associated with this (Koprowski et al., 2016). The result of mucosal irritation with retrograde reflux of urine cause the discomfort that has been reported in patients (Koprowski et al., 2016). Irritation of the bladder by a ureteral stent can lead to voiding symptoms such as urinary urgency, urinary frequency, suprapubic pain, or hematuria (Chew & Lange, 2016).