



## Care Notice of Ureteral Double-J Catheter

### I. What is the double-J catheter

A hollow tube which is shaped at both ends like a word “J”, usually is placed within the ureter through the urethra under the vision of endoscope. If it is difficult to be indwelled through urethra, it could be placed through the percutaneous route. One end is left within renal pelvis, and the other is hooked within the urinary bladder. It prevents the double J catheter from dislodgement. The catheter is externally invisible from the naked eyes.

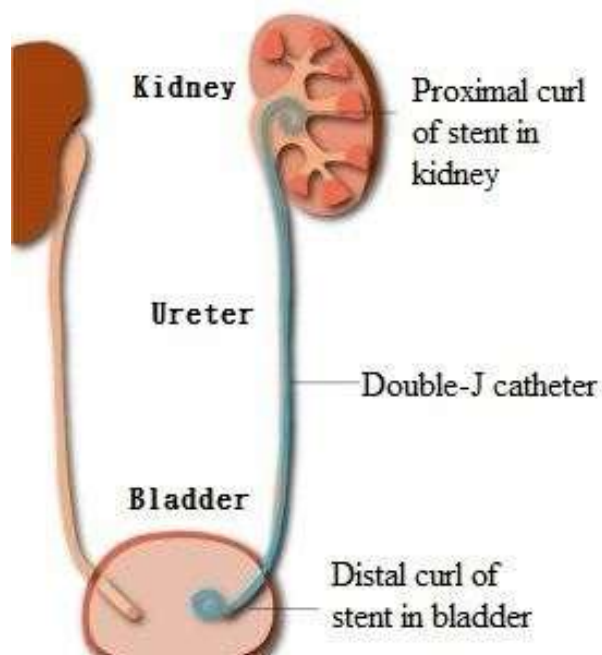


Figure : <https://goo.gl/81Vcsp>

To deliver intelligent and holistic medicine and to provide the best healthcare  
Compassion Quality Innovation Accountability

All information above has been reviewed by Urology specialists  
Edited and published by the Department of Nursing,  
Taichung Veterans General Hospital

## II. When to place double-J catheter?

1. Treat or prevent the stenosis or stricture of ureter.
2. After ureteral reconstructive procedure.
3. After ureterorenoscopic lithotripsy or percutaneous nephrolithotomy procedure
4. After undergoing ureteral anastomosis.
5. Depending on the disease characteristics and patient's factors.

## III. Objective

1. Dilate the ureter, keep the ureter patent and relieve obstructive hydronephrosis.
2. Prevent stone fragments or blood clots to occlude the ureteral lumen, causing obstruction, pain and urinary tract infection after urotract procedure.
3. Prevent urine leakage from reconstructive site or injured site and facilitate healing of ureteral wound.

## IV. What are bothersome symptoms or signs with double J catheter in place?

Double J catheter might irritate the urinary bladder, causing irritative symptoms (frequency, urgency, etc. ), hematuria, lower abdominal pain or discomfort, especially when voiding.

## V. Management

1. The dwelling time of the double J catheter is variable, depending on the disease status and associated procedures. The duration is approximately two to three weeks, and the longest dwelling time is usually not more than three months. The urologist will make appointment for outpatient follow-up visit. The removal of double J catheter under the local anesthesia will be scheduled if overdue or stone burden decreasing or stone free. Generally, urologists avoid keeping the double J catheter within patient's body too long to get stuck or encrust stones along the catheter.
2. After stone procedures, plain X-ray film would be taken to check the position of double J catheter and residual stone burdens.

Doctor will consider to remove double J catheter, depending the disease status and/or stone-free status.

## VI. Warning notice on double J catheter within the patient's body.

If you have double J catheter within your body, the medical or nursing staffs will give you advice.

1. Drink at least 2000-3000 cc water a day, including juices and soups, if no contraindication (such as renal or heart problems), to prevent urinary tract infection. You do not change dressing because of "no wound".
2. Do not hold urination. When you hold voiding, the urine within the urinary bladder might reflux up to the kidney through double J catheter. It will increase the chance of urinary tract infection.
3. Avoid increasing abdominal straining, such as constipation, heavy lifting, and so on, to prevent double J catheter migrating.

## VII. When you should come back

1. Visible gross hematuria.
2. Severe abdominal discomfort, even with medications.
3. Fever (up to 38°C, chills).
4. Burning sensations and turbid urine.

## VIII Conclusion

The role of the ureteral double-J catheter is to drain urine to the bladder, but it is often accompanied by backache and slight pain. As long as you drink plenty of water, reduce abdominal pressure, and avoid urine reflux, your double-J catheter can solve the problem.

## IX References

- Lee, S.W., Hsiao, P.J., Chang, C.H., Chou, E. C. L.(2019). Lower urinary tract symptoms associated with double-J stent. *Urological Science*, 30(3), 92-98.[https://doi.org//10.4103/UROS.UROS\\_56\\_18](https://doi.org//10.4103/UROS.UROS_56_18).
- Wu, M. S. 、Jhang, J. Y.(2021). Nursing care of patients with ureteral stone undergoing ureterorenoscopic lithotripsy.*Journal of National Taichung University of Science and Technology*, 8(1), 85-96.[https://doi.org//10.6902/JNTUST.202112\\_8\(1\).0005](https://doi.org//10.6902/JNTUST.202112_8(1).0005)

Let's take the quiz to make sure you understand

1. The double-ended J-shaped tube is a hollow tube with one and two ends bent like a "J" shape. It is placed into the ureter to prevent it from moving and makes the tube invisible from the outside.  
 Yes  No  Don't know
  
2. When a double-ended J-shaped tube is inserted, due to mucosal damage, you may experience hematuria, slight backache, low back pain, and lower abdominal pain, which is normal.  
 Yes  No  Don't know
  
3. Ureteral double-J catheter is often accompanied by backache and slight pain, but straining to defecate, sit-ups, lifting heavy objects, etc. are allowed.  
 Yes  No  Don't know
  
4. If you experience blood-like urine, severe abdominal pain, fever (above 38°C), chills, burning sensation in the urethra, cloudy urine or purulent urine, you need to seek medical attention immediately.  
 Yes  No  Don't know
  
5. Do not hold back urine, because holding back urine will cause urine in the bladder to flow back to the kidneys through the double-ended J-shaped tube, which can easily lead to urinary tract infection.  
 Yes  No  Don't know