Insertion of Memokath® Stent

A Memokath is rather like a tightly wound metal spring which is designed to conform to the shape of the body. It therefore prevents narrowing and allows the passage of urine to occur through the opening.

Memokath stents may be inserted into male patients for two reasons. First, they may be inserted in the prostatic fossa to hold open the prostate in patients who are unfit to undergo Trans Urethral Resection of the Prostate. These may be patients, for example, who have had a myocardial infarction, (heart attack) recently and have been unable to pass urine because of blockage by the prostate gland. It may be considered by that these patients should not undergo general anaesthesia for surgery and a Memokath® stent can be inserted under local anaesthetic. This is carried out by instillation of Xylocaine jelly down through the penis in order to reduce the sensation of the urethra, thereby avoiding the risks and side effects of general anaesthesia.

Secondly, a Memokath® may be inserted into a patient’s urethra in whom there are recurrent urethral strictures. Urethral strictures are narrowings in the pipe as a result of scar tissue following infection or trauma. This may be inserted either with local anaesthetic or under general anaesthesia.

The stent usually remains in place for a number of weeks or months and during that time the urethral skin will tend to re-form around the outside prior to the stent’s removal at a later date. Post operatively there may be some crampy feelings associated with the stent which usually resolve over a few days and may be assisted with mild analgesics such as Paracetamol. Urinary alkalinisers such as Citravescent and Ural should be avoided because of the potential for encrustation on the stent’s surface.

The time for removal of the stent will vary from patient to patient, depending on the severity and position of the original pathology. Stent removal may be carried out under Xylocaine jelly anaesthesia but often needs a general anaesthetic.