ISSN: 3007-1208 & 3007-1216

FREQUENCY OF POSTOPERATIVE BACTERIURIA AND URINARY TRACT INFECTION IN PATIENT WITH DOUBLE J STENT

Iqra Naz¹, Hasnain Javed^{2,3*} Warda Fatima⁴

¹Department of Allied Health Sciences, the Superior University, Lahore
²Faculty of Allied Health Sciences, the Superior University, Lahore
³Provincial Public Health Reference Lab, Punjab AIDS Control Program, Lahore
⁴Institute of Microbiology and Molecular Genetics, University of the Punjab

*2hasnain_javed@hotmail.com/ hasnain.javed@superior.edu.pk

DOI: https://doi.org/10.5281/zenodo.15021554

Keywords

Double J stent, Urinary tract Infection, Bacteriuria

Article History

Received on 06 February 2025 Accepted on 06 March 2025 Published on 13 March 2025

Copyright @Author Corresponding Author: *

Abstract

Introduction and Objectives: Urinary tract infections and bacteriuria is considered as one of the major complications in patients undergoing surgical implants like catheters and stents such as Double J stents. This study was aimed to check the frequency of urinary tract infection among receptive patients of Double J stents in a hospital setting of Lahore.

Material and Methodology: This cross-sectional study was conducted at Ihsan Mumtaz Hospital during August 2024-January 2025 on 96 patients indwelling Double J stent. A questionnaire was used for data collection which included questions related to basic patient demographics, reason for stenting, stenting based symptoms and risk factors contributing towards infection. Laboratory findings like urine culture were accessed to check the incidence of infection. Data obtained was entered categorically and analyzed using SPSS26.

Results: Among 96 patients, 61(63.5%) were male while 35(36.5%) were female, while 26(27.08%) among them had diabetes. Majority of patients who got Double J stents presented with kidney stones 86(89.5%) followed by urethral stricture 10(10.4%). Among various clinical conditions following stenting, frequent urination 77(80%) was most commonly observed followed by fever 73(76%), discomfort 24(25%) and burning sensation 10(10.8%) during urination. Among these patients 65(67.7%) presented with bacteriuria and positive microbial growth on culture in comparison to pre-stenting samples with a significant value of 0.002 [p<0.005] indicating a strong correlation between the Double J stent and urinary tract infection.

Conclusion: Double J stent can be potential source of urinary tract infection, removing it timely can be effective in preventing the infection.

INTRODUCTION

Urinary tract infections and bacteriuria following insertion of medical devices like stents in the urinary tract has become one of the major concerns in the urology prolonging the patient stay in hospital and costs expensive treatments [1,2]. With the

advancement in the endo-urology fields many types of stents have been developed because of their significant role in the ease of patient suffering with urinary tract blockage [3]. Double J stent is one of these devices which is J shaped and used for the

ISSN: 3007-1208 & 3007-1216

urine drainage from kidney to bladder in patients suffering with obstructive conditions like kidney stones, urethral stricture, or tumors [4-6]. The Double I stent implantation in patients not only open the blockage, it also plays a significant role in the pain reduction by releasing the urine pressure in kidney, promote healing by opening the ureter following post-surgery and allows the passage of small stones [7-9]. However, despite of its many benefits for the patients suffering with acute to chronic blockage. Many complications have been reported in patients indwelling with Double I stent which range from minor clinical conditions like discomfort, pain during urination and frequent urination to some lifethreatening urinary tract infections requiring longer medical attention and antibiotic treatments [10-12]. Many studies have been done in this regard to check the prevalence of urinary tract infection in Double J stent indwelling patients and observe their relationship in receptive patients in an effort to trace its etiology to mitigate this issue [13,14]. This study was also aimed to check the prevalence of urinary tract infection in patients with Double I stent and its association with the Double J stent in a hospital setting of Lahore.

Material and Methodology:

This cross-sectional study was conducted in Ihsan Mumtaz Hospital Lahore over a period of six months. All the patients admitted for Double I stent implantation during August 2024-January 2025 were included in this study. Data from these patients was collected using a well-designed questionnaire containing research objectives-oriented questions. It included data from patient basic demographic like age, gender, indication of Double I stenting like kidney stones, urethral stricture, or malignancy for which patient got the stent implant, any post-implant symptoms developed like frequent urination, discomfort or burning sensation during urination, urine obstruction and fever and risk factors for development of any complication post stenting like diabetes mellitus. Laboratory test findings like urine culture reports were also accessed for any positive microbial growth as one of the main objectives of this research to check for any infection. Data obtained was statistical analyzed using SPSS 26.

Results:

A total of 96 patient who underwent Double J stenting were included in this study among which 61 (63.5%) were male and 35(36.5%) were female as shown in Figure 1.

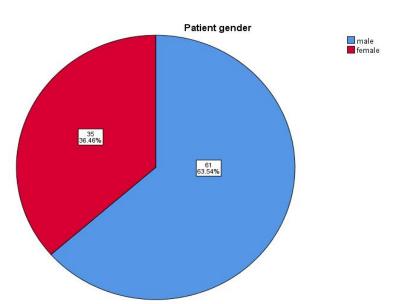


Figure 1 Gender wise Distribution of Patient Requiring Stent.

Majority of patient who admitted at hospital for Double J stent implant surgery presented with kidney

stones 86 (89.5%) followed by urethral stricture 10(10.4%) as shown in Figure 2.

https:thermsr.com | Naz et al., 2025 | Page 409

ISSN: 3007-1208 & 3007-1216

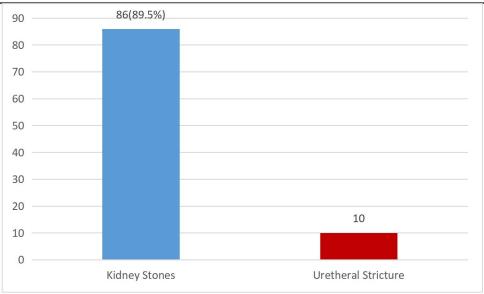


Figure 2 Reasons for DJ Stent Placement in Patients At the time of admission, while taking medical history it was also observed that 26(27.08%) out of

these 96 patients had diabetes mellitus while 70(72.9%) had normal blood sugar levels with no history of diabetes as shown in Figure 3.

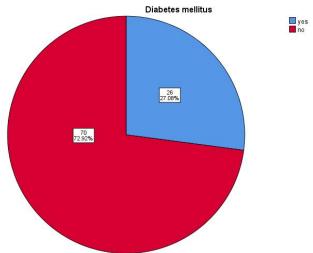


Figure 3 Diabetes Status of Double J Stent Indwelling Patients

Following the placement of Stent, patient was observed as a part of post-surgery follow up to check for any change in the patient clinical condition. It was observed that 77(80%) of the patient complained about frequent urination while 73(76%) patients presented with fever on regular check-up. 24(25%) out of 96 patients felt discomfort and 10(10.8%) experienced burning sensation while urinating. Microbiological reports of pre-stenting and post stenting urine samples were observed for bacteriuria or any urinary tract infection. It was noted that before stenting patient culture report was

negative. However, post stenting microbiological analysis revealed significant microbial growth in urine sample of 65(67.7%) patients. Correlation analysis performed provided a significant value of 0.002 (p<0.005) between Double J stenting and urinary tract infection suggesting a prominent role of Double J stenting in development of urinary tract Infection.

Discussion:

Urinary tract infections and bacteriuria in patients indwelling Double J stent are major concern among the endo-urologist because of its role in increasing the misery of already suffering patients. Double J

The Research of Medical Science Review

ISSN: 3007-1208 & 3007-1216

Volume 3, Issue 3, 2025

stent is widely used around the globe for the patients suffering with urinary blockage as observed in our study where 96 patient requiring Double J stent had kidney stones and urethral stricture which were mostly prevalent in male than female. This dominant prevalence of male over female in case of upper tract urinary blockage requiring stent placement has been also observed in a study conducted at a teaching hospital[15].

Many studies have reported its significant role in the urinary drainage in patients suffering with kidney stones as a study conducted by clinical research department of endourology reported its placement potential benefits in post-ureteroscopy patients [16]. While another systemic review also reported its prominent role in stone removal before lithotripsy in comparison to those who were not endorsed with stent before procedure [17]. Among all the patients who underwent procedure for Double J stent placement many patients reported of post-stenting side effects which include frequent urination, fever, discomfort and burning sensation during urination. Which can be commonly observed in these patients however intensity may be variable due to health condition [18].

While analyzing the pre- and post-stenting urine culture reports it was observed that 65 out of 96 got positive urine culture suggesting its association with Double I stenting. Furthermore, it was observed that all the diabetic patients had growth in their microbial culture indicating the role of diabetes in the development of infection by weakening the immune system[19]. Many studies have observed the incidence of urinary tract infection in stent indwelling patients as a study conducted in India reported the bacterial growth in urine culture sample post stenting [20]. Another study suggested a significant correlation between the long duration stenting and positive urine culture which might be a contributing factor in our case too suggesting the timely removal of stent to avoid bacterial colonization[21].

Conclusion

It was concluded from the above study that Double J stenting can play a significant role in the development of urinary tract infection. Routine

monitoring and timely removal can prevent the bacterial colonization causing this infection.

Acknowledgments:

We would like to express our sincere gratitude to the faculty and administration staff of Superior University, Lahore, for their invaluable support and guidance throughout the process of preparing this research paper.

Originality and submission Status of Manuscript:

The work done and material used in this manuscript has not been previously published and is not being concurrently submitted elsewhere.

Ethical Approval:

Our study was approved by the Ethical Board of Academic and Research Unit, the Superior University Lahore.

Funding Source:

This research did not receive any specific grant from funding agencies in the public, commercial, or notfor-profit sectors.

Declaration of Conflicting Interest:

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Author Contribution:

I. N: (Investigation) acquisition of data, (Writing – Original Draft) Drafting the manuscript, (Formal analysis) analysis and/or interpretation of data
H. J: (Conceptualization) Conception and design of study, (Formal analysis) analysis and/or interpretation of data
W. F (Writing - Review & Editing) revising the manuscript critically for important intellectual content.

REFERENCES

[1] Kehinde EO, Rotimi VO, Al-Awadi KA, Abdul-Halim H, Boland F, Al-Hunayan A, et al. Factors predisposing to urinary tract infection after J ureteral stent insertion. J Urol 2002;167:1334–7.

The Research of Medical Science Review

ISSN: 3007-1208 & 3007-1216

Volume 3, Issue 3, 2025

- [2] Chew BH, Lange D. Ureteral stent symptoms and associated infections: a biomaterials perspective. Nat Rev Urol 2009;6:440–8.
- [3] Fiuk J, Bao Y, Calleary JG, Schwartz BF, Denstedt JD. The use of internal stents in chronic ureteral obstruction. J Urol 2015;193:1092–100.
- [4] Finney RP. Experience with new double J ureteral catheter stent. J Urol 1978;120:678–81.
- [5] Pavlovic K, Lange D, Chew BH. Stents for malignant ureteral obstruction. Asian J Urol 2016;3:142–9.
- [6] Micali S, De Carli P, Miano R, O'Sullivan D, Lamanna L, Micali F. Double-J ureteral stents: An alternative to external urinary stents in orthotopic bladder substitution. Eur Urol 2001;39:575-9.
- [7] Zhu H, Wang J, Deng Y, Huang L, Zhu X, Dong J, et al. Use of double-I ureteric stents postlaparoscopic pyeloplasty to treat ureteropelvic junction obstruction hydronephrosis for pediatric patients: a single-center experience. Iournal of Research International Medical 2020;48:0300060520918781.
- [8] Muslumanoglu AY, Fuglsig S, Frattini A, Labate G, Nadler RB, Martov A, et al. Risks and benefits of postoperative double-J stent placement after ureteroscopy: results from the Clinical Research Office of Endourological Society Ureteroscopy Global Study. J Endourol 2017;31:446–51.
- [9] Kim K-W, Park S-H, Im G, Lee SB, Baba Y, Lee C, et al. CFD study on vesicoureteral reflux in the urinary tract with double J stent. Comput Biol Med 2022;145:105456.
- [10] Fischer KM, Louie M, Mucksavage P. Ureteral stent discomfort and its management. Curr Urol Rep 2018;19:1–7.
- [11] Geavlete P, Georgescu D, Mulţescu R, Stanescu F, Cozma C, Geavlete B. Ureteral stent complications-experience on 50,000 procedures. J Med Life 2021;14:769.
- [12] Joshi R, Singh DR, Sharma S. Lower urinary tract infection and bacterial colonization in patient with double J ureteral stent 2011.

- [13] Pal DK, Mahapatra RS, Kumar A. Clinical significance of DJ stent culture in patients with indwelling ureteral stents prior to endourological intervention. Urologia Journal 2022;89:75–8.
- [14] Shohab D, Khawaja A, Atif E, Jamil I, Ali I, Akhter S. Frequency of occurrence of urinary tract infection in double j stented versus non-stented renal transplant recipients. Saudi Journal of Kidney Diseases and Transplantation 2015;26:443–6.
- [15] Kehinde EO, Rotimi VO, Al-Awadi KA, Abdul-Halim H, Boland F, Al-Hunayan A, et al. Factors predisposing to urinary tract infection after J ureteral stent insertion. J Urol 2002;167:1334–7.
- [16] Muslumanoglu AY, Fuglsig S, Frattini A, Labate G, Nadler RB, Martov A, et al. Risks and benefits of postoperative double-J stent placement after ureteroscopy: results from the Clinical Research Office of Endourological Society Ureteroscopy Global Study. J Endourol 2017;31:446–51.
- [17] Yang Y, Tang Y, Bai Y, Wang X, Feng D, Han P. Preoperative double-J stent placement can improve the stone-free rate for patients systematic review and meta-analysis. Urolithiasis 2018;46:493–9.
- [18] Bansal N, Bhangu GS, Bansal D. Post operative complications of double-J ureteral stenting: a prospective study. International Surgery Journal 2020;7:1397-403.
- [19] Akay AF, Aflay U, Gedik A, Şahin H, Bircan MK. Risk factors for lower urinary tract infection and bacterial stent colonization in patients with a double J ureteral stent. Int Urol Nephrol 2007;39:95–8.
- [20] Joshi R, Singh DR, Sharma S. Lower urinary tract infection and bacterial colonization in patient with double J ureteral stent 2011.
- [21] Klis R, Korczak-Kozakiewicz E, Denys A, Sosnowski M, Rozanski W. Relationship between urinary tract infection and self-retaining Double-J catheter colonization. J Endourol 2009;23:1015–9.