Since first being used in the 1960s ureteric JJ stents have rapidly expanded the arsenal of all urological fields worldwide, from the emergency management of obstruction, reducing morbidity post stone surgery or in renal cancer surgery[1]. However despite their benefits stents often cause issues to patients, namely, pain and recurrent infections[1]. Perhaps the more dangerous risk is to those patients who do not feel such symptoms, or are unable to communicate so.

Forgotten stents are considered a ‘never event’ well known to increase morbidity, can cause permanent renal injury or even death[2]. They can also be the source of significant litigation for hospitals and clinicians. Recently various measures have been utilised to reduce their occurrence, namely stent registers have been employed in many hospitals. However stent registers may not help get around the issue when a patient has moved away from the region or is unable to respond to hospital communications.

Biodegradable stents have also been developed to address some of the above concerns, with limited uptake[3]. We propose the use of a ‘stent card’ to be given to patients on discharge from hospital as an additional method of reducing forgotten stents.

**AIM**

To develop a cost effective mechanism to reduce the risk of forgotten stents, to remind patients to contact the hospital in the event that the stent is not removed.

**INTRODUCTION**

**MATERIAL & METHODS**

We created a stent card, to be given to patients on discharge from hospital following any procedure where a stent was inserted. This includes antegrade stent insertions in the interventional radiology department.

It documents the patient’s details, the length of time the stent should remain, as well as contact details for the patient to use if they do not have any dates for stent change or removal.

In our department we annual perform around 250 stents per year. We audited the frequency of forgotten stents in our department before and after implementation of this stent card. Forgotten stents were defined as stents in situ for more than 6 months.

**LIMITATIONS**

Prior to the stent card the number of forgotten stents was on average 6 per year (2.4%). After the implementation of the stent card we have found the rate of forgotten stents to be 0%-1%.

Patient feedback regarding stents has been overwhelmingly positive.

**SUMMARY / CONCLUSION**

The stent card is a cost-effective method to reduce the frequency of forgotten stents.

It acts to increase patients’ responsibility to contact the hospital department in case their stent remains in situ for longer than intended.

**REFERENCES**

