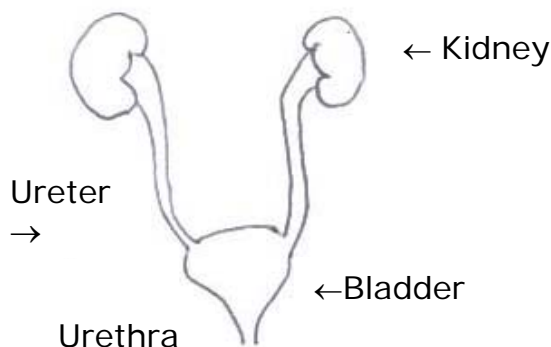


Children's Services

Pyeloplasty

What is a pyeloplasty?

A pyeloplasty is an operation to relieve obstruction at the junction where the kidney joins the ureter. Once the obstructed part is removed, urine can flow freely from the kidney to the bladder.



Why does my child need to have a pyeloplasty?

Due to an obstruction (blockage) at the junction where the kidney and ureter join, urine cannot flow freely from the kidney to the bladder. This means that urine backs up in the kidney which can cause kidney damage. The obstruction within the kidney may have been present since birth or may have developed later.

The affected kidney will often have reduced function and one of the aims of the operation is to **preserve** what function there is. It is unlikely that a kidney with decreased function will return to having normal function after the operation.

What happens when my child is admitted to hospital?

Most children will be reviewed 7-14 days prior to admission in our 'pre-operative assessment clinic.' The purpose of the clinic is:

- To ensure you and your child are fully informed.
- To ensure your child's hospital stay is as straight forward and seamless as possible.

If your child has a cold, cough or illness such as chicken pox the operation will need to be postponed to avoid complications. Please telephone us (the telephone number is provided at the end of this leaflet) to discuss, prior to coming to hospital.

You will be asked to bring your child to one of our children's wards, usually early in the morning on the day of surgery. Your child will not be able to eat and drink before the operation. Specific advice about this will be given on the day before your child's surgery when you telephone the ward to confirm bed availability.

When you arrive you will be seen by the nursing staff plus a doctor and an anaesthetist (if not seen by these persons at the preoperative assessment clinic).

A parent will be able to accompany your child when she/he goes to the anaesthetic room to go to sleep for the operation and also be present in the recovery area when she/he wakes.. A bed will be provided for a parent to stay next to your child's bed.

What happens during the operation?

You will be able to be present while your child goes to sleep and also in the recovery area when your child wakes up.

The operation will be carried out under a general anaesthetic. An incision (cut) will be made, usually on the child's side. The obstructed part of the kidney/ureter is removed and then the remaining parts joined.

The wound will be closed with dissolvable stitches and sometimes paper tapes (steri-strips) are also applied. A few children will have a small tube called a stent left in place which goes between the kidney and incision site. This stent can be used if necessary to help drain urine or, if needed, to insert dye during an x-ray. It can be removed with ease on the ward by a member of nursing staff after a week or so.

What are the complications/risks?

Complications are rare, they include:

- Bleeding (very occasionally a blood transfusion will be required).
- Urinoma; this is a leak of urine which collects outside the kidney.
- It is possible that kidney function may decrease further despite the operation.

What happens after the operation?

Your child will continue to rest after their operation on the day of surgery but will be able to mobilise the day after surgery. After the operation your child's urine will be blood stained but this will begin to clear after a few days. The nurse will record the amount your child drinks and how much urine they pass. Regular pain killers will be given by your nurse and you will be given pain killers to take home for use after discharge.

How do I look after my child at home?

- As the stitches used are dissolvable these do not need to be removed. The wound will be covered with paper tapes (steri-strips) and sometimes a small dressing.
- Your child may have some discomfort and should be given Paracetamol (calpol) as directed on the bottle or by the nursing/medical staff.
- Your child should rest for the first few days at home and should avoid strenuous activities, for example, PE or swimming for two weeks.
- The wound site should be kept dry so your child should not be bathed for five days. After day five the dressing can be removed. The paper tapes applied should be allowed to fall off in their own time or be gently peeled off once baths are allowed.
- If your child has had a stent left in place they will be able to go home with this under a small dressing and then return to the ward for it to be removed.
- If your child develops a fever, increased pain or a swelling over the wound site, you should contact your GP/Nurse Specialist.

Follow up

Your child will have an ultrasound scan after approximately six weeks and a MAG 3 scan after approximately three months. Your child will then be reviewed with the results of these scans in the outpatients department.

For further information please contact:

The ward you were on:

Your Nurse Specialist: 01223 586973 (Monday to Friday, 08:00 to 18:00)



We are currently working towards a smoke-free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS Stop Smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

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| Contact number | 01223 245151 |
| Publish/Review date | December 2010/December 2013 |
| File name | Pyeloplasty.doc |
| Version number/Ref | 3/PIN240 |