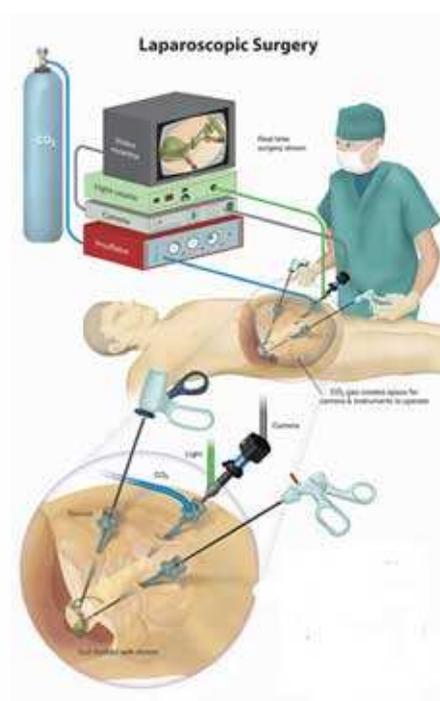


Laparoscopic pyeloplasty: information for patients

What does the procedure involve?

This involves repair of the narrowing or scarring at the junction of the ureter with the kidney pelvis to improve the drainage of the kidney. It is performed through keyhole incisions and involves insertion of a temporary ureteric stent to aid healing with cystoscopy and x-ray screening.



What are the alternatives to this procedure?

Observation, telescopic incision, dilatation of the narrowed area, temporary placement of a plastic splint through the narrowing, open surgery

What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by your consultant, anaesthetist and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery.

You will need to wear anti-thrombosis stockings during your hospital stay; these help prevent blood clots forming in the veins of your legs during and after surgery.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- any allergies
- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens during the procedure?

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.

The area of narrowing at the junction of the kidney and the ureter is removed, and the ureter is then stitched back onto the kidney (anastomosis).

A ureteric stent is normally inserted to allow healing of the join between the renal pelvis and the ureter. A bladder catheter is also inserted during the operation to monitor urine output and a drainage tube is placed through the skin near the newly-formed anastomosis.

What happens immediately after the procedure?

You will be given fluids to drink from an early stage after the operation and you will be encouraged to mobilise as soon as you are comfortable to prevent blood clots forming in your legs. The wound drain and catheter are normally removed after 24-48 hours.

The average hospital stay is 4 days.

What should I expect when I get home?

There may be some discomfort from the small incisions in your abdomen but this can normally be controlled with simple painkillers.

All the wounds are closed with absorbable stitches which do not require removal.

It will take 10-14 days to recover fully from the procedure and most people can return to normal activities after 2-4 weeks.

You may find that the ureteric stent, the lower end of which sits in the bladder, causes some pain when you pass urine and you may also see blood in the urine as a result of the stent. The stent can also cause you to pass urine more frequently than you would do normally. These symptoms will settle down once the stent has been removed.

What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, you should contact your doctor immediately.

Are there any other important points?

The ureteric stent will normally be removed under local anaesthetic after 4 weeks.

To assess the effectiveness of the operation, a radio-isotope scan will normally be arranged for you 12 weeks after the surgery and a follow-up appointment will be arranged for you thereafter to discuss the results.

What are the potential complications that can occur?

The complications or side effects which can arise include:

Common (greater than 1 in 10)

- Temporary insertion of a bladder catheter and wound drain
- Temporary shoulder tip pain
- Temporary abdominal bloating

Occasional (between 1 in 10 and 1 in 50)

- Short-term success rates are similar to open surgery but the long-term success rates are not known
- Recurrence can occur, requiring further surgery
- Bleeding, infection, pain or hernia of the incision requiring further treatment

Rare (less than 1 in 50)

- Bleeding requiring conversion to open surgery or requiring blood transfusion
- Recognised (or unrecognised) injury to organs/blood vessels requiring conversion to open surgery (or deferred open surgery)
- Involvement or injury to nearby local structures (blood vessels, spleen, liver, kidney, lung, pancreas, bowel) requiring more extensive surgery
- Need to remove the kidney at a later stage because of damage caused by recurrent obstruction
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)

Procedure code for insured patients: M1080



Cambridge Urology Partnership

0800 756 7771
www.cambridgeurologypartnership.co.uk
enquiries@cambridgeurologypartnership.co.uk
Nuffield Health Cambridge Hospital
Trumpington Road, Cambridge CB2 8AF

For your peace of mind

Partners: Tev Aho, Andrew Doble, Christof Kastner, John Kelly, Nimish Shah, Oliver Wiseman