

Call the Hospital if:

- Your child is in a lot of pain and pain relief does not seem to help.
- The wound site looks red, inflamed and feels hotter than the surrounding skin.
- There is any oozing from the wound.
- Your child has a lot of blood in his or her urine.
- Or if you are worried about anything at all.

Follow up:

You will need to come back to the Hospital after your child's operation for the stent or drain to be removed. The ward staff will give you details of this appointment before you leave the ward.

Your child's surgeon will want to see you at a given time after the operation to check on your child's progress. The date for this outpatient appointment will be sent to you at home.

Note: This is general information only and the situation can vary from case to case.

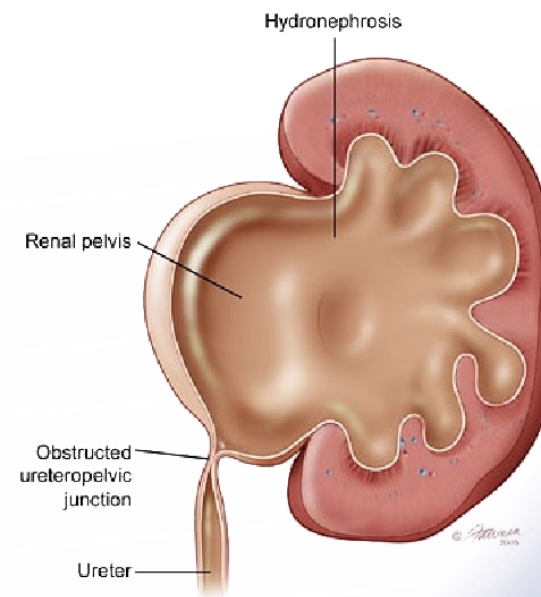


Department of Paediatric Surgery & Urology
Starship Child Health
Level 4
Auckland
Phone: 64 9 307 4949 ext. 22527
Fax: 64 9 307 8952



Pyeloplasty

Patient Information



Department of Paediatric Surgery & Urology
Starship Hospital
Auckland

Introduction

Pelvic-uretero junction obstruction (PUJO) is commonly due to intrinsic narrowing of the junction of renal pelvis and ureter. Less commonly it could be due to extrinsic obstructions secondary to bands, kinks, and aberrant vessels. PUJ obstruction is by far the most common cause of paediatric hydronephrosis. PUJ obstruction comprises 40% of all antenatally diagnosed hydronephrosis, with the estimated incidence of 1 in 1500 live births. PUJ obstruction is more common in males than in females with the ratio of 2:1. Bilateral cases are observed in 10–40% of cases; however, fewer than 5% of patients require bilateral repair.

What is a pyeloplasty?

A pyeloplasty is an operation to remove a blockage in the tube (ureter) leading from one of the kidneys to the bladder. This operation is performed under general anaesthetic and your child will generally need to stay in hospital for up to five days. Why does my child need to have the Pyeloplasty? Due to the blockage in one of your child's ureters, urine cannot flow easily from the kidney into the bladder. The blockage is usually present from birth, but occasionally may appear later. If the tube remains blocked, the kidney function may slow down.

What pre-operative preparations are required for pyeloplasty?

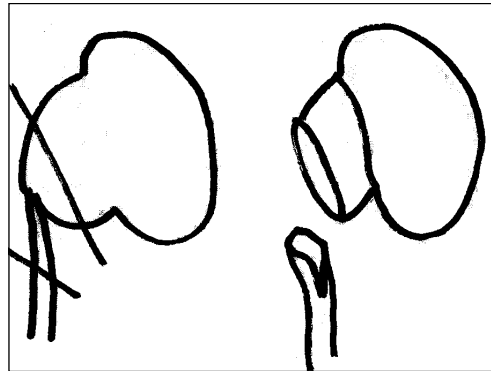
Your child's surgeon will explain the operation in more detail, discuss any worries you may have and ask you to sign a consent form for the operation. An

anaesthetist will also visit you to explain about the anaesthetic.

If your child has any medical problems, particularly allergies, please tell the doctors about these. Please also bring in any medicines your child is currently taking.

THE OPERATION:

An incision is made in the flank area, on the side of the lesion. The obstruction is identified, and removed. The normal pelvis is stitched to the normal ureter. The stitching may be done over a tube so that the join heals well without narrowing. There may be a drain (plastic tube) in the operation area and there may be a bladder catheter.



What happens after the operation?

Your child will be brought back to the recovery ward to recover. He or she will be able to eat and drink soon after the operation. Your child may have to take few days of antibiotics and analgesics. You will need to return to the Hospital either to remove the drain or inside stent. Your doctor will inform you about the timing for this. The doctors use dissolvable stitches so

you do not need to have the stitches removed.

What are the risks of a pyeloplasty?

Any operation has a small risk of bleeding during or after the operation. Your child may have a headache, sore throat or feel dizzy. These side effects are usually short-lived and not severe.

There is a risk that urine could leak from the new join in the ureter. Placing a tube in the ureter to drain urine can solve this. There is a small chance that the join may narrow so the flow of urine becomes blocked again, which would mean your child would need to have a second operation. There is a minimal risk of the incision causing problems like breakdown or herniation. These things are fully treatable if they happen.

Care at home:

- You should encourage, but not force, your child to drink.
- Your child may need some pain relief when you get home. Please make sure you have instructions for this before you leave the ward.
- Your child can have a sponge bath taking care of the wound site, taking care of the tube coming out from the wound site.
- The wound site will be closed with a plastic dressing. You can visit your GP after 5-7 days to remove the dressing and check the wound.
- As there is a small risk of infection, your child will need to continue antibiotics till the wound heals.
- Your child can return to school when he or she is feeling well again, but should avoid contact sports for three months after the operation.