

**Name of Operation: *Upper-moiety hemi-nephro-ureterectomy***  
**(removal of top part of kidney and most of its ureter**  
**[urine-tube from that part of kidney to the bladder]).**

**Main issues:**

- Wound across the upper tummy on either side:
- Dissolving stitches (no need to remove).
- Often a drainage-tube (“catheter”) in the bladder is needed for several days.
- Likely post-operative schedule and recovery-time.



**Intended benefits:**

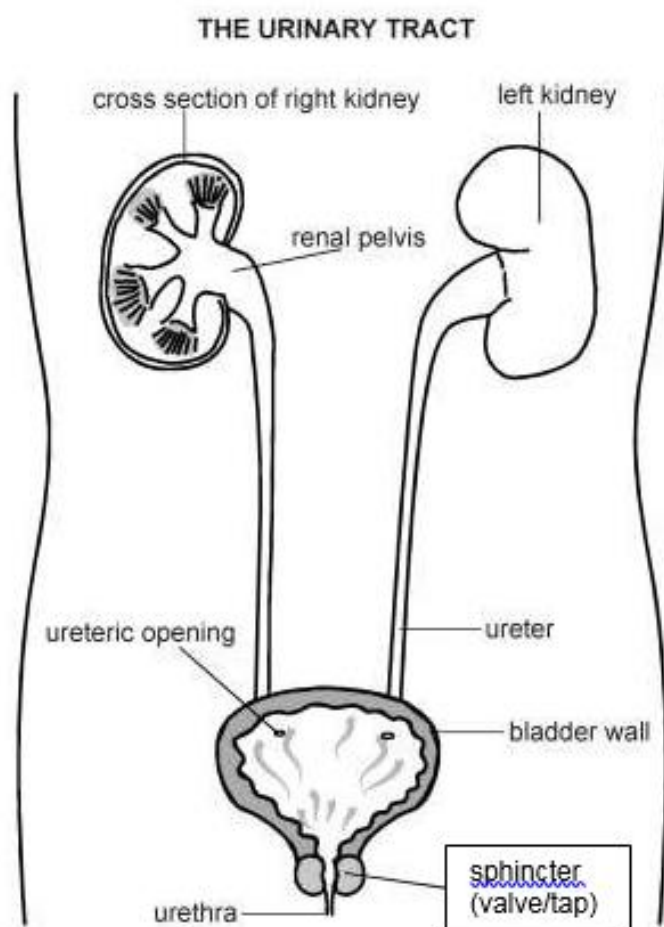
- Removal of tissue that is causing harm and doing no good.
- To reduce (but unfortunately not completely get rid of) the risk of urine infections, kidney stones, and high blood-pressure.
- Or to stop any urinary incontinence that is due to the abnormal plumbing of this bit of ureter (but this operation will not stop any urinary incontinence that is due to a different cause).

**Common or serious risks:**

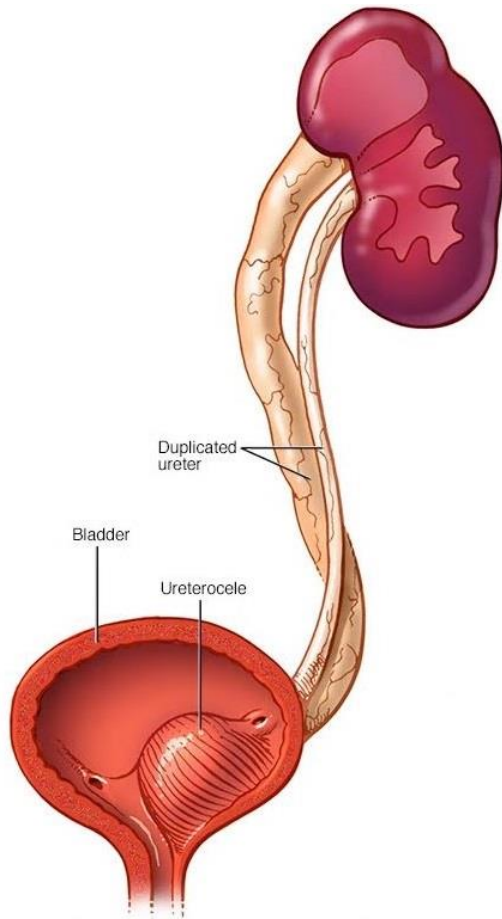
- Overall success-rate for preventing infections of about 3 out of 4 children (75 %), and for preventing wetting of about 19 out of 20 children (95 %).
- Bleeding (rarely serious, but occasionally a blood transfusion is needed).
- Urine infection: usually prevented by the antibiotics given in hospital, by drinking plenty for a while afterwards, and by the preventative antibiotics your child may already be on. If you are worried later at home, a urine sample should be checked for infection via your family-doctor or, if your child is very unwell, via your local hospital (sometimes such an infection can be quite serious).
- Damage to the good part of the same kidney or its ureter (the urine-tube from that good part of kidney to the bladder), or to the bladder: unlikely to be serious, but occasionally further surgery may be needed.
- Early leak of urine from the good part of the same kidney or from the remaining bottom bit of the abnormal ureter (usually settles over a few days with the catheter).
- Damage to the bowel, liver, or spleen: rare, but could be serious and need surgery.
- Damage to the sperm-tube in a boy: rare, and should not affect his future fertility.

**Common or serious risks (cont'd):**

- Wound infection: rarely serious, but if the wound becomes more sore, red, swollen and/or hot, you should check if extra antibiotics are needed or if any pus needs to be released.
- On-going infections in the remaining bottom bit of the abnormal ureter (that cannot be safely removed from this higher wound). In about 1 in 20 children (5%), a later second operation, via a new lower wound, is needed to remove the rest of this ureter.
- On-going urine infections or high blood-pressure, often for other reasons despite a technically successful operation. Sometimes further surgery may be needed.
- On-going urinary incontinence (if it is due to a different cause).
- Poor healing of the wound: unusual, but very occasionally may need later surgery.
- Anaesthetic problems (rarely serious, but around 1 in 250,000 general anaesthetics in children can be fatal).

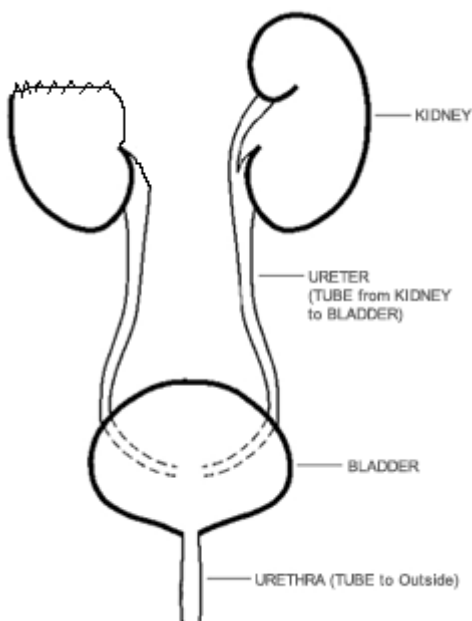


1. A diagram of normal waterworks  
(based on [www.fermelumic.com/urinary.html#](http://www.fermelumic.com/urinary.html#))



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2. A diagram of a double (“duplex” or “duplicated”) kidney-system, with an abnormal top part  
(© Mayo Foundation for Medical Education and Research:  
<https://www.mayoclinic.org/diseases-conditions/ureteral-obstruction/symptoms-causes/syc-20354676>)



3. A diagram of the waterworks after removal of the top part of one kidney  
(adapted from [www.birdvilleschools.net](http://www.birdvilleschools.net))