

Name of Operation: **Pyeloplasty**
(removal of a narrowing from the top of the ureter
[the tube which drains urine from the kidney to the bladder])

Main issues:

- Wound across the upper tummy on either side:
- Dissolving stitches (no need to remove).
- Usually an external drainage-tube (“stent”) for about 1 week. Sometimes an internal stent instead is needed for several months.
- Sometimes a bladder drainage-tube (“catheter”) is also needed for several days.
- Likely post-operative schedule and recovery-time.

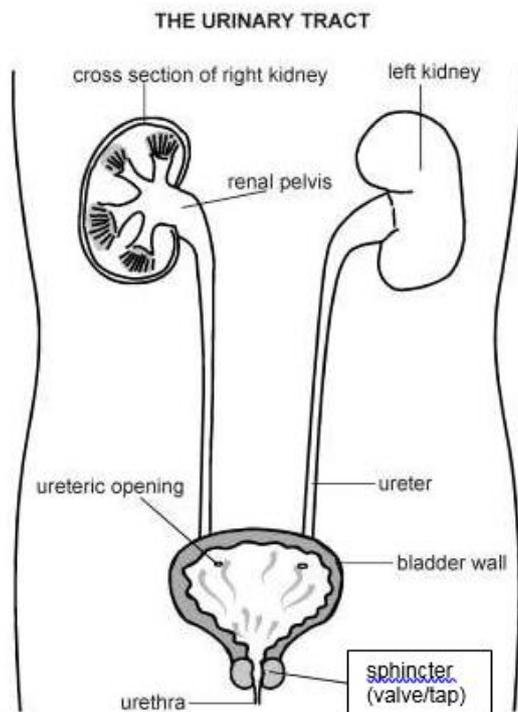


Intended benefits:

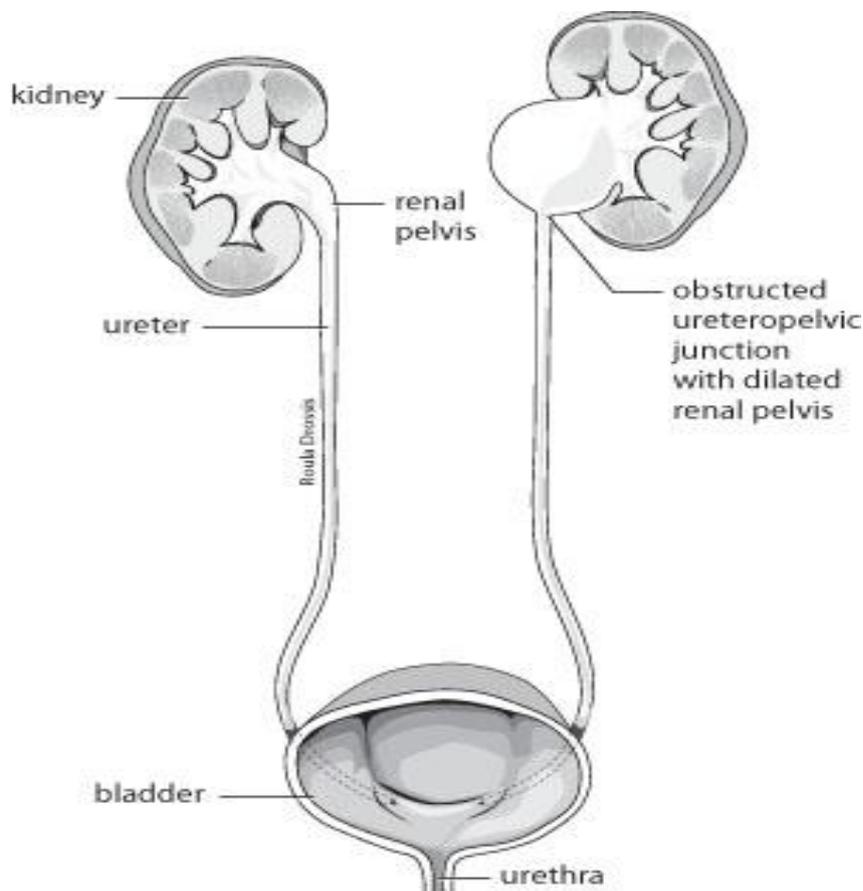
- To remove the narrowing from the tube that drains the kidney, and so improve flow of urine out of the kidney. This should reduce (but not completely get rid of) the risk in the future of urine infection, kidney damage, kidney stones, and high blood-pressure.
- However, it is doubtful if this operation can reverse any previous kidney-damage.

Common or serious risks:

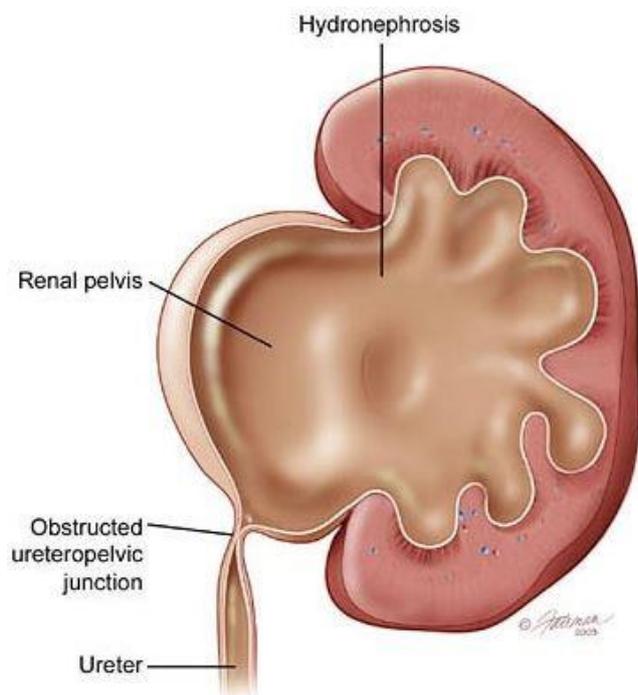
- Overall success-rate of about 19 out of 20 children (95 %).
- Bleeding (rarely serious, but occasionally a blood transfusion is needed).
- Infection, usually prevented by the antibiotics given in hospital, by drinking plenty for a while afterwards, and by the preventative antibiotics your child will go home 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). Rarely, the wound may also become infected.
- Damage to the kidney, ureter (urine-tube from the kidney to the bladder), or bladder: unlikely to be serious, but occasionally further surgery may be needed.
- Damage to the bowel, liver, or spleen: rare, but could be serious and need surgery.
- Early leak of urine from the stitched join-up (usually settles with the stent in place, but sometimes needs further surgery).
- Later narrowing of the join-up as it heals, needing further surgery in about 1 out of 20.
- Poor healing of the wound: unusual, but very occasionally may need later surgery.
- On-going urine infections, kidney damage, kidney stones, or high blood-pressure, often for other reasons despite a technically successful operation. May need surgery.
- Anaesthetic problems (rarely serious, but around 1 in 250,000 general anaesthetics in children can be fatal).



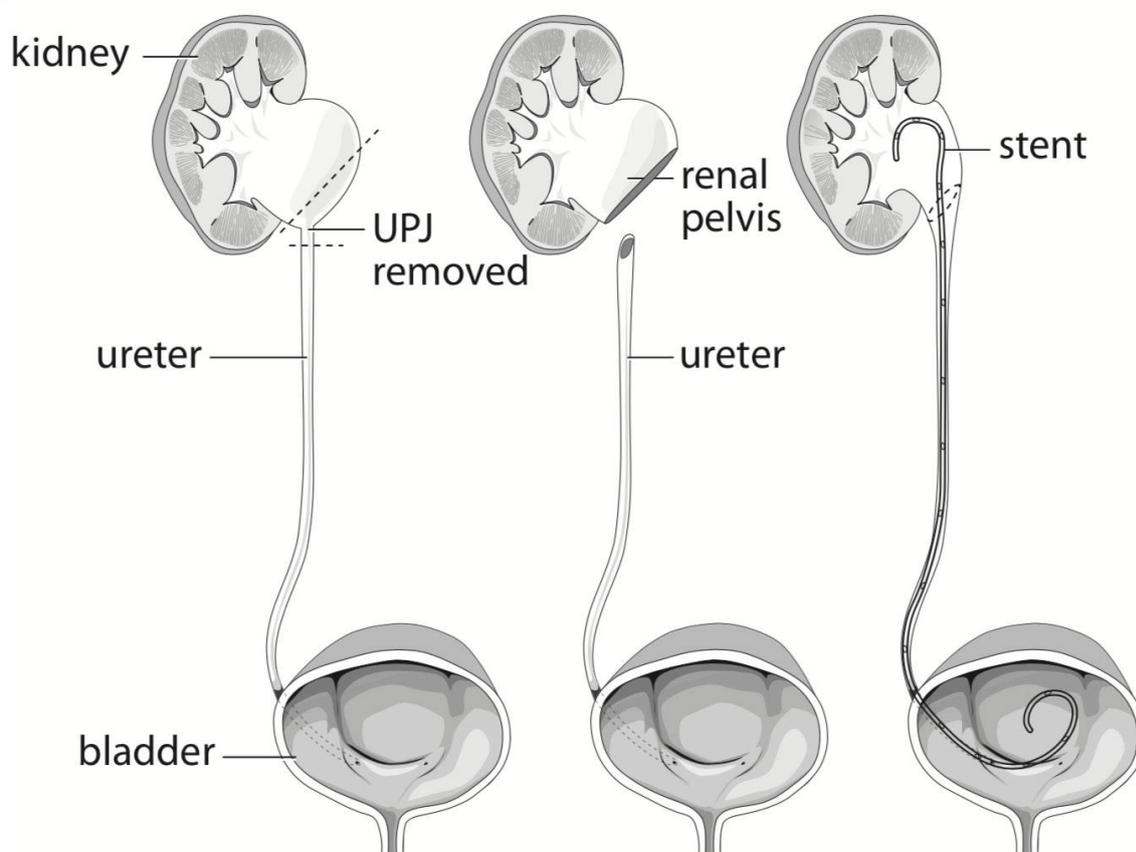
1. A diagram of normal waterworks (based on www.fermelumic.com/urinary.html#)



2. A diagram of the waterworks with a “UPJ/PUJ obstruction” on one side, with pressure building up above (from www.drmanugupta.com/kidney-ureter-ureteropelvic-junction-obstruction.html)



3. A close-up diagram of a kidney stretched by the pressure of narrowing at the “UPJ/PUJ”
 (from www.endourologytraining.in/ureteropelvic-junction-obstruction)



4. A diagram of the steps in a pyeloplasty (in RBHSC, the top end of the stent-tube is usually brought out through the wound, so that it can be more easily removed)
 (from <https://www.thyrurology.com.au/procedures/laparoscopic-pyeloplasty/>)