

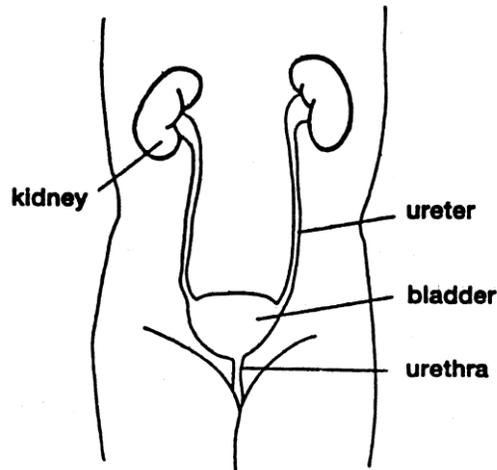


Pediatric Surgical Associates, Ltd.

Patient and Family Education

## Pyeloplasty

Your child will soon be coming to the hospital for a pyeloplasty. A pyeloplasty is an operation performed to repair an obstruction at the point where the ureter meets the kidney (see diagram of the urinary system).



**Diagram of the urinary system**

The surgery will take about two hours. Sometimes, in order for the doctor to get a better look at the area of narrowing or blockage, a special x-ray will be done in the operating room after your child is asleep. During this test, dye is injected into the ureter (the tube that connects the kidney to the bladder) from below through the bladder. The surgery is either done through a small incision on the side or back (open approach) or laparoscopically with the DaVinci robot. The best method for your child will be recommended by your doctor.

After surgery your child will go to the recovery room for about 1 hour. After your child is fully awake you will be able to join them and go to the room in the patient care area. Your child will have an intravenous (IV) tube in place to supply the fluids and antibiotics needed during the first 1-2 days after surgery. At first your child will be

allowed only sips of clear fluids, but over the day will gradually return to a normal diet, as tolerated. Infants will resume breast or formula feedings. After your child is eating and drinking well, and the IV antibiotics are no longer needed, the IV tube will be taken out. This is usually done just prior to going home.

A **urinary catheter** (or Foley) will also be in place for 1-2 days after surgery. The catheter is a small tube that goes in through the urethra and into the bladder. The catheter will be securely taped to your child's leg.

Your child will usually have a stent in place after surgery. This allows urine to drain from the kidney during the early stages of healing. There are two types of stents and your doctor will determine which type will be used based on your child's age and the surgical procedure.



- **An external stent:** This is a small tube that runs from the area of the surgery, through the kidney, and comes out near the corner of the incision. It will drain urine into a collection bag or into a diaper if your child is not toilet trained. This tube usually drains for 7-10 days after surgery. Your doctor will determine if the stent should be plugged prior to removal. It is usually removed in the office by one of our nurses 10-14 days after surgery. The dressing will be removed at this time.
- **An internal stent/double J stent:** This is a small tube that has one end in the bladder and the other end in the kidney. The stent is not visible. Urine will drain from the kidney, down the stent, and into the bladder. This is usually removed 4 weeks after the repair with a brief episode of general anesthetic at the hospital. The bandages will fall off on their own.

Your child's incision will be covered with a clear dressing that stays on for 10 days after surgery. The stitches are dissolvable, so there is no need for them to be removed. If there is a gauze bandage in place, the bandage should be changed daily, and when saturated. You may clean around the tube with plain water.

### **How will my child's pain be managed?**

Several effective methods of pain control can be used with children after a pyeloplasty. The one chosen will depend on your child's age and individual needs. At first, all pain medication is given directly through your child's IV. Once your child is feeling better, the pain medication will be given by mouth.

There are two possible types of pain, incisional and bladder spasms. Incisional pain is relieved with acetaminophen, ibuprofen, and if the pain is severe, a narcotic medication.

If your child has an internal stent, they may also experience bladder spasms or bladder pain. There are many factors that can irritate the bladder.

These include constipation, overholding of urine (encourage your child to empty their bladder every 2-3 hours), concentrated urine, caffeine, carbonation, citrus (orange, grapefruit) and chocolate. Please ensure these are avoided if spasms are an issue. In addition, a bladder spasm medicine may be needed.

### **Activity**

Getting up and moving around is an important part of getting better. If your child is old enough, it also helps to encourage your child to take deep breaths and cough. Check with your surgeon about bathing, but usually once you have gone home, showers or low water baths are alright. These actions will assist your child to recover faster.

### **Questions?**

If you have questions or concerns, please call your child's doctor at Pediatric Surgical Associates at (612) 813-8000 or 1-800-992-6983.