

Patient/Family Education

Ureteral Reimplantation: Pre-Operative Information

Your child is being scheduled for an operation to prevent urine from backing up from the bladder to the kidney and damaging the kidney tissue. The operation is called a ureteral reimplant. It will change the position of the ureters coming into the bladder.

Several surgical techniques are commonly used to reimplant ureters. The result is the same. The urologist will discuss with you the technique that is best suited to your child's condition.

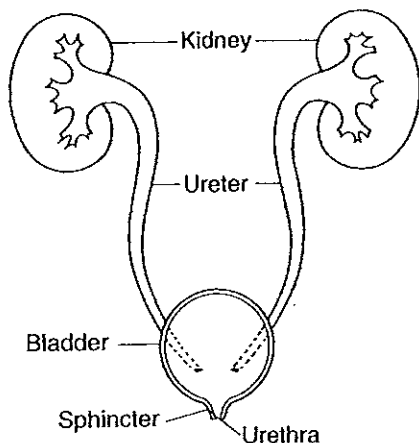


Diagram of the urinary system

On the morning of surgery you will talk with the anesthesiologist and surgeon. The surgical consent will be signed and you will have an opportunity to ask questions. The anesthesiologist will discuss anesthesia and post-operative pain management with you. The surgery typically takes 1-2 hours. After surgery your child will go to the recovery room for about an hour and then up to the patient care unit.

Your child will have some or all of the following tubes in place:

***An intravenous (IV) tube.** This is a small plastic tube going into a vein. It is used to give children fluids and medications until they are able to drink.

***A urinary catheter.** This is a small tube going into the bladder through the urethra to drain the urine. It is removed 1-2 days after surgery. The urine may be bloody for up to 2 weeks after surgery and it is not unusual to pass small clots during this time period.

***A stent.** Occasionally, your child may also have another catheter called a stent. It drains the urine from the ureter above the place where the surgery was performed. The stent will come out through a small opening in the abdomen and will typically be removed before going home.

What about pain?

Your child will feel pain after surgery. We use several methods to control pain. The anesthesiologist will recommend the method that will keep your child most comfortable. You and your child are encouraged to let your nurse know how effectively the pain is being managed. Different methods include:

-**Caudal Block:** During surgery an anesthetic medication is injected into the spinal area near the sacrum to numb the bladder and incisional area for several hours after surgery.

Please see reverse side

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-P.C.A. (Patient controlled anesthesia): This is a special pump that is connected to the IV tubing and infuses a “set” amount of pain medication. In addition, your child may give an extra “pre-set” amount of medication as needed by pushing a button connected to the special pump.

-I.V. pain medication: Pain medication to be given on an “as needed” basis (usually about every 3-4 hours through your child’s I.V. A monitor will be attached to your child to make sure the vital signs are stable while pain medication is being administered.

-Oral Meds: As your child’s pain improves and they are able to tolerate drinking and some eating, the IV medications will be weaned and medications by mouth will be started. Usually acetaminophen with codeine, plain acetaminophen, and ibuprofen are used.

Besides incisional pain, your child may experience bladder spasms. The spasms are a contraction of the bladder wall muscle caused by irritation from the surgery and from the catheter in the bladder. The spasms can come and go and usually last less than a minute. Signs of a spasm are sudden irritability, drawing up their legs, or complaints of needing to urinate or pressure in their bottom. Various medications can be used to help alleviate this pain which include suppositories, oral medications, or a transdermal (skin) patch.

Bladder spasms may take up to 2 weeks to resolve. During this time you should keep the urine diluted with good fluid intake and avoid any constipation. Concentrated urine and constipation can worsen the spasms.

Getting up

Your child will be encouraged to get out of bed the day after surgery, with the help of pain medication. Getting up and moving around are an important part of getting better. The nurse will also encourage your child to take big deep breaths and to cough. These actions will also assist in a faster recovery.

Stitches

Your child will have a bandage covering the incision. This can be removed 10 days after the operation. The stitches underneath the bandage will dissolve on their own and do not need to be removed.

More questions?

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