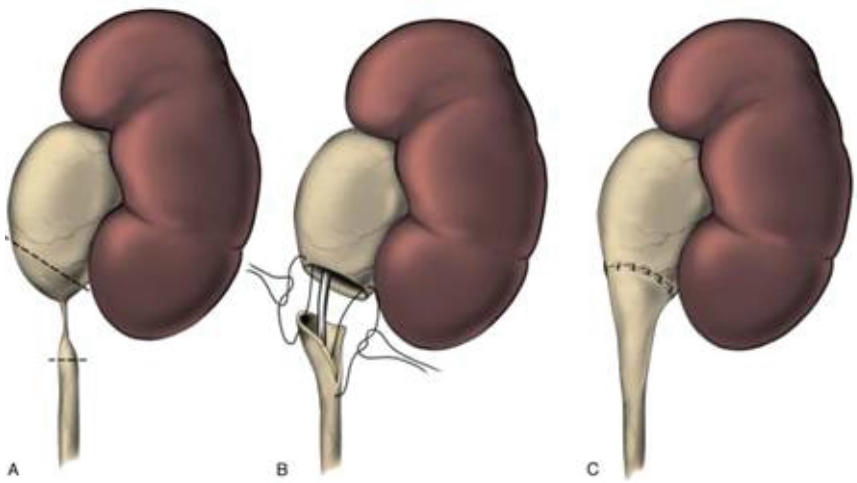
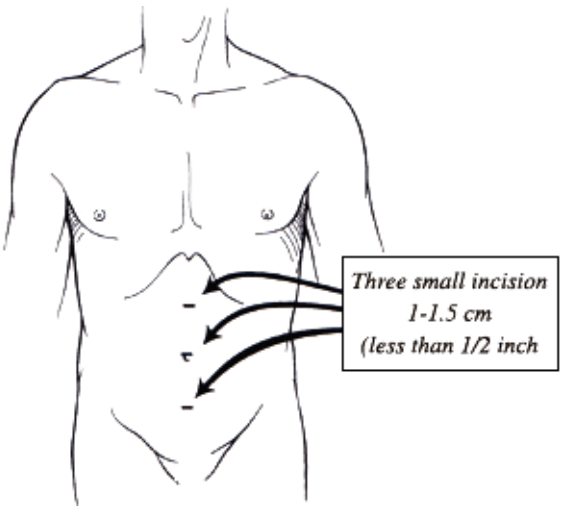
http://www.bangaloreadvancedurology.com
+91-8197516666 bau.bangalore@gmail.com

PYELOPLASTY (LAPAROSCOPIC RECONSTRUCTION OF THE PELVIS OF THE KIDNEY)

What does the procedure involve?

Repair of narrowing or scarring at the junction of the ureter with the kidney pelvis to improve the drainage of the kidney, performed through keyhole incisions. It involves insertion of a temporary ureteric stent to aid healing.





What are the alternatives to this procedure?

Alternatives to this procedure include observation, telescopic incision, dilatation of the narrowed area, temporary placement of a plastic splint through the narrowing and open surgery.

What should I expect before the procedure?

You will usually be admitted to hospital on the same day as your surgery. You will normally receive an appointment for a "pre-assessment" to assess your general fitness and to do some baseline investigations. Once you have been admitted, you will be seen by members of the medical team which may include the consultant, specialist registrar, house officer and your named nurse. You will be asked not to eat and drink for six hours before surgery. Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry mouthed and pleasantly sleepy. You will need to wear anti-thrombosis stockings during your hospital stay. These help prevent blood clots forming in the veins of your legs during and after surgery.

Please tell your surgeon (before your surgery) if you have any of the following:

Please tell your surgeon (before your surgery) if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood-vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel , rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

A full general anaesthetic is normally used and you will be asleep throughout the procedure. You will usually be given an injection of antibiotics before the procedure, after you have been checked for any allergies. The anaesthetist may also use an epidural or spinal anaesthetic to reduce the level of pain afterwards. After exposing the kidney through "keyhole" incisions, the surgeon will divide or remove the blockage at the junction between kidney and ureter. The kidney will then be joined to the ureter again so that drainage can occur (pictured). Occasionally, a flap of tissue from the kidney may be folded down to widen the narrowing. A ureteric stent is normally put in to allow healing of the suture line in the pelvis of the kidney.
You will have a bladder catheter put in during the operation to monitor urine output and a drainage tube near the newly-formed join.

What happens immediately after the procedure?

You should be told how the procedure went and you should:

- Ask the surgeon if it went as planned;
- Let the medical staff know if you are in any discomfort;
- Ask what you can and cannot do;
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- Make sure that you are clear about what has been done and what happens next.

You will be given fluids to drink from an early stage after the operation. You will be encouraged to mobilise as soon as you are comfortable to prevent blood clots forming in your legs. The wound drain and catheter are normally removed after 48 to 72 hours.

The average hospital stay is five days.

Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

Common (greater than 1 in 10)

- Temporary shoulder tip pain.
- Temporary abdominal bloating.
- Further procedure to remove the ureteric stent, usually under local anaesthetic.

Occasional (between 1 in 10 and 1 in 50)

- Bleeding, infection, pain or hernia of the incision needing further treatment.
- Recurrence can occur, needing further surgery.
- Short-term success rates are similar to open surgery; the long-term success rates are less well established but are probably also similar to open surgery.

Rare (less than 1 in 50)

- Bleeding needing conversion to open surgery or requiring blood transfusion.
- Recognised (or unrecognised) injury to organs/blood vessels needing conversion to open surgery (or deferred open surgery).
- Involvement or injury to nearby local structures (blood vessels, spleen, liver, kidney, lung, pan creas, bowel) needing more extensive surgery.
- Need to remove the kidney at a later stage because of damage caused by recurrent obstruction.
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death).

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110).
- MRSA bloodstream infection (0.02% - 1 in 5000).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).

Please note: The rates for hospital-acquired infection may be greater in "high-risk" patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times

What should I expect when I get home?

When you are discharged from hospital, you should:

- Be given advice about your recovery at home;
- Ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- Ask for a contact number if you have any concerns once you return home;
- Ask when your follow-up will be and who will do this (the hospital or your GP); and
- Be sure that you know when you get the results of any tests done on tissues or organs that have been removed.

When you leave hospital, you will be given a "draft" discharge summary. This contains important information about your stay in hospital and your operation. If you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

There may be some discomfort from the small incisions in your abdomen but we will send you home with simple painkillers. All the wounds are closed with absorbable stitches which do not require removal. It will take 10 to 14 days to recover fully from the procedure and most people can return to normal activities after two to four weeks.

What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, you should contact us immediately.

Are there any other important points?

The ureteric stent will normally be removed after four weeks.

To assess results of surgery, a radio-isotope scan will be arranged for you, 12 weeks after the surgery. A follow-up appointment will be arranged thereafter to discuss the results.