Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:		HKID No.:
Case No.	:		
Name	:		
DOB	:		M / F
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Pyeloplasty

1. Introduction

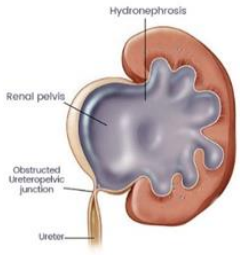
1.1. Pelvic-ureteric junction (PUJ) obstruction is a condition when there is a blockage in the ureters at the level where they meet the kidney, resulting in dilated renal pelvis (hydronephrosis). The condition is usually present from birth, but occasionally may appear later. The symptoms of the disease will occur as loin pain, haematuria and urinary tract infection.

1.2. Pelvic-ureteric junction (PUJ) obstruction is due to congenital urteric stricture or other acquired factors like renal stone, cancer of ureter, history of repeated urinary infection with scarring to cause blockage of urinary drainage.

1.3. A Pyeloplasty is an operation to remove the narrow part of one of the ureters where the kidney and re-connect it to the kidneys. The operation can be performed either by open or Laparoscopic approach under general anaesthesia. The operation is performed around 2-4 hours, patient will be hospitalized for few days for observations.

2. Indication of URS

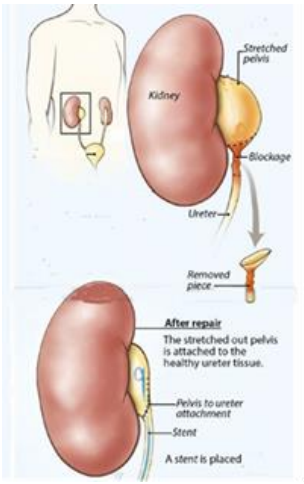
Pelvic-ureteric junction (PUJ) obstruction



3. Operative procedures

3.1. **Open Pyeloplasty:** sometimes the surgeon will not be able to carry out an operation using the laparscopic methods for various reasons, for example, unexpected findings, technical difficulties, etc. If this is the case, the surgeon will carry out the operation using the open approach.

3.2. **Laparoscopic Pyeloplasty**: a small cut incision is made at the umbilical or flank region and a laparoscopic port is inserted. Laparscopic instruments are inserted via small cuts in the abdomen for reconstruction to permit normal urine drainage. A tube (ureteric stent) may be left inside the ureter temporarily to help with healing of wound. This surgery is needed to perform longer time than other traditional operation, but the surgery wound is healing good and resumed to normal activities faster.



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4. Preparation before the operation

4.1. Patient will keep fasting for 6-8 hours (or instructed by Doctor) before operation.
4.2. Your doctor will discuss the operation in details before signing the consent.
4.3. Inform your doctor if you are pregnant.
4.4. Inform your doctor of any medical condition (for example diabetes, heart diseases, high blood pressure, etc.) and any medications you are currently taking.
4.5. Anti-coagulants like Plavix, aspirin may need to stop before operation.

5. Post-operative care after operation

It is important to have proper post-operative patients care to achieve the success of the surgery.

5.1. **Foods and drink**: Patients are allowed to eat and drink after few hours of operation. However, for those patients cannot eat well after surgery, intravenous fluid will be given in order to maintain nutrients and hydration.
5.2. **Wound care**: there should be few dressings over the abdomen for around one week, the stitches are mostly absorbable, but if the stitches are needed to remove, patients should come back according to the doctor orders. Patient can do shower but not tub bath to affect the healing of wound.
5.3. **Urinary catheter**: A urinary catheter, from urethra to urinary bladder, is placed for few days after surgery. All the urine is normally drained to urine bags, the catheter will be well secured on your leg.
5.4. **Double J (JJ) catheter or percutaneous nephrostomy (PCN) tube**: JJ stent is connecting from kidney to the urinary bladder. PCN tube is usually removed after operation, but the JJ catheter is removed by cystoscopy under local anaesthesia or monitored anaesthetic care when the ureter is healed. (Usually 6-8 weeks post-operatively).
5.5. **Wound pain control**: it is normally to feel uncomfortable or painful in the early days after the operation. The pain will controlled by oral, intramuscular or intravenous medications.
5.6. **Bladder spasm management**: catheters or JJ tube may irritate the bladder causing spasm, which will be uncomfortable or painful. Your doctor may prescribe medications to relieve the bladder spasm.
5.7. **Antibiotics**: usually intravenous antibiotics will be given after operation to prevent infection.
5.8. **Ambulation**: patients are encouraged to sit out and ambulate after the surgery. Vigorous exercise should be avoided.

6. Risk and complications

Pyeloplasty is a safe operation and serious complications are uncommon. However, a number of potential complications may occur. Your doctor should discuss with you for those possible complications.

General:

6.1. Bleeding
6.2. Wound complications e.g. infection, hematoma, dehiscence, incisional hernia, etc.
6.3. Hypertrophic scar

Specific:

6.4. Urinary tract infection
6.5. Urine leakage
6.6. Recurrent PUJ obstruction (<5%)

Rare but significant:

6.7. Injury to major vessels, small bowel, large bowel, omentum, ovary, fallopian tube and urinary bladder
6.8. Torrential bleeding

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7. Follow up

7.1. Patient will follow up as scheduled after operation. If serious develop after discharge, patient should contact your doctor in-charge or go to the nearest Accident and Emergency Department.

8. Remark

8.1. This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

9. References

9.1. Inagaki T, Rha KH, Ong AM, et al. Laparscopic pyeloplasty: current status. BJU int. 2005.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____