

LAPAROSCOPIC PYELOPLASTY

What is it?

A laparoscopic pyeloplasty is an operation where a narrowing or scarring at the junction of the kidney with the ureter is repaired using keyhole surgery.

Why do I need a laparoscopic pyeloplasty?

Your surgeon will have explained that your urine is not draining from the kidney properly because of a narrowing at the pelviureteric junction (PUJ). This may be causing you pain.

He has chosen this method of surgery to reduce the length of your recovery and to allow you to resume a normal life in a shorter period of time when compared to the more conventional open method of repairing the narrowing.

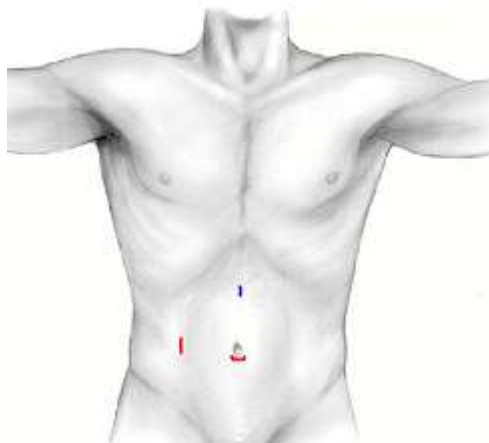
What preparations should be made

The operation takes approximately 2-3 hours, pre operative checks are necessary to ensure safety. Blood tests, urine tests, x rays and ECG may be done a week to 2 weeks before the operation date at a pre operative assessment clinic. This is to check that your general health is satisfactory.

The total hospital stay will be on average 4 days.

How is the operation performed?

The operation is performed under general anaesthetic (you are put to sleep).



The surgeon will usually make 3-4 small stab wounds on the abdomen. Through one of these wounds a telescopic camera is passed to allow the surgeon to see

the kidney and surrounding organs. Through the other wounds instruments are passed which can cut, diathermy (cauterised) and stitch the blood vessels and organs inside.

A stent will then be inserted into the ureter (pipe connecting kidney to bladder) to prevent any blockage of the ureter due to swelling from the wound site and aid healing. This will allow the easy passage of urine into the bladder. This will be removed at a later date and this is usually performed under a local anaesthetic. (Please see information leaflet on 'having a ureteric stent').

At the end of the operation a catheter tube is often placed into the bladder through your water pipe, a wound drain will sometimes be inserted.

What happens afterwards?

After your operation you will be taken back to the ward, and you will be able to drink sips of water. A light diet may be taken the day after your surgery.

You will have a drip in your arm to keep you hydrated, which will be stopped when you are eating and drinking normally.

To control any discomfort or pain you may have a pump which will administer a pain-killing drug automatically. If not, strong pain-killing injections or suppositories will be given.

You may experience pain in the shoulder and have a bloated feeling in the abdomen. These are both temporary and will resolve over the first few days.

The catheter tube will monitor your urine output and will be removed when you are up and mobile.

The wound drain will be removed when the drainage is minimal, usually after 48 hours.

The wound sites will be covered with a light dressing and any stitches to these sites will dissolve in 2-3 weeks, alternatively you may have steri strips over these sites and these can be removed after 5-7 days.

What are the possible complications?

Occasionally infection and pain may occur at the wound site. A hernia of the incision site may occur which would require further treatment.

There is a rare chance that the surgeon may have to proceed to open repair should he encounter problems such as bleeding during surgery. A blood transfusion may also be very rarely required.

Very rare complications include injury to organs/blood vessels near the kidney, which then require conversion to open surgery.

At Home

It may take 6 weeks for you to fully recover from this surgery.

It is important to avoid heavy lifting and strenuous exercise during this period.

We recommend that you should avoid driving for 2 weeks.

You will be given an appointment to have your stent removed in 6 weeks time.

You will be seen in out patients approximately 3 months after surgery.

Points of contact

If you have any other questions, or require more information prior to your treatment, please contact the Urology nurse practitioners on 01603 289410, between the hours of 08.00 to 17.00 or leave a message on the answer machine.

If you have any questions, or require more information following your surgery please contact Edgefield ward on 01603 289962

Please can you bring all your current medication with you when you are admitted to hospital.

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References; Patientwise- Edited by Dr P Wise, Dr R Pietroni and S Wilkes
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This sheet describes a surgical procedure. It has been given to you because it relates to your condition and may help you understand it better. It does not necessarily describe your problem exactly. If you have any questions please ask your doctor.