

Reimplantation of Ureter(s)

Information for parents/carers

Reimplantation of ureters is an operation to alter the position of the ureter as it enters the bladder.

Why is my child having reimplantation of ureter(s)?

Your child has been diagnosed with a condition which affects the free flow of urine from the kidneys to the bladder. This may be

- 'Vesico- ureteric reflux (VUR or reflux) which means that urine back tracks up the ureters towards the kidneys.
- 'Megaureter' which is an enlargement of the ureter.

Or

- An obstruction at the point where the ureter joins the bladder.

These problems can cause urine infections which can damage the kidneys. The ureter is the tube that takes urine from the kidney into the bladder

What happens before the operation?

You and your child will be invited to attend our pre-operative assessment session. The purpose of this is to ensure that you are fully informed and to ensure the stay on Buxton Ward is as straight forward and seamless as possible. Either in pre-assessment or on the operation day, the surgeon will explain the operation in more detail, discuss any worries you may have and ask for your permission for the operation by asking you to sign a consent form (if consent has not been obtained previously). An anaesthetist will explain your child's anaesthetic in more detail and discuss issues such as allergies or medical conditions that need to be taken into consideration.

After the operation

Generally speaking your child will return to Buxton ward with a drip which they will have until taking drinks normally again. In addition they will have special tubes to drain their urine; these tubes are called stents and suprapubic catheters. Following the surgery, and for some time the urine will be blood stained. After a few days the urine will begin to appear clearer. When this happens the stents will be removed. Once your child has begun passing urine normally again the suprapubic catheter can be removed. Removing these tubes

and applying a small dressing is generally a simple procedure which takes place on the ward.

Going home

It is not unusual for your child's urine to remain slightly blood stained for some weeks. Try to encourage them to drink a little more than usual. Continue with any medication as prescribed. Any pain relief or antibiotics will be given to you by the nurse who also will explain when, how and in what quantity they should be given.

The wound(s) should be kept clean and dry so your child should not be bathed for seven days after surgery. This is to prevent wound infection.

Once at home your child should continue to rest for a few days, avoiding strenuous activity such as games or swimming, for two weeks.

What might concern you following discharge home?

- Raised temperature.
- Swelling, redness and/or discharge from the wound site.
- Urine becomes very blood stained, i.e. bright red.
- Paracetamol does not seem to be enough to keep your child comfortable.

If your child develops any of these symptoms and you need advice you can contact Buxton Ward 01603 286321 or the Children's Assessment Unit (CAU) 01603 289774 or contact your own G.P.

Follow up

During the discharge process this will be discussed and confirmation dates and times will follow by post. Your child will be asked back for an ultra sound scan and a MAG 3 scan approximately 6 months after discharge. Your child will then be reviewed in the Jenny Lind Children's Outpatients Department with the results of these scans.

