West Suffolk NHS
NHS Foundation Trust

# PATIENT INFORMATION

# Open reconstruction of the kidney pelvis (known as a 'pyeloplasty' operation): procedure-specific information

## What is the evidence base for this information?

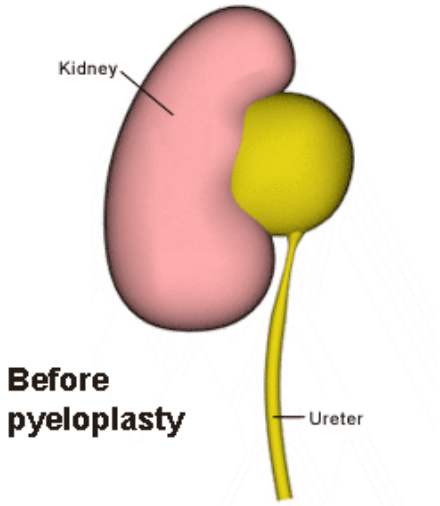
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

## What does the procedure involve?

This involves repair of narrowing or scarring at the junction of the ureter with the kidney pelvis (the pelvi-ureteric junction) and insertion of a temporary stent or kidney drainage tube to aid healing

## What are the alternatives to this procedure?

Observation, telescopic incision, dilatation of the area of narrowing, temporary placement of a plastic tube through the narrowing, (telescopic or minimally-invasive) repair.




## What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, 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 or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be given an injection under the skin of a drug (Clexane), that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.

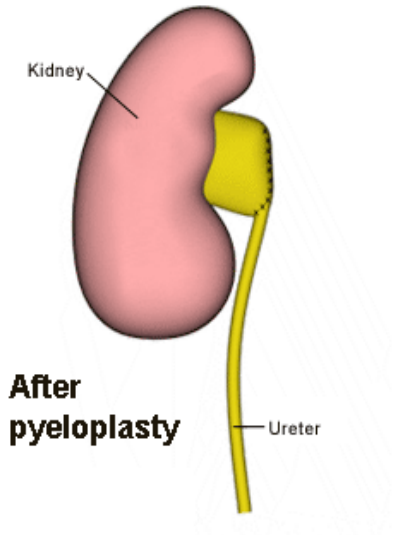
Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- 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 prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

## What happens during the procedure?

You will be given an antibiotic to reduce the chance of infection.

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.



The kidney is usually approached through an incision in your loin although, on occasions, the incision is made in the front of the abdomen. A bladder catheter is normally inserted post-operatively, to monitor urine output, and a drainage tube is usually placed through the skin into the bed of the kidney.

It is normal to insert either a second drainage tube into the kidney itself or a ureteric stent to allow healing of the reconstruction.

**What happens immediately after the procedure?**

You will be mobilised as soon as possible after the operation to prevent deep vein thrombosis. Physiotherapy will also be provided to help you mobilise and to aid your breathing & coughing.

One drainage tube is removed once drainage from the renal bed has ceased, usually after 3-4 days. The catheter will be removed from your bladder when you are mobile enough to get to the toilet to pass urine.

The second drainage tube (into the kidney) is normally removed after 8-10 days; it is usually clamped for 24 hours before removal and, occasionally, an X-ray is performed along the tube to ensure healing is complete before it is removed. You may be discharged before this tube is removed and brought back to the ward briefly for it to be clamped at a later stage.

If a stent has been inserted during the procedures, this will normally be removed at a later stage as an outpatient procedure.

The average hospital stay is 6 days.

## Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

**Common (greater than 1 in 10)**

☐ Temporary insertion of a bladder catheter and wound drain

☐ Further procedure to remove ureteric stent, usually under a local anaesthetic

☐ Bulging of the wound due to damage to the nerves serving the abdominal wall muscles

**Occasional (between 1 in 10 and 1 in 50)**

☐ Bleeding requiring further surgery or transfusions

☐ Entry into the lung cavity requiring insertion of a temporary drainage tube

**Rare (less than 1 in 50)**

- ☐ Recurrent kidney or bladder infections
- ☐ Recurrence can occur needing further surgery
- ☐ Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack)
- ☐ Need to remove kidney at later time because of damage caused by recurrent obstruction.
- ☐ Infection, pain or hernia of incision requiring further treatment

**Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included)**

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- ☐ MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- ☐ Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

## What should I expect when I get home?

It will be at least 14 days before healing of the wound occurs but it may take up to 6 weeks before you feel fully recovered from the surgery. You may return to work when you are comfortable enough and your GP is satisfied with your progress.

Many patients have persistent twinges of discomfort in the loin wound which can go on for several months.

After surgery through the loin, the wall of the abdomen around the scar will bulge due to nerve damage. This is not a hernia but can be helped by strengthening up the muscles of the abdominal wall by exercises.

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

## What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

Any other post-operative problems should also be reported to your GP, especially If they involve chest symptoms or a recurrence of your loin pain.

## Are there any other important points?

A follow-up outpatient appointment will normally be arranged for you 6-12 weeks after the operation. If a ureteric stent has been inserted, this will normally be removed in the Day Surgery Unit under local anaesthetic after 6 weeks or so.

To assess the effectiveness of the operation, a radio-isotope scan and a further kidney X-ray will normally be arranged for you, 6 weeks and 6 months respectively after surgery.

## Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

## Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic) 01284 713229

## Other contacts

**Chaplaincy -** Telephone: 01284 713486

## What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature……Date…….