Laparoscopic Reconstruction of the Pelvis of the Kidney

Repair of the narrowing or scarring at the junction of the ureter with the kidney pelvis to improve the drainage of the kidney. It is performed through keyhole incisions and involves insertion of a temporary ureteric stent to aid healing with cystoscopy and x-ray screening.

This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

What are the alternatives to this procedure?

Observation, telescopic incision, dilatation of the narrowed area, temporary placement of a plastic splint through the narrowing, open surgery.

Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

~ An artificial heart valve
~ A coronary artery stent
~ A heart pacemaker or defribrillator
~ An artificial blood vessel graft
~ A neurosurgical shunt
~ Any other implanted foreign body
~ Blood thinning medications, particularly
  ~ Asasantin
  ~ Aspirin
  ~ Fish oil
  ~ Iscover
  ~ Persantin
  ~ Plavix
  ~ Warfarin
~ Angina
~ Diabetes
~ Hypertension
~ Mesh hernia repair
~ Previous abdominal surgery
~ Recent heart attack

You will usually be admitted on the day of surgery. You may be asked to attend a pre-admission clinic 5–10 days before the procedure to assess your general fitness and to perform some baseline investigations.

If you are taking warfarin, Clopidogrel, iscover, asaantin, or persantin on a regular basis, you must discuss this with Dr Campbell because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will be asked not to eat or drink for 6 hours before surgery. 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 (heparin), that along with the help of elasticated stockings fitted on admission, will help prevent thrombosis (clots) in the veins of the legs.

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After admission, you will be seen by other members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, your named nurse, and the physiotherapist. The specialist registrar may perform your procedure in conjunction with Dr Campbell and with your permission.

Where do I go for my procedure?

The admissions section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation.

If no contact has been made telephone Dr Campbell's secretary (07) 3367 1608, and the problem will be addressed.

Do I need to do anything special before my procedure?

You will need to not drink or eat anything for 6 hours prior to the procedure.

During the procedure

In this operation, 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.

A ureteric stent is normally inserted to allow healing of the suture line in the pelvis of the kidney. A bladder catheter is also inserted during the operation to monitor urine output and a drainage tube is placed through the skin near the newly-formed anastomosis.

The operation takes approximately 3–4 hours to complete.

Immediately after the procedure

You will be given fluids to drink from an early stage after the operation and you will be encouraged to mobilise as soon as you are comfortable to prevent blood clots forming in your legs. . Physiotherapy will also be provided to help you mobilise and to aid your breathing & coughing. The catheter will be removed from your bladder when you are mobile enough to get to the toilet to pass urine The drainage tube in the abdomen will be removed next but only once drainage from the renal bed has ceased, usually after 2–3 days.

The stent which was inserted during the procedure, will normally be removed 6 weeks after the procedure as a short day-case procedure.

The average hospital stay is 5 days.

Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

~ Temporary shoulder tip pain
~ Temporary abdominal bloating
~ Temporary insertion of a bladder catheter and wound drain
~ Further procedure to remove the ureteric stent, usually under local anaesthetic

Occasional (between 1 in 10 & 1 in 50)

~ Bleeding, infection, pain or hernia of the incision requiring further treatment
~ Recurrence can occur, requiring further surgery
~ Short-term success rates are similar to open surgery but the long-term success rates are not known

Rare (less than 1 in 50)

~ Bleeding requiring conversion to open surgery or requiring blood transfusion
~ Recognised (or unrecognised) injury to organs/blood vessels requiring conversion to open surgery (or deferred open surgery)
~ Involvement or injury to nearby local structures (blood vessels, spleen, liver, kidney ,lung, pancreas, bowel) requiring 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)

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General side-effects of any procedure

Any operative procedure that involves regional (spinal) or general anaesthetic can have side-effects. These are explained in the leaflet on anaesthesia.

Hospital-acquired infection
~ Colonisation with MRSA (0.9%, 1 in 110)
~ Clostridium difficile bowel infection (0.2%; 1 in 500)
~ MRSA bloodstream infection (0.08%; 1 in 1,250)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

There may be some discomfort from the small incisions in your abdomen but this can normally be controlled with simple painkillers.

All the wounds are closed with absorbable stitches which do not require removal.

It will take 10–14 days to recover fully from the procedure and most people can return to normal activities after 2–4 weeks.

When you leave hospital, a discharge summary of your admission will be sent to your family doctor. This holds important information about your inpatient stay and your operation.

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 Dr Campbell or your family doctor.

For after hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, and The Greenslopes Private Hospital Emergency Centre (07) 3394 7111 are other resources that are also available.

Are there any other specific points?

The ureteric stent will normally be removed in the Day Surgery Unit under local anaesthetic after 6 weeks. To assess the effectiveness of the operation, a radio–isotope scan will normally be arranged for you 12 weeks after the surgery and a follow-up appointment will be arranged for you thereafter to discuss the results.

A further radio-isotope scan is usually arranged for you at one year from the time of the operation.

If you need further information about laparoscopic pyeloplasty, please refer to the patient information section (FAQ section and urology conditions section) of our website www.campbellurology.com.au

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 are subject to rigorous audit at monthly Audit & Clinical Governance meetings.

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Who can I contact for more help or information?

Dr Peter Campbell
Suite 9, level 9, Evan Thomson Building, The Wesley Hospital,
Chasely St,
Auchenflower, QLD 4066
(07) 3367 1608,
www.campbellurology.com.au

The Wesley Hospital, Urology Ward
451 Coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7168
www.uhc.com.au/wesley

The Wesley Emergency Centre
451 coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7333

Greenslopes Private Hospital, Continence Advisor
Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7978
www.greenslopesprivate.com.au

Greenslopes Private Hospital Urology Ward
Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7261
www.greenslopesprivate.com.au

Greenslopes Private Hospital Emergency Centre
Newdgate St,
Greenslopes, QLD 4120
(07) 3394 6777
www.greenslopesprivate.com.au

The Queen Elizabeth II Jubilee Hospital, Urodynamics Department
Kessels Rd,
Coopers plains, QLD 4108
(07) 3275 6346

American Urological Association Foundation
1000 Corporate Blvd, Suite 410,
Linthicum, MD 21090
1800 828 7866
www.UrologyHealth.org

Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

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

Signature Date