

MINIMALLY INVASIVE SURGERY · UMIBA

Laparoscopic pyeloplasty

You are about to undergo a laparoscopic pyeloplasty. The procedure repairs the pyeloureteral junction (where the renal pelvis meets the ureter), aiming to correct the obstruction that hampers the affected kidney's ability to drain urine. In the laparoscopic approach, the surgery is performed through entry ports (trocars) that reach the abdominal cavity via very small incisions. This technique achieves excellent results with minimal recovery time. Although it has a very high success rate, any loss of kidney function will depend directly on how long the kidney was obstructed, regardless of how well the technique goes.

Preparation

Proper preparation before surgery is important.

- Do not take aspirin for 10 days before surgery.
- Buy a pair of surgical anti-thrombotic (compression) stockings at a medical-supply store. They should reach the groin and provide medium compression.
- Arrive on the day of surgery having fasted for 8 hours (nothing by mouth). If you take morning medication, you may do so with a small sip of water.
- Bring all your imaging studies, the complete pre-surgical work-up, and your insurance authorization.
- Mark the correct side of your flank, left or right, with a cross.
- You will be admitted several hours before your surgery.

Recovery

When you wake from surgery you will have a double-J ureteral stent, a urinary catheter, and an abdominal drain in place. You will usually stay in hospital for 48 to 72 hours, during which you will resume eating and walking. Once the drain output decreases (usually within 24 to 48 hours), the urinary catheter is removed. After 12 hours of observation, the drain is removed and you are discharged. In some cases you may go home with the catheter and drain still in place. The double-J ureteral stent is removed 30 days after surgery.

- Avoid physical exertion.
- You may drive one week after surgery.
- Wash the wounds with soap and water and leave them uncovered.
- The stitches fall out on their own.
- Resume your usual medication.
- Eat a varied diet, avoiding foods that cause constipation.
- You will be given pain relievers in case you have pain; you may have shoulder pain for 2 to 3 days. This is caused by the gas used for the surgery.
- You may drink alcohol.

Complications and follow-up

Laparoscopic pyeloplasty has a very low complication rate. Even so, intraoperative bleeding can occur that requires a blood transfusion and lengthens the hospital stay, and infection is possible with any urinary-tract surgery; if it happens, you will need antibiotic therapy afterward. Once the double-J ureteral stent is removed, the urinary tract begins to work normally. Check-ups are frequent during the first and second years, because there is always a chance (3 to 5% of cases) that the scar between the renal pelvis and the ureter closes again (cicatricial stenosis), once more blocking the flow of urine. Should this happen, you will need a second operation. It is usually done endoscopically (entering through the urethra) to dilate the narrowed junction.

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