



Operation Information

Laparoscopic Pyeloplasty

Introduction

Laparoscopic Pyeloplasty is a minimally invasive operation to correct a blockage or narrowing (ureteropelvic junction obstruction) of the junction of the kidney and the ureter.

Ureteropelvic junction obstruction can potentially cause:

- Pain
- Infection
- High Blood Pressure
- Kidney stones
- Deterioration of the kidney function

Outcomes

The operation is significant help to correct the blockage or narrowing of the junction of the kidney and the ureter to reduce the risk of further urological problems.

Procedures

1. The operation is performed under general anaesthesia.
2. Several small incisions are made in the abdomen.
3. A telescope and small instruments are inserted into the abdomen through these keyhole incisions.
4. The blockage is removed and a small stent is placed in the ureter to bridge the surgical repair which allows urine to drain freely from the kidney to the bladder.
5. Urinary catheter is often placed in the bladder to drain urine.

Possible Risks and Complications

1. Infection
2. Bleeding
3. Hernia (Hernias at incision sites rarely occur since all keyhole incisions are closed carefully at the completion of the operation.)
4. Damage to the abdominal tissue / organ

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

It is important to follow below instructions; otherwise your child's operation may be delayed or even cancelled.

1. Good hygiene can prevent wound infection.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse your child's all past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. An anaesthetist will visit you and your child to explain to you about the anaesthesia.
5. Appropriate tests will be performed before the operation.
6. No food or drink six hours before the operation.
7. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
8. Please ensure your child's bladder is empty before the operation.

Post-operative Instructions

General

1. After general anaesthesia, the child may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. The stent will be removed in 10 – 12 weeks after the operation.
3. The urinary catheter may be removed 2 – 3 days after the operation depending on the individual's condition.

Diet

A normal diet may be resumed as instructed after recovery from anaesthesia.

Advice on Discharge

1. Medication for pain relief may be taken as needed.
2. In the days after the operation, the child should drink plenty of fluids to flush out the kidneys.
3. Heavy housework, heavy lifting and strenuous exercise should be avoided for the first 4 – 6 weeks.
4. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain associated with redness and swelling, tenderness, secretion of pus, bleeding, abdominal pain or vomiting, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
5. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, the child will gradually recover. We wish you all the best during your treatment and recovery.

If you (parents) have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

