Ureteral Reimplantation

General Information
Ureteral reflux is a congenital condition in which urine backs up from the bladder into the kidney. If your child has a high grade of reflux or if he or she has had recurrent urinary tract infections while on antibiotics, your doctor may recommended surgical repair of the reflux.

Surgery
The open surgical procedure is called ureteral reimplantation. This is done in the operating room with your child fully asleep. During the procedure a small telescope called a cystoscope is passed through the urethra and into the bladder. This allows the doctor to see the bladder lining as well as visualize where the ureters enter the bladder. Your child will have a small (2-3 inch) cut just above the pubic bone (below the bikini line). This incision will be closed with stitches that will dissolve within several weeks. It is covered with clear “glue” which will peel off on its own. You will not need to do anything special to care for the incision. In certain circumstances this procedure can be performed robotically through 3 small “keyhole” incisions.

During surgery, your doctor will move the ureter so that a longer “tunnel” is created in the bladder and prevent the reflux. There is a 10% chance of developing reflux into the contra-lateral (other) ureter when you re-implant the refluxing ureter particularly if you have ever had reflux in the other ureter. For this reason, if your child has ever had reflux on both sides, both ureters will be repositioned. This surgery will take from 2 to 4 hours. Your child will go to the recovery room for about an hour following surgery and then will be brought to a room in the hospital where you will be allowed to stay.

Risks of surgery includes infection, bleeding, urine retention, residual reflux, new reflux on the other side (if one sided), obstruction of the kidney which is rare and temporary if it occurs.

Hospital Stay
After surgery, your child will spend the night in the hospital. He or she will have a catheter in the bladder overnight, as well as an IV to receive fluids until able to drink. Both of these will be removed the morning after surgery prior to going home.

Recovery
During the post-op period, you child may experience pain, blood in the urine, bladder spasms, wetting accidents, urgency, frequency and constipation. Your child may feel poorly for several weeks following the surgery. Days three through five are usually the most difficult, and it is very important that he or she drink plenty of fluids.

See back for more information.
Your child will go home with a prescription for pain medicine. You may want to have this filled prior to leaving the hospital, especially if you have a long drive home.

Blood in the urine is common following this surgery and may continue for up to two weeks. You should encourage your child to drink plenty of liquids during this time to dilute the urine and clear the blood from the bladder. Caffeinated beverages must be avoided.

Bladder spasms are also common after surgery. Infants and young children may draw up their knees with the discomfort. Older children may complain of pain and having to urinate frequently. They may also leak urine or have wetting accidents.

Your child may also experience constipation following the surgery. This may be due to inactivity, the effects of anesthesia and the narcotic in the pain medicine. Constipation can worsen the pain and bladder spasms. Apple juice, prunes or other natural remedies may help control the constipation; however, if the constipation persists, you should contact your doctor’s office.

Activity
Activity is limited to quiet indoor play for one month following surgery. This means NO sports, playground, bike riding, P.E., swimming, etc.

Follow-Up
Although this is a highly successful procedure for correcting reflux, your child will need to be followed carefully following surgery. Your child will return to clinic one month following surgery for a renal ultrasound and a visit with the doctor. This should be scheduled prior to discharge from the hospital. Your doctor will make the decision whether or not your child will need a follow up VCUG (bladder x-ray) to check for persistent reflux as the open surgery is so successful. Less long term results are available for the robotic approach as so a VCUG is still obtained approximately 2-3 months following the procedure. If this is not done then your child will need to stay on the daily antibiotic for 3 months following surgery to allow the bladder tissue swelling to resolve and good bladder voiding habits to be re-established. In the event your child has a febrile urinary tract infection following the surgery recovery, we would want to obtain a VCUG to confirm that reflux has not recurred.

Should you have questions or concerns regarding your child’s surgery please contact the Urology office at (434) 924-2590.

For emergencies and after hours, call the University of Virginia Hospital operator at (434) 924-0000 and ask to have the on-call urologist paged.

ADDITIONAL INSTRUCTIONS: