

ROCKY MOUNTAIN PEDIATRIC UROLOGY

DR. FURNESS

URETERAL REIMPLANTATION

Ureteral reimplantation is the surgical correction of the position of the ureters in the bladder, usually to correct reflux. It can affect one or both of the ureters. If one of the ureters is unusually large, it may require a tapering procedure.

Length of Surgery: The length of time your child will spend in the operating room varies. It depends on the type and extent of surgery needed. It can range anywhere from 2 to 3 hours.

Length of Stay in the Hospital: The hospitalization stay varies and is frequently just an overnight stay, but the average is 1-2 days.

Incision: A small 4 cm incision is made on the abdomen, slightly above the pubic bone. The stitches used to close the incision are placed under the skin and are dissolvable. The wound is covered with several Steri-strips, which are held in place by a flexible glue.

Urethral Catheter: This tube is placed through the urethra and into the bladder and usually stays in overnight. It drains urine from the bladder. The end of the catheter is attached to tubing and a collection bag or is placed in the diaper. Expect the urine to be bloody. The color of the urine may vary from port wine, to rose or Hawaiian punch.

Pain Management/Medications/Antibiotic: Every child's tolerance for pain and reactions to surgery are different. Your child's pain will be assessed and he/she will be provided with the best method appropriate for making him/her feel better.

There are 2 types of pain your child will experience:

1. **Incisional pain:** This pain is characterized as a steady pain that is present for 24-48 hours after surgery.
2. **Bladder Spasms:** These spasms are characterized by a sudden onset discomfort lasting only a few seconds. They are often described as a squeezing pain or an urge to pee. The cause of bladder spasms is due to bladder irritation. The frequency and intensity of the pain lessens as your child progresses through the recovery phase. Bladder spasms can last 3-10 days post-operatively and are lessened with frequent voiding and avoidance of constipation.

Antibiotics: Antibiotics will be administered in the operating room and usually eight hours after surgery. Once your child is able to tolerate clear liquids, he/she will continue taking the same antibiotic that they were taking before surgery. This antibiotic will continue until after the 6-week post-operative visit. At that time, the doctor will determine the need for further antibiotic therapy.

Voiding patterns: Because of the nature of this surgery, the bladder is very irritable. Consequently, your child will experience urgency, frequency, and some discomfort voiding. Frequency can occur as often as every 15 minutes. Burning and stinging during and at the end of peeing is a normal complaint. This is usually the result of blood in the urine. Infant and young toddlers are not as bothered by this as the child who is potty trained. This change in voiding patterns can last up to 10 days after surgery and decreases in intensity over time. Some helpful hints during this period is to increase the child's fluid intake by 8-10 ounces over and above what they usually take and pad the bed at home with old sheets or towels for any night time wetting. Refrain from scolding if they are unable to make it to the bathroom in time. This pattern of voiding will resolve.

Expect your child's urine to be bloody for the first week. It is not unusual to have clear urine and then return to bloody or blood tinged. This is usually the result of an old clot breaking off and diluting with the urine.

Diet advancement: Your child's fluid will initially be maintained through the I.V. As soon as your child is alert and awake, they may begin with clear liquids and advance to their regular diet as soon as they can. As long as they can tolerate fluids without vomiting, the I.V. will be capped or removed. Some children may not want to eat a solid meal during their hospitalization, and that is okay.

Activity: Usually the day of surgery, the child feels sleepy and is more comfortable lying in bed. Infants and young children can be held and that is often a comfort for them. On the first postoperative day, children will be encouraged to get out of bed to a chair, walk to the bathroom, and to generally move around as much as possible. A playroom is located on the floor where your child will be located and children are encouraged to participate.

The purpose for increasing your child's activity is threefold: 1) to prevent any lung congestion; 2) to increase bowel function that can be slowed or altered by anesthesia, pain medicine, and decreased activity; and 3) emotionally, it helps the child realize that they can get back to doing normal kid things. Participating in playroom activities can be helpful in the recovery process.

Once discharged and in their home environment, their activity also increases. We usually ask that the school aged child stay home from school for one week after discharge. Instructions regarding your child's return to sporting activities will be discussed individually.

Bathing: A sponge bath is recommended while in the hospital. Your child can return to showering or a tub bath 24 hours after the last tube has been removed.

Bowel movements: As previously stated, the medications and change in activity can cause a change in your child's normal bowel function. Constipation must be avoided after surgery. If you feel your child is having a problem with bowel movements, we first encourage you to use foods in the diet that you know will help with bowel movements. The second way is to use a glycerin suppository for infants and young children or a mild laxative, such as Milk of Magnesia, for the older child. Please ask the nurse for suggestions if necessary. If your child has not had a bowel movement the day after surgery, please consider using the mentioned medications that night to help encourage a bowel movement.

Return to Day Care/ School: Each day care institution has their own set of rules regarding a child's return to day care. These restrictions should be clarified. We suspect that if your child still has a tube in place and/or requires frequent use of pain medication, the day care may not allow the child to return.

It is recommended that the school-aged child stay home for 3-5 days after surgery. Because many children experience some degree of urgency and frequency, the number of times they go to the bathroom may be disruptive for the child and the classroom. However, they are usually ready to return 7-10 days after discharge. Excuses from physical education class and sporting activities will be discussed on an individual basis.

Follow-up Appointments: Your child will require a renal ultrasound and office visit 6 weeks from the time of surgery. The need and frequency for continued radiology studies will be discussed with you during your post-operative visit. Please call the office to arrange these appointments. If your child is discharged home with any drains in place, you will be given specific instructions on when to return. Please call the office at 303-839-7200 to schedule your post-operative appointment, and with any of the following symptoms.

When to call Dr. Furness:

- If your child develops a fever greater than 102.5 F.
- If there are any signs of infection. Increased redness or swelling around the incision or any yellowish-green discharge.
- If your child should develop persistent vomiting