

# Patient information sheet on laparoscopic pyeloplasty

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**The Hampshire Clinic**  
**Sec.: 01256 329877**

**The North Hampshire Hospital**  
**Sec.: 01256 313532**

## Introduction

You have been diagnosed as having a narrowing at the junction of your kidney with the tube (the ureter) which drains urine from it into your bladder. Because this narrowing can cause pain, infection and occasionally kidney damage, it should be treated.

Traditional pyeloplasty involves a 9 inch cut below the ribcage on the side. The narrowed area is removed and the two ends then sewn back together. The success rate is high (approximately 90%) but the cut is painful and usually prevents a return to full activities for 6-12 weeks. A typical stay in hospital following the operation is 7-10 days.

## Alternative forms of treatment

### Balloon dilatation

This involves stretching the narrowed area until it splits using a balloon threaded up from the bladder. It does not involve any cuts. The success rate averages 75% but the results are unpredictable and not all patients are suitable for this technique.

### Endopyelotomy

This involves cutting the narrowed area from the inside using a telescope inserted either through the side and into the kidney (which involves a small cut over the kidney) or less commonly through the bladder. The success rate is approximately 80% but again not all patients are suitable for this form of treatment. Additional tests are necessary to determine whether individual patients are suitable for this technique.

## Laparoscopic pyeloplasty

Since laparoscopic pyeloplasty was first performed in 1993 the results of over 200 patients operated on using this technique have been reported in the medical literature with an average success rate of 94%.

Before the laparoscopy an internal plastic tube (stent) will be inserted into the tube which connects your kidney and bladder (ureter) to act as a support. This is also necessary with conventional stone surgery. It is removed under a local (or general, if you prefer) anaesthetic 3 weeks after surgery. The operation is performed through 4 quarter to half inch cuts side near the rib cage. If it is difficult to perform the operation

well using this approach it will be completed using a conventional traditional incision. This has only been necessary in 4% of patients in our hands.

## **After the operation**

You should expect some discomfort after the operation, which should be easily controlled by the pain-killers prescribed. Most patients leave hospital 2-4 days after the surgery. The success rate to date for patients not previously operated on for this condition is 100% in our series. Be sensible when you are at home - you will have had a major operation so you should not undertake strenuous physical exercise, even if you feel like it, until the stent has been removed. You may drive as soon as you think you could brake hard and swerve quickly to avoid an accident (typically 2 weeks).

## **Follow-up**

The renogram (radio-isotope test) which initially confirmed your diagnosis will be repeated at 3 months, 1 year, 2 years and 3 years after the operation to confirm success. Renograms in kidneys which have become very distended by obstruction over the years can look similar to those which are obstructed, due to pooling of the radio-isotope in the kidney for a long time before it drains out. If this applies to you it will be necessary to perform a short dye test under anaesthetic at 4-6 months to ensure that the new join is satisfactory.

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