



York Teaching Hospital
NHS Foundation Trust

Laparoscopic pyeloplasty

Information for patients, relatives and carers

① For more information, please contact:

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What evidence is this information based on?

This booklet is derived from information about the procedure provided by the British Association of Urological Surgeons, available from the website www.baus.org.uk. As such includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and other sources. It is a reflection of best urological practice in the UK. You should read this booklet with any advice your GP or other healthcare professional may already have given you. We have outlined alternative treatments below that you can discuss in more detail with your urologist or specialist nurse.

What does the procedure involve?

Repair of narrowing or scarring at the junction of the ureter with the kidney to improve the drainage of the kidney, performed through keyhole incisions. It involves insertion of a temporary ureteric stent to aid healing.

What are the alternatives to this procedure?

Alternatives to this procedure include observation, telescopic incision, dilatation of the narrowed area, temporary placement of a plastic splint through the narrowing and open surgery.

What should I expect before the procedure?

You will be admitted to hospital on the same day as your surgery. You will receive an appointment for a 'pre-assessment' to assess your general fitness, to screen you for MRSA and to do some baseline investigations. Once you have been admitted, you will be seen by members of the medical team which may include the consultant, specialist registrar, anaesthetist and your named nurse. You will be asked not to eat and drink for six hours before surgery. You will need to wear anti-thrombosis stockings during your hospital stay. These help prevent blood clots forming in the veins of your legs during and after surgery.

You will be asked to sign a consent form (FYCON137-1 Laparoscopic pyeloplasty) to confirm that you agree to the procedure and understand the information given to you. This form will be kept in your Patient Notes and you will also be offered a copy for your own records.

Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

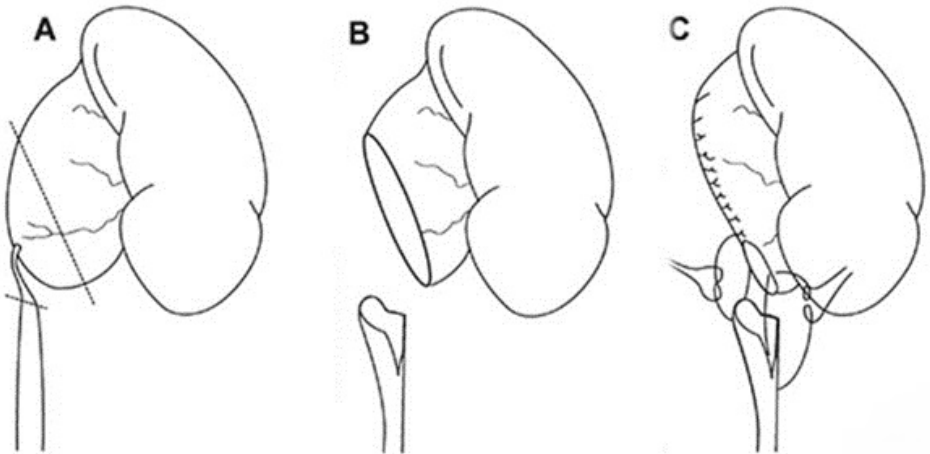
Please tell your surgeon (before your surgery) if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood-vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for warfarin, aspirin or clopidogrel (Plavix®)
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a dural neurosurgical transplant or injections of human-derived growth hormone).

What happens during the procedure?

A full general anaesthetic is used and you will be asleep throughout the procedure. You will usually be given an injection of antibiotics before the procedure, after you have been checked for any allergies.

After exposing the kidney through “keyhole” incisions, the surgeon will divide or remove the blockage at the junction between kidney and ureter.



The kidney will then be joined to the ureter again so that drainage can occur (pictured). Occasionally, a flap of tissue from the kidney may be folded down to widen the narrowing. A ureteric stent is normally put in to allow healing of the suture line in the pelvis of the kidney. You will have a bladder catheter put in during the operation to monitor urine output and a drainage tube near the newly-formed join.

What happens after the procedure?

Once you have recovered from the anaesthetic you will be transferred to the surgical ward. You should be told how the procedure went and you should:

- ask the surgeon if it went as planned
- let the medical staff know if you are in pain
- ask what you can and cannot do
- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- make sure that you are clear about what has been done and what happens next.

You will be given fluids to drink from an early stage after the operation. You will be encouraged to mobilise as soon as you are comfortable to prevent blood clots forming in your legs. The wound drain and catheter are normally removed the following day.

The typical hospital stay at York Hospital is one night.

Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

Common (greater than 1 in 10)

- Temporary shoulder tip pain
- Temporary abdominal bloating

Occasional (between 1 in 10 and 1 in 50)

- Bleeding, infection, pain or hernia of the incision needing further treatment
- Recurrence can occur, needing further surgery
- Short-term success rates are similar to open surgery but the long-term success rates are not known

Rare (less than 1 in 50)

- Bleeding needing conversion to open surgery or requiring blood transfusion
- Recognised (or unrecognised) injury to organs/blood vessels needing conversion to open surgery (or deferred open surgery)

- Involvement or injury to nearby local structures (blood vessels, spleen, liver, kidney, lung, pancreas, bowel) needing more extensive surgery
- Need to remove the kidney at a later stage because of damage caused by recurrent obstruction
- Anaesthetic or cardiovascular problems possibly requiring ICU (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)

Hospital Acquired Infection

- Colonisation with MRSA (0.9% - 1 in 110)
- MRSA bloodstream infection (0.02% - 1 in 5000)
- Clostridium difficile infection (0.01% - 1 in 10,000)

The rates for hospital-acquired infection may be greater in high-risk patients, for example:

- patients with long-term drainage tubes
- who have had their bladder removed due to cancer
- who have had a long stay in hospital or who have been admitted to hospital many times.

What should I expect when I get home?

When you are discharged from hospital, you should:

- be given advice about your recovery at home
- ask when you can begin normal activities again such as work, exercise, driving, housework and sex
- ask for a contact number if you have any concerns once you return home
- ask when your follow-up will be, and where / with whom
- ask when your stent will be removed
- be sure that you know when you get the results of any tests done on tissues or organs that have been removed.

When you leave hospital, you will be given a “draft” discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

There may be some discomfort from the small incisions in your abdomen but we will send you home with simple painkillers. All the wounds are closed with absorbable stitches which do not require removal. It will take 10 to 14 days to recover fully from the procedure and most people can return to normal activities after two to four weeks.

What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, you should contact your GP immediately.

Are there any other important points?

The ureteric stent will normally be removed under local anaesthetic after four weeks; you need a separate appointment for this. To assess results of surgery, a radio-isotope scan will be arranged for you, approximately twelve weeks after the surgery. A follow-up appointment will be arranged thereafter to discuss the results.

Driving after surgery

It is your responsibility to make sure you are fit to drive following your surgery. You do not normally need to tell the DVLA that you have had surgery, unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to give you advice on this.

Is any research being carried out in this area?

Before your operation, your surgeon or specialist nurse will tell you about any relevant research studies taking place. All surgical procedures, even those not currently undergoing research, are audited so that we can analyse our results and compare them with those of other surgeons. In this way, we learn how to improve our techniques and results; this means that our patients will then get the best treatment available.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Mr B. Blake-James, Consultant Urologist, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 725860 or email Ben.Blake-James@york.nhs.uk.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 , 電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

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