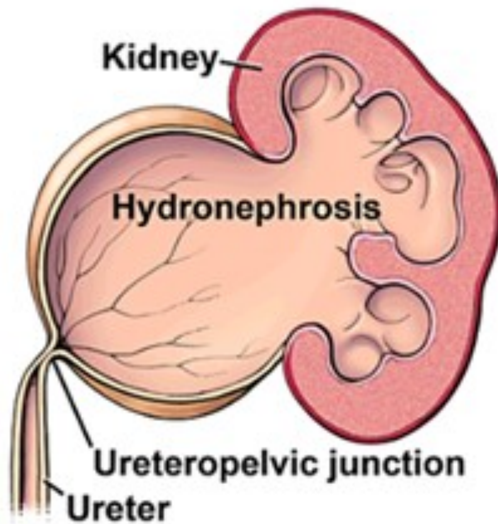
Possible Complications

- Re-stenosis with recurrent obstruction
- Second procedure
- With further deterioration of renal function, you may require a nephrectomy where affected kidney contributes < 15-20% of total renal function
- Urine leak, Urinoma, requiring drainage
- Infection possible sepsis requiring long-term antibiotics



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Urologist

Dr Jo Schoeman
Specialist Urologist

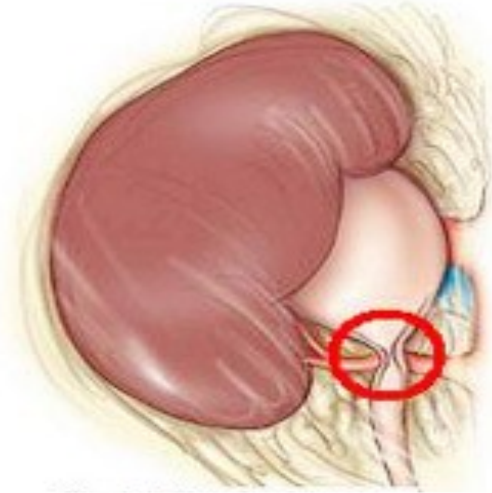
PATIENT INFORMATION BROCHURE

ROBOTIC/ LAPAROSCOPIC/OPEN PELVI-URETERIC JUNCTION REPAIR

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

Laparoscopic/Open PUJ repair



A congenital or acquired narrowing in the ureteric pelvis junction. This narrowing is excised with a reconnection. There are several techniques described in repairing this: I prefer the Dismembered Pyeloplasty

Why is it done?

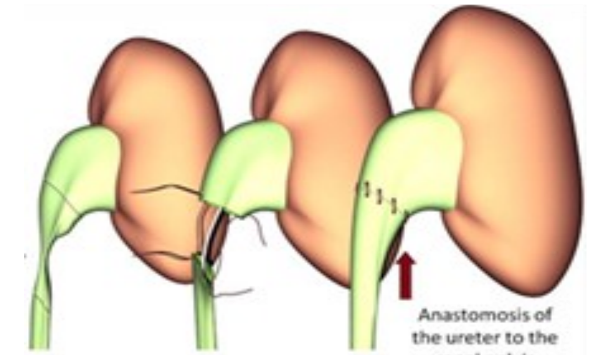
- High grade obstruction
- Causing deterioration of renal function
- Thinning of renal cortex
- Chronic pain
- Chronic infection
- Recurrent renal calculi

Causes

- Congenital lack of muscle, or neuro transmission in this area, causing a non functioning part leading to obstruction
- Vesico-ureteric reflux, longstanding can also cause this.
- Chronic irritation/ stones etc
- Usually diagnosed in kids
- Crossing vessel

How is it done?

- 2 techniques:
    1. Laparoscopic Pyeloplasty
        - Dismembered
        - Foley's Y-V Pyeloplasty
        - Culp-Dewierd
        - Pelvi-calyceal pyeloplasty
    2. Endopyelotomy with laser
- Patients will receive a general anaesthesia.
- Prophylactic antibiotics is given.
- The correct ureteric system is identified and marked while you are awake
- This will be mostly a laparoscopic procedure. The endoscopic procedure is reserved as a second line in my practice..
- Laparoscopic ports are placed, 1 for camera and 1-2 as working ports.
- The affected ureter is exposed, The defect cut out with a re-anastomosis of a spatulated ureter to a trimmed renal pelvis over a ureteric stent.
- An indwelling catheter is placed.
- A drain is placed.



What next?

- You may be in hospital for 3 days
- Your drain will be removed when there is no urine draining.
- Your catheter will be removed the following day.
- As soon as you are comfortable with no signs of pain and emptying your bladder sufficiently, you will be discharged
- A ward prescription may be issued on your discharge, for your own collection at any pharmacy
- A follow-up appointment will be scheduled for 6 weeks to remove your ureteric stent under local anaesthesia with a Flexible Cystoscopy
- A review with a CT IVP will be scheduled 6 weeks after this to check on the end result of the ureter.
- Any pain or signs of fever require an urgent review
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**