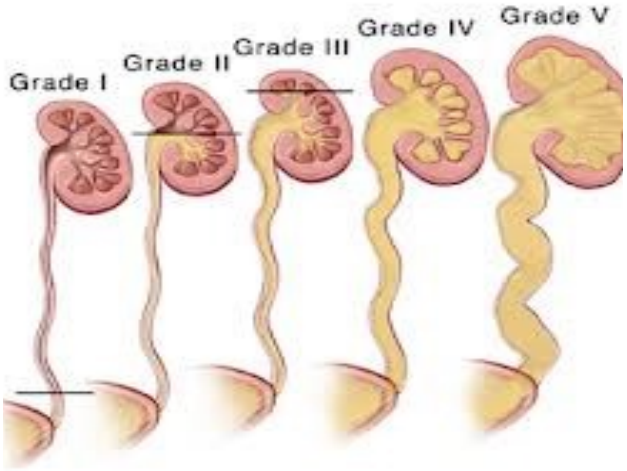


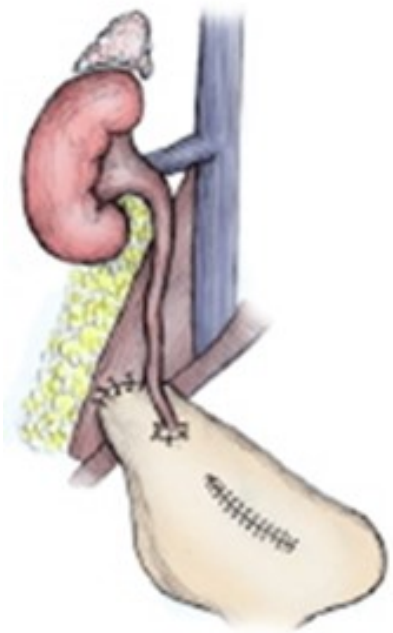

**Possible complications:**

Vesico –Ureteric Reflux

- Stricturing/ Narrowing of the implanted ureter
- Persistent Reflux

Re-implantation

- VUR
- Stenosis and narrowing with persistent hydronephrosis



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# Urologist

Dr Jo Schoeman
Specialist Urologist

## PATIENT INFORMATION BROCHURE

***URETERIC REIMPLANTATION***

See this live on:
vidscrip.com/urojo

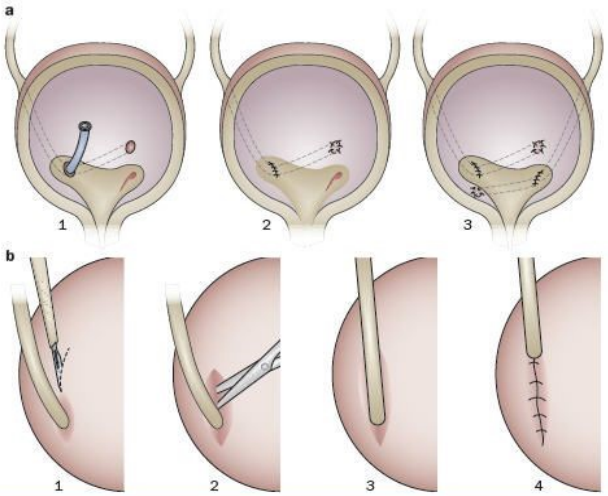
Patient well-being is my first priority!

# *Ureteric Reimplantation*

Mainly a procedure for paediatric urology to correct grade 4-5 vesicoureteric reflux

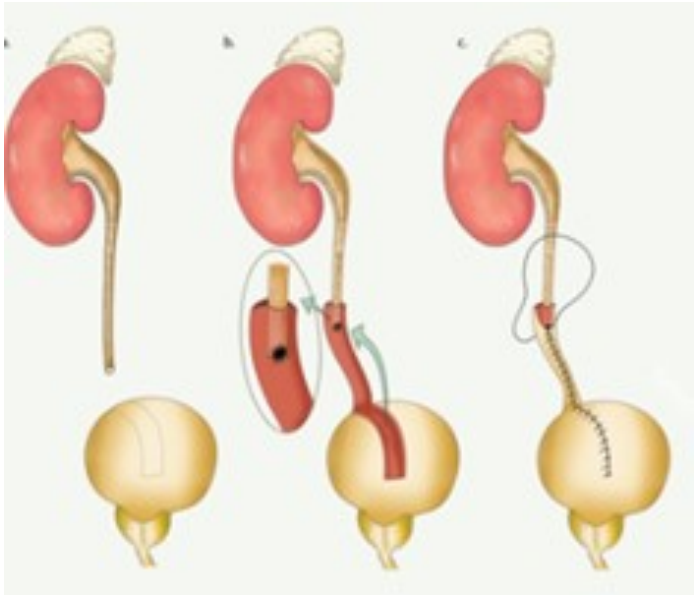
## Why is it done?

- Grade 4-5 Vesico-Ureteric Reflux where conservative management has failed with a progressive deterioration in renal function
- Distal ureterectomy due to stricture disease.
- Iatrogenic injury to lower ureter during surgical procedure: hysterectomy, colectomy, sacro-colpo-pexy etc..
- Ureteric involvement in pelvic oncological (cancer) conditions, ie: colon cancer, rectal cancer, ovarian cancer, etc
- Ureteric involvement in pelvic inflammatory conditions: Diverticular abscesses, Pelvic Inflammatory disease etc




## How is it done?

- Patients will receive a general anaesthesia.
- Prophylactic antibiotics is given.
- The correct kidney is identified and marked while you are awake
- This may be an open surgical or endoscopic procedure.
- A Cystoscopy will be done with placement of ureteric catheter or stent, if not already done.
- Patients with complete closure of the ureter may have a nephrostomy tube into their kidney via the back.
- An indwelling catheter is placed
- A midline lower abdominal incision is made, and the pelvic cavity is entered.
- Robotic assisted surgery can be done
- The ureter is identified and the affected area of the lower ureter is identified and cut off above the injury/diseased area.
- The bladder is opened, Bi-valved and the ureter is re-implanted either as refluxing or non refluxing.
- A Psoas-hitch procedure will be performed where the bladder is fixed onto the affected side's Psoas muscle as to take off tension from the anastomosis/ reimplantation.
- A Boari-flap may be considered with considerable length of defect
- In the case of VUR, the ureter is not cut, rather loosened in the bladder and re-tunneled in a non refluxing technique under the mucosa of the bladder. Several techniques have been described.
- An ureteric stent is placed for 6 weeks and an indwelling catheter for 10 days
- A drain is also placed for post-operative drainage for a couple of days.



## What next?

- You may be in hospital for at least 3-5 days
- You may have continuous intravenous antibiotics on board.
- You will have a drain and an indwelling catheter
- The drain will be removed on D2-3 as soon as the drainage is less than 20-30cc per 24 hours
- The indwelling catheter will remain for 10 days until a cystogram reveals no leaks.
- Your stent will be removed on a separate occasion in 6 weeks after all the fibrosis has settled.
- Risk of structuring at
- 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 the stent.
- A further follow-up is arranged with a CT IVP to check on the end result of the ureter.
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**