Open reconstruction of the kidney pelvis: procedure-specific information

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your urologist or nurse specialist as well as the surgical team at Addenbrookes. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?
This involves repair of narrowing or scarring at the junction of the ureter with the kidney pelvis (the pelvi-ureteric junction) and insertion of a temporary stent or kidney drainage tube to aid healing.

What are the alternatives to this procedure?
Observation, telescopic incision, dilatation of the area of narrowing, temporary placement of a plastic tube through the narrowing, (telescopic or minimally-invasive) repair.
What should I expect before the procedure?
You will usually be admitted on the same day as your surgery. You will normally undergo preassessment on the day of your surgery or an appointment for preassessment will be made from your clinic, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, junior Urology doctors and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be given an injection under the skin of a drug (Dalteparin), that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.

Please be sure to inform your Urologist in advance of 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 prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

What happens during the procedure?
Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.
The kidney is usually approached through an incision in your loin although, on occasions, the incision is made in the front of the abdomen. A bladder catheter is normally inserted post-operatively, to monitor urine output, and a drainage tube is usually placed through the skin into the bed of the kidney.

It is normal to insert either a second drainage tube into the kidney itself or a ureteric stent to allow healing of the reconstruction.

**What happens immediately after the procedure?**

You will be mobilised as soon as possible after the operation to prevent deep vein thrombosis. Physiotherapy will also be provided to help you mobilise and to aid your breathing & coughing.

One drainage tube is removed once drainage from the renal bed has ceased, usually after 3-4 days. The catheter will be removed from your bladder when you are mobile enough to get to the toilet to pass urine.

The second drainage tube (into the kidney) is normally removed after 8-10 days; it is usually clamped for 24 hours before removal and, occasionally, an X-ray is performed along the tube to ensure healing is complete before it is removed. You may be discharged before this tube is removed and brought back to the ward briefly for it to be clamped at a later stage.

If a stent has been inserted during the procedures, this will normally be removed at a later stage as an outpatient procedure.

The average hospital stay is 6 days.

**Are there any side-effects?**

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure. Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

**Common (greater than 1 in 10)**
- ☐ Temporary insertion of a bladder catheter and wound drain
- ☐ Further procedure to remove ureteric stent, usually under a local anaesthetic
- ☐ Bulging of the wound due to damage to the nerves serving the abdominal wall muscles

**Occasional (between 1 in 10 and 1 in 50)**
- ☐ Bleeding requiring further surgery or transfusions
- ☐ Entry into the lung cavity requiring insertion of a temporary drainage tube#
Rare (less than 1 in 50)
- Recurrent kidney or bladder infections
- Recurrence can occur needing further surgery
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack)
- Need to remove kidney at later time because of damage caused by recurrent obstruction.
- Infection, pain or hernia of incision requiring further treatment

Hospital-acquired infection (overall risk for Addenbrooke’s)
- Colonisation with MRSA (0.01%, 2 in 15,500)
- Clostridium difficile bowel infection (0.02%; 3 in 15,500)
- MRSA bloodstream infection (0.00%; 0 in 15,000)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?
When you leave hospital, you will be given a discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

It will be at least 14 days before healing of the wound occurs but it may take up to 6 weeks before you feel fully recovered from the surgery. You may return to work when you are comfortable enough and your GP is satisfied with your progress.

It is advisable that you continue to wear your elasticated stockings for 14 days after your discharge from hospital.

Many patients have persistent twinges of discomfort in the loin wound which can go on for several months.

After surgery through the loin, the wall of the abdomen around the scar will bulge due to nerve damage. This is not a hernia but can be helped by strengthening up the muscles of the abdominal wall by exercises.
**What else should I look out for?**

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

Any other post-operative problems should also be reported to your GP, especially if they involve chest symptoms or a recurrence of your loin pain.

**Are there any other important points?**

A follow-up outpatient appointment will normally be arranged for you 6-12 weeks after the operation. If a ureteric stent has been inserted, this will normally be removed in the Day Surgery Unit under local anaesthetic after 6 weeks or so.

To assess the effectiveness of the operation, a radio-isotope scan and a further kidney X-ray will normally be arranged for you, 6 weeks and 6 months respectively after surgery.

**Driving after surgery**

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 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 provide you with advice on request.

**Privacy & Dignity**

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

**Hair removal before an operation**

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team may need to remove hair to allow them to see or reach your skin. If the healthcare team consider it is important to remove the hair, they will do this by using an electric hair clipper, with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself, or use a razor for hair removal, as this can increase the risk of infection to the site of the operation. If you have any questions, please ask the healthcare team who will be happy to discuss this with you.

References:
Is there any research being carried out in this field at Addenbrooke’s Hospital?
There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

Oncology Nurses
- Uro-Oncology Nurse Specialist
  01223 586748
- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)
  01223 274608
- Prostate cancer Nurse Practitioner
  01223 274608 or 216897 or bleep 154-548
- Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-351

Non-Oncology Nurses
- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748 or bleep 157-237
- Urology Nurse Practitioner (stoma care)
  01223 349800
- Urology Nurse Practitioner (stone disease)
  01223 349800 or bleep 152-879
Patient Advice & Liaison Centre (PALS)
- Telephone: +44 (0)1223 216756 or 257257
  +44 (0)1223 274432 or 274431
- PatientLine: *801 (from patient bedside telephones only)
- E mail: pals@addenbrookes.nhs.uk
- Mail: PALS, Box No 53
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ

Chaplaincy and Multi-Faith Community
- Telephone: +44 (0)1223 217769
- E mail: chaplaincy@addenbrookes.nhs.uk
- Mail: The Chaplaincy, Box No 105
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ

MINICOM System ("type" system for the hard of hearing)
- Telephone: +44 (0)1223 217589

Access Office (travel, parking & security information)
- Telephone: +44 (0)1223 596060

What should I do with this form?
Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this information sheet and I accept the information it provides.

Signature...............................................Date...........................................
How can I get information in alternative formats?
Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Portuguese Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Russian Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Cantonese 若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Turkish Bu bilgisi diğer dillerde veya büyük baskıya da sesli formatta ister seniz lütfen su numaradan kontakt kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Bengali এই তথ্য বাংলা, বড় অক্ষর বা অডিও টেগে পেতে চাইলে ডায়েল নম্বর 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk থেকে ই-মেইল করুন।

Addenbrooke’s is a smoke-free site. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169

Document history
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