Ureterolysis for retroperitoneal fibrosis: 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 GP or other healthcare professionals. 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 freeing the obstruction to the ureters and removing part of the scar tissue; the ureters are usually wrapped in a fatty envelope (the omentum) or synthetic material to prevent further obstruction.

What are the alternatives to this procedure?
Placement of plastic internal stents, diversion of urine using a piece of intestine, steroid therapy.

What should I expect before the procedure?
You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, 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, Specialist Registrar, House Officer 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 (Clexane), 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?**

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

A long incision in your abdomen is necessary to perform the operation. Both ureters a freed from the scar tissue to relieve obstruction. To prevent a recurrence of the obstruction, the ureters are usually wrapped in fatty tissue from top to bottom. Small catheters or stents will normally be left in the ureter to speed the healing process and to minimise leakage of urine. In some patients, tubes inserted into the kidney through the back (nephrostomy tubes) will also be used; these will usually have been inserted at some stage before the operation to relieve obstruction to the kidneys.
A drain is normally inserted into the abdomen and it is usual to require a stomach tube to prevent overinflation of the bowel with air.

A bladder catheter is usually inserted at the end of the procedure to monitor urine output from the kidneys accurately.

**What happens immediately after the procedure?**

Initially, you will only be able to take sips of water by mouth or to have ice to suck. This is because any major surgery on the abdomen tends to cause temporary bowel paralysis.

Your drain will be removed when drainage ceases, usually after 4-5 days. Any ureteric catheters, stents or nephrostomy tubes may need to remain for a variable period of time, depending on the severity of the original obstruction.

The stomach tube is removed when your bowel activity returns and, once it has been removed, you will be allowed to take fluids by mouth, progressing to food if your progress is satisfactory.

Your stitches will normally be removed after 10-14 days.

The average hospital stay is 18 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
- Need to stent the ureters with temporary plastic tubes
Further procedure to remove an ureteric stent, usually under local anaesthetic

**Occasional (between 1 in 10 and 1 in 50)**
- Bleeding requiring further surgery or transfusions
- Loss of kidney function may not be improved
- Need to replace the damaged ureter with bowel if required
- Recurrence of obstruction can occur needing further surgery

**Rare (less than 1 in 50)**
- Possibility of finding cancer in the scar tissue needing further treatment
- Involvement or injury to nearby local structures (blood vessels, spleen, liver, lung, pancreas and bowel) requiring more extensive surgery
- Scarring to bowel or ureters requiring operation in future
- Infection, pain or hernia of the incision requiring further treatment
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
- Inability to ejaculate due to nerve damage (males only)

**Hospital-acquired infection (overall risk for Addenbrooke’s)**
- Colonisation with MRSA (0.02%, 1 in 5,000)
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- MRSA bloodstream infection (0.01%; 1 in 10,000)

(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 “draft” 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.

This is a very large operation and, once you get home, you will be tired for 8-12 weeks. It will be at least 3 months before you feel normal and you should not attempt to work during this time.

It is advisable that you continue to wear your elasticated stockings for 14 days after your discharge from hospital.
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. If you develop any unexpected abdominal pain or other symptoms, you should contact your GP immediately.

Are there any other important points?
A follow-up outpatient appointment will normally be arranged 6-8 weeks after the operation.

You will be informed about the need for removal of any ureteric stents or nephrostomy tubes before you leave hospital. Ureteric stent removal is normally performed in the Day Surgery Unit under local anaesthetic.

You will need to remain under lifetime follow-up because of the tendency of the scarring process to persist or progress. You may need to remain on a small dose of steroid tablets to suppress the scarring and the response to this treatment can be monitored using a simple blood test.

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.

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 247608 or 216897 or bleep 154-548
- Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-134

Non-Oncology Nurses
- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748
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 вебсайте 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 bilgiyi diğer dillerde veya büyük baskıya da sesli formatta isterseniz lütfen şu numaradan kontak kurun: 01223 216032 veya asagidakı adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Bengali এই তথ্য বাংলা, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দরকার করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk চিন্তানায় ই-মেইল করুন।

Addenbrooke’s is smoke-free. 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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