Children’s Services

Reimplantation of ureter(s) in children – information for parents

Why is my child having ‘reimplantation of ureter(s)’?

Your child has been diagnosed with a condition which affects the free flow of urine from the kidneys to the bladder. This may be:

- ‘Vesico-ureteric reflux’ (VUR or ‘reflux’) which means that urine back tracks up the ureters towards the kidneys.
- ‘Megaureter’ which is gross dilatation of the ureter.

or

- An obstruction at the point where the ureter joins the bladder.

These problems can cause urine infections which can damage kidneys. Reimplantation of ureters is an operation to alter the position of the ureter as it enters the bladder. The ureter is the tube that takes urine from the kidney into the bladder.

Before admission to hospital

- Scans and investigations
  Your child will have undergone different scans (such as ultrasound scans and also nuclear medicine scans which identify the function of the kidneys) and investigations (such as blood tests).
Preoperative assessment:
Children will usually be reviewed 7-14 days prior to admission in our ‘pre-operative assessment clinic.’ The purpose of the clinic is to ensure you and your child are fully informed and to ensure your child’s hospital stay is as straight forward and seamless as possible. At the pre-operative assessment clinic your child will be examined, a urine specimen will need to be provided and sometimes blood tests will be needed. The operation will be explained to you in detail and a consent form provided for you to sign.

Purchasing suitable painkillers:
It is important that you purchase some children’s pain killers such as Paracetamol (e.g. Calpol) and Ibuprofen before admission to hospital so that you have these available at home after discharge. If it is likely that your child will need ‘stronger’ pain killers these will be supplied via the hospital and this will be discussed with you during the pre-operative assessment clinic. To prevent delays at the time of discharge we will weigh your child during the pre-operative assessment and aim to order such medication in advance.

If your child becomes unwell:
If your child has a cold, cough or illness such as chicken pox the operation will need to be postponed to avoid complications. Please telephone us (the telephone number is provided at the end of this leaflet) to discuss, prior to coming to hospital.

Starvation times
Your child will not be able to eat and drink before the operation. Specific advice about this will be given on the day before your child’s surgery when you telephone the ward.

What happens when my child is admitted to hospital?
You will be asked to bring your child to one of our children’s wards, usually early in the morning on the day of surgery. When you arrive you will be seen by the nursing staff plus a doctor and an anaesthetist (if not seen by these persons at the preoperative assessment clinic).

A parent will be able to accompany your child when she/he goes to the anaesthetic room to go to sleep for the operation and also be present in the recovery area when she/he wakes. A bed will be provided for a parent to stay next to your child’s bed.

The operation
A cut is made along the bikini line so that the bladder can be seen. The position at which the ureter(s) enters the bladder is altered. Tubes to drain the urine are left in place whilst the operated area heals (see below).
The wound will be closed with dissolvable stitches and sometimes paper tapes (steri-strips) are also applied. Your surgeon will discuss this in detail with you before you sign the consent form.

**What are the complications/risks of this operation?**

Complications are rare. Rare complications include:

- Infection – within the urine or within the wound site.
- Bleeding (very occasionally a blood transfusion will be required)
- Vesico-ureteric reflux may still occur
- Blockage of the ureter

**After the operation**

- Your child will return to the ward with a ‘drip’ which they will have until they start taking drinks normally again and the urine is less blood stained.
- Your child will also have special tubes to drain their urine; these tubes are called ‘stents’ and ‘suprapubic catheter’. After the operation the urine will be blood stained. After a few days the urine will begin to appear clearer; when this happens the stents will be removed. Then once your child has begun passing urine normally again the ‘suprapubic catheter’ will be removed. Removing these tubes is a simple procedure which takes place on the ward. A small dressing will be applied to the area after the tubes have been removed.
- The nurse will record the amount your child drinks and how much urine they pass
- Regular pain killers will be given. Initially this may be via the drip or through an epidural (your child’s anaesthetist will discuss this with you before the operation takes place) and then will be given as medicines or tablets.
- Your child will continue to rest after their operation on the day of surgery but after the first post operative day will be helped to gently mobilise. Once the stents have been removed mobilisation will be increased further and your child will be mobilising unaided by the time of discharge.

**How long will my child stay in hospital for and can I stay with him/her?**

The length of stay will depend on each individual child but the average length of stay is five to seven days. A parent will be able to remain resident on the ward in a bed at the side of the child’s bed.

Your child will be able to go home when:

- All tubes have been removed and your child is passing urine normally.
- Only simple pain killers are being needed which can be safely given at home
Your child can gently mobilise to a distance that would be needed at home (e.g. bedroom to bathroom to lounge).
Your child’s wound is clean and dry
Your child has no temperature.

**How do I look after my child at home?**

- As the stitches used are dissolvable these do not need to be removed. The wound will be covered with paper tapes (steri-strips) and sometimes a small dressing.
- Your child may have some discomfort and should be given painkillers as directed on the bottle or by the nursing/medical staff.
- Your child should rest for the first few days at home and should avoid strenuous activities, for example, PE or swimming for two weeks.
- The wound site should be kept dry so your child should not be bathed for five days. After day five the dressing can be removed. The paper tapes applied should be allowed to fall off in their own time or be gently peeled off once baths are allowed.
- If your child develops a fever or increased pain you should contact your GP/Nurse Specialist.

**Follow up**

Your son/daughter will have an ultrasound approximately six weeks after discharge and a MAG 3 scan after approximately three months. You will then be seen in the outpatient clinic with the results of these scans.

**Chaperoning:**

During your child’s hospital visits they will need to be examined to help diagnose and to plan care. Examination, which may take place before, during and after treatment, is performed by trained members of staff and will always be explained to you beforehand. A chaperone is a separate member of staff who is present during the examination. The role of the chaperone is to provide practical assistance with the examination and to provide support to the child, family member/carer and to the person examining.

**If you have any queries please contact:**

The wards you were on:

Your Nurse Specialist: 01223 586973
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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