

Ureteric Reimplantation

Ureteric Reimplantation is a surgical procedure where the tube that connects the kidney to the bladder (ureter) is repositioned. The goal is to prevent urine from going upstream into the kidney (refluxing). One or both ureters may need to be reimplanted.

After surgery

- > After the operation, your child will stay in hospital for approximately two or three days.
- > Some children may experience nausea and vomiting after surgery. The nursing staff will monitor your child and medication may be given if it continues. Please inform your nurse if your child feels nauseous or vomits.
- > Your child can start drinking and slowly start a light diet once they are feeling well after their surgery. They will be encouraged to drink lots of fluids to help them urinate more comfortably. Babies can breastfeed or bottle feed as soon as they return to the ward from surgery.
- > Your child will return from theatre with an intravenous cannula (IV or drip) so that IV antibiotics and fluids can be given for hydration.
- > Usually on the day of surgery, children feel sleepy and may be more comfortable lying in bed. The day after surgery, children who can walk are encouraged to get out of bed to a chair, walk to the bathroom and move around as much as possible.

Catheters

Your child will return from theatre with a variety of catheters (tubes) to drain their urine. The number and type of catheters depends on the extent of the surgery performed. For more information about different types of catheters please see 'Care of Urinary Catheters' Pamphlet.

Pain relief

After surgery, pain relief medicine is safely given via a pump connected to your child's drip. When your child is able to eat and drink, the drip medicine is swapped for syrup or tablets after your child is seen by the Acute Pain Service. If you feel that your child is uncomfortable and needs some extra pain relief medicine please let your nurse know. As your child recovers, the pain will become less and they will need less pain relief.

Bladder spasms

Some children develop bladder spasms after the surgery. These come on suddenly and last a few seconds and are often described as a squeezing pain or "I have to wee".

The cause of the bladder spasms are due to the surgical procedure, the presence of blood in the urine and from the tubes in the bladder. The frequency and intensity of the pain lessens as your child recovers. Bladder spasms can last up to 10 days after surgery. Bladder spasm medication may help reduce these bladder spasms.

Wound dressing

Your child will have a clean dressing over the surgery site at the time of discharge. This dressing will come off on its own after approximately 1 week. After the dressing comes off, there is no need to cover the incision site. The wound will have dissolving sutures which should start to dissolve within 1-2 weeks. The suture line will be hard when touched and will bulge at different times; *this is normal*.

Antibiotics may be prescribed to prevent any infection. However, if the wound becomes red,



inflamed or warm to touch, then contact your private surgeon or your local GP

Discharge Home

- > After discharge, patients are usually seen 4-6 weeks after surgery. If your child is a public patient, an appointment card will be given to you on discharge or mailed to you. If your child is a private patient, please discuss with your surgeon regarding when and where to organise a follow up.
- > Your child will need to stay home from school, kindergarten or childcare for up to two weeks.
- > Your child should not play roughly, play sports or ride bikes for up to six weeks. Other activities are usually fine. Talk to the surgeon about your child's usual activities.
- > Give your child paracetamol (e.g. Panadol[®]) up to four times a day if needed. Ibuprofen (e.g. Nurofen[®]) can also be given if OK with your child's doctor. Some children may have other pain relief medicine recommended by your child's doctor. The nurse and/or doctor will talk to you about what pain relief medicine to give your child. Contact your child's doctor if your child's pain comes back or gets worse after it has started to get better.
- > When your child gets home, he or she may want to urinate quickly and often. If your child is toilet trained, do not be concerned if they are urinating two or three times in an hour. This pattern may continue up to 10 days after surgery. Your child may have some wetting accidents, blood in their urine and burning when urinating. These issues will gradually reduce and will disappear over time. The more your child drinks, the quicker the symptoms will improve.
- > Your child can bath and shower as normal when you return home unless otherwise directed by the doctor.

When to represent

Call your local GP or the hospital if any of the following occur:

- > Fever (temperature over 38.5°C)
- > Unable to urinate or is not urinating at least every 6-8 hours
- > Urine is dark yellow in colour or offensive smelling
- > Vomiting often
- > Any signs of wound infection, including:
 - Increased redness
 - Swelling
 - Offensive smell
 - Yellow/green discharge from the wound site

For more information

Call the hospital switchboard on 8161 7000 and ask to speak to the Urology Registrar. If a private patient, call your private consultant's rooms directly.

On weekends and after hours, call the switchboard and ask to speak to the Urology registrar on call or bring your child to the Women's and Children's Hospital Paediatric Emergency Department.

For more information:

**Surgical Services
Urology Division
72 King William Road,
North Adelaide SA 5006
Women's and Children's Hospital**