

HALTON UROLOGY

Dr. Kevin G. Kwan, BSc (Hons), MD, FRCS(C)
Minimally Invasive Surgery and General Urology
Assistant Clinical Professor, Division of Urology
Department of Surgery, McMaster University
Chief of Surgery, Milton District Hospital, Halton Healthcare

Dr. Eric B. Cole, BSc, MD, FRCS(C)
Endourology, Minimally Invasive Surgery and General Urology
Assistant Clinical Professor, Division of Urology
Department of Surgery, McMaster University

Halton Healthcare • Georgetown Hospital • Milton District Hospital • Oakville Trafalgar Memorial Hospital

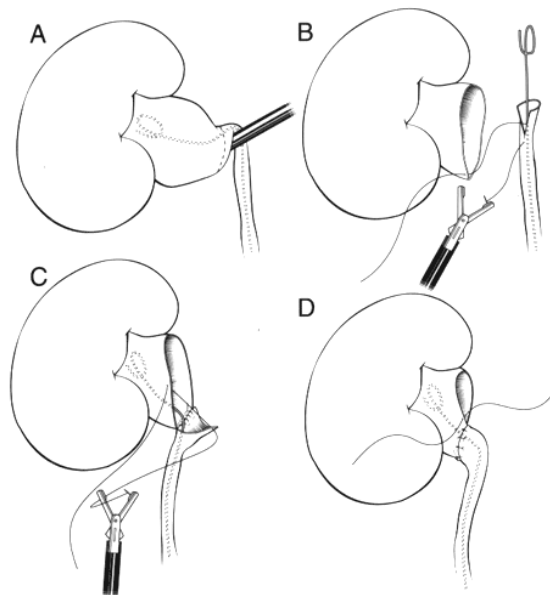
Suite 205 - 311 Commercial Street • Milton • Ontario • L9T 3Z9 • Tel: (905) 875-3920 • Fax: (905) 875-4340
Email: office@haltonurology.com • Web: www.haltonurology.com

Discharge Instructions for a Laparoscopic Pyeloplasty

A laparoscopic pyeloplasty provides patients with a safe and effective way to perform reconstructive surgery of a narrowing or scarring where the ureter (the tube that drains urine from the kidney to the bladder) attaches to the kidney through a minimally invasive procedure.

This operation is used to correct a blockage or narrowing of the ureter where it leaves the kidney. This abnormality is called a ureteropelvic junction (UPJ) obstruction, which results in poor and sluggish drainage of urine from the kidney. UPJ obstruction can potentially cause abdominal and flank pain, stones, infection, high blood pressure and deterioration of kidney function.

When compared to the conventional open surgical technique, a laparoscopic pyeloplasty has resulted in significantly less post-operative pain, a shorter hospital stay, earlier return to work and daily activities, a more favorable cosmetic result and outcomes identical to that of the open procedure.



Activity: Taking walks are advised. Prolonged sitting or lying in bed should be avoided. Climbing stairs is possible but should be taken slowly. Avoid heavy lifting (greater than 20 pounds) or exercising (jogging, swimming, treadmill, biking) for six weeks or until I have instructed that you can resume these activities. Most patients return to full activity at home on an average of 3 weeks after surgery. You can expect to return to work in approximately 4 weeks.

Bathing/showering: Please shower daily. Take all bandages off before showering. Baths should be avoided. The wound should heal satisfactorily with the staples serving to hold the skin edges together and they will be removed 7-10 days after your surgery unless otherwise indicated. Many patients develop some drainage from the wound once they go home; this is normal. Keep the wound clean daily with soap and water to minimize the risk of a wound infection.

Bowel Movements and Constipation: If you become constipated, there are alternatives to consider. Increase the fiber in your diet. Drink prune juice or orange juice. You can take an over the counter laxative of your choice. Colace will be prescribed when you are discharged. Drink 6-8 glasses of water per day.

Diet: A well balanced diet is encouraged to promote healing and good bowel function. Return to your normal fluid intake. You may consider a no added salt diet and avoid high protein diets as both can cause potential damage to your remaining kidney. It is best to discuss methods and guidelines to protect your remaining kidney with your primary care physician after fully recovering from surgery.

Driving: Driving should be avoided for at least 3-4 weeks after surgery or until you are not taking pain medications or are pain free. Take breaks every couple hours if you are on extended trips. Get out of your car and walk around a bit.

Post-operative Pain: You can expect to have some incisional discomfort that may require pain medication for a few days after discharge, and then Tylenol should be sufficient to control your pain. You will be given a prescription for both pain medication and stool softeners. If you do become constipation after the surgery, this may exacerbate the post-operative pain beyond what is normally expected.

Ureteral Stent Removal: A stent was placed during the procedure and will remain in place for approximately 4-6 weeks after surgery. It will then be removed at the time of a procedure at the hospital called a cystoscopy where a small telescope is passed down the urethra to retrieve the stent. This appointment will be arranged for you through my office. It is not uncommon to feel a slight amount of flank fullness and urgency to void, which is caused by the stent. These symptoms often improve over time. The severity and duration of the symptoms is highly variable and will resolve when the stent is removed. It is critical that you return to have their stent removed as instructed because a prolonged indwelling ureteral stent can result in encrustation by stone debris, infection, and obstruction of the kidney.

Follow-up Appointment: My office will contact you with a follow-up appointment time and date. This appointment will usually be 7-10 days after the date of surgery to remove your staples.

When to Seek Medical Attention:

- Chest pain or shortness of breath
- Leg swelling/calf pain
- Chills or fever over 38 degrees C (101 degrees F)
- Severe pain that is not relieved by pain medication
- Your incision becomes red or swollen
- There is drainage from your incision
- There is an opening in your incision
- You are having difficulty passing urine or your urine output becomes less than it normally has been

For Urgent or Emergent situations, please call my office at 905-875-3920 during office hours (9:00am-5:00pm) or outside these hours, please go to your nearest Emergency Department.

**Updated Sept 2019*