

THE UROLOGY GROUP

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PYELOPLASTY (KIDNEY TUBE RECONSTRUCTION for UPJ OBSTRUCTION) POSTOPERATIVE INSTRUCTIONS

Hospital stay: Patients typically stay in the hospital overnight for monitoring, intravenous fluids and pain management.

Diet: After anesthesia, begin with clear liquids. You may take what you like to eat or drink. Depending on how you feel the following day, you may resume your normal diet. The appetite may be diminished the first several days at home. Drink plenty of water and avoid heavy meals.

Activity: *Be sure to walk at least six times per day.* This helps prevent blood clots in the legs, which can travel to the lung and become life-threatening. You may take walks outside. You may go up and down stairs. Your energy will return over the course of four to six weeks. You should avoid strenuous activity for 6-8 weeks. This includes activities such as running, tennis, lifting weights, etc. You should avoid carrying anything over fifteen pounds for 6-8 weeks.

Foley catheter: During surgery, you will have a Foley catheter placed in your bladder. A Foley catheter is a tube that carries urine from your bladder to the outside of your body into a bag. This urinary catheter will stay in place until your body heals. The catheter is typically removed the morning after surgery. It may need to be replaced if the bladder is slow to start functioning after anesthesia.

Surgical drain: A surgical drain called a Jackson Pratt or JP drain will be placed after surgery to drain excess fluid and blood from the body and to be sure there is no leakage of urine. It may be removed once the drain output is low, generally less than 50 mL over 8 hour periods. It may be removed before you leave the hospital or in the office a few days after you leave the hospital. If you go home with the drain, secure it by attaching it to your clothes with a safety pin. Keep a record of how much it drains and bring this to the office for the nurse to review to see if it is safe to remove the drain.

It is expected to leak blood and fluid around the drain. If you go home with the drain, place over the counter gauze around the drain daily and as needed to catch the excess fluid.

Dressings: Remove all surgical dressings 48 hours after surgery. You will likely have staples in the incisions. These are typically removed at your nurse visit one week after surgery. You do not need to place anything over the incisions. If any of the incisions or drain site ooze fluid or blood, you may place over the counter gauze daily and as needed.

Bathing: You may take a shower as you normally do. You may allow the water to run over the incision then pat dry. Avoid submerging in water for two days.

Stent placement: A stent is a long, thin plastic tube that runs from the kidney to the bladder. It allows the kidney to continue draining during normal postoperative swelling. It protects the kidney from blockage, swelling and infection.

While the stent is in place you may have back or side pain, bladder pressure or pain, frequent urination, urgency to get to the bathroom and blood in the urine. Symptoms are different for each person; some people have all of these symptoms, some have none. Discomfort or ache in the back may be worse with urination. **You may see blood, clots and debris in the urine as long as the stent is in place. All of these symptoms are normal as long as the stent is in place.**

Medication: You can obtain good pain relief by taking two **acetaminophen (Tylenol)** every four hours while awake for the first several days. You will also get a prescription for pain pills. You can use these prescription pain pills in addition to acetaminophen every four hours. Do not exceed 4000 mg acetaminophen per day.

You may receive a prescription for a **stool softener** to avoid straining after surgery. Take plenty of fiber and water or over the counter stool softener to avoid straining for bowel movements. Over the counter medications to prevent constipation include senna (Senekot, SennaGen), magnesium hydroxide (Milk of Magnesia), polyethylene glycol (Miralax), Dulcolax bisacodyl (Dulcolax) by mouth or suppository, mineral oil). It may take a few days to have your first bowel movement after surgery.

You may receive a medication called **Flomax (tamsulosin)**. This has been shown to help with stent discomfort. It should be taken every day. It can be increased to twice daily if you have significant pain. Over the counter ibuprofen also helps with stent pain. Moist heat with a warm bath or shower can alleviate stent discomfort. You may use a heating pad, ice pack or topical medication (such as Ben Gay) over the back or bladder. If you have bladder pain, you may use over the counter Azo (pyridium or phenazopyridine). If you always feel like you need to urinate, try over the counter Oxytrol patch (oxybutynin). Avoid constipation as constipation can make stent discomfort worse.

Stent removal: The stent will be removed in the office during a **cystoscopy** and stent removal procedure. This involves placing a small camera in the bladder, grasping and removing the stent. The procedure usually takes only a minute or two and is typically uncomfortable but not very painful. You may take an acetaminophen (Tylenol) tablet before coming to your postoperative appointment if you'd like. **The stent is temporary and must be removed within three months.**

Postoperative appointment: You will need a postoperative visit in approximately 7-10 days after your discharge. Surgical staples and drain may be removed at this time. Call the office to make an appointment if you do not already have one.

Call the office or come to the emergency room for fever over 101°F, bright red blood in the urine, difficulty breathing, chest pain, dizziness, nausea, vomiting, leg swelling or pain.