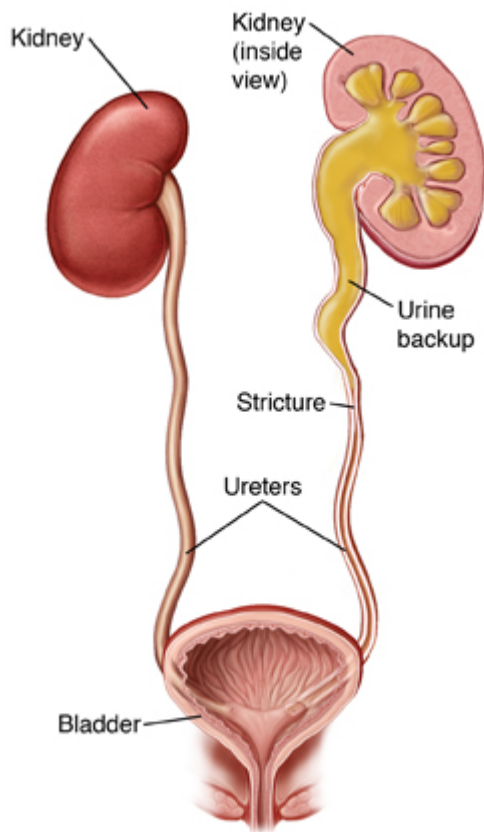


Ureteral Stricture Surgery (Ureteroplasty)

The ureters are the tubes that carry urine from the kidneys to the bladder. Scar tissue may form in a ureter after an accident or surgery. Or because of a health problem, such as endometriosis or cancer. Scar tissue narrows the ureter. This is called a stricture. Urine then can't flow down the ureter correctly and backs up into the kidney. This may cause pain. It may also lead to urinary tract and kidney infection or kidney damage. Ureteroplasty is surgery to remove the stricture.



Getting ready for surgery

Prepare for the surgery as you have been told. In addition:

- Tell your healthcare provider about all medicines you take. This includes prescription and over-the-counter medicines, vitamins, herbs, or other supplements. It also includes any blood thinners, such as warfarin, clopidogrel, or daily aspirin. You may be told to stop taking some or all of them before surgery.
- Follow any directions you are given for taking medicines and for not eating or drinking before surgery. This includes any directions for bowel prep.

Two types of surgery

The surgery may be done through several small cuts (incisions). This type of surgery is called laparoscopy. Another method is through 1 larger cut. This is called open surgery. Laparoscopy may not be possible in all cases. In some cases, your surgeon may start the

surgery using laparoscopy, but must change to open surgery for safety reasons. You and your surgeon will talk about your choices.

- For laparoscopy, the surgeon makes several small cuts in the belly. The scope is put through 1 of the small incisions. The scope sends pictures from inside the belly to a video screen. Surgical tools are placed through the other incisions. The surgeon may use a method called robotic laparoscopy. The robotic system gives a 3-D view inside the body. It also helps the surgeon's hand movements.
- For open surgery, 1 larger incision is made in the side over the ribs, or in the belly. The surgery is done through this larger incision.

The day of surgery

The surgery takes about 2 to 4 hours. Afterward, you'll stay in the hospital for 1 to 3 nights.

Before the surgery begins:

- An IV (intravenous) line is put into a vein in your arm or hand. This line delivers fluids and medicine (such as antibiotics).
- You may get medicine to prevent blood clots.
- To keep you pain-free during the surgery, you're given general anesthesia. This medicine allows you to sleep comfortably during the surgery. A tube may be put into your throat to help you breathe.
- You may have an epidural to help control postsurgery pain. A small tube is put into your back to deliver pain medicine that numbs the lower body. Talk with your healthcare provider, anesthesiologist, or nurse anesthetist about this choice.
- A thin tube (catheter) is placed into your bladder through the urethra. This drains urine during the surgery and for a time afterward.

During the surgery:

- The narrowed portion of the ureter is cut out. If a large section is removed, tissue is used to repair the ureter. This tissue is taken from another part of the body, such as the bladder. The cut ends of the ureter are then stitched together. These stitches will dissolve over time.
- A long, flexible tube called a stent is put into the ureter. It reaches from the kidney into the bladder. It is kept in place for 4 to 6 weeks after surgery to help hold the ureter open while it heals.
- When the surgery is done, all tools are removed. The incision or incisions are closed with stitches, staples, surgical glue, or strips of surgical tape. One or more tubes (drains) may be placed near the incision or incisions. These drain fluid that can build up after surgery.

Recovering in the hospital

After the surgery, you will be taken to the PACU (postanesthesia care unit) to be closely watched as you wake up from the anesthesia. You may feel sleepy and nauseated. If a

breathing tube were used, your throat may be sore at first. When you are awake and stable, you will be taken to your hospital room. While in the hospital:

- You will be given medicine to manage pain. Let your healthcare providers know if your pain is not controlled.
- The catheter in your urethra and any drains will likely be removed before you go home. If not, you will be told how to care for them at home.

Recovering at home

After your hospital stay, you will be released to an adult family member or friend. Have someone stay with you for the next few days, to help care for you. Recovery time varies for each person. Your healthcare provider will tell you when you can go back to your normal routine. Until then, follow the directions you have been given. Make sure to:

- Take all medicine as directed.
- Follow your healthcare provider's guidelines for showering. Don't swim, bathe, use a hot tub, or do other things that can cause the incision to be covered with water until your provider says it's OK.
- Don't lift anything heavy or do strenuous activity, as directed.
- Don't drive until you are no longer taking prescription pain medicine and your provider says it's OK.
- Don't strain during a bowel movement. If needed, take stool softeners as directed by your provider.

The stent in your ureter will cause the urge to pass urine more often. You may also have some burning and blood in your urine. This is normal and will go away once the stent is removed during a follow-up visit.

When to call your healthcare provider

Call your healthcare provider right away if any of the following occur:

- Fever of 100.4° F (38°C) or higher, or as directed by your healthcare provider
- Symptoms of infection at an incision site. These include increased redness or swelling, warmth, pain that gets worse, or bad-smelling drainage.
- Belly or kidney pain that won't go away with pain medicine
- Blood clots in the urine
- Leg swelling
- Vomiting that doesn't go away
- Trouble urinating
- The catheter becomes blocked or is pulled out

Call 911

Call **911** right away if you have:

- Chest pain
- Trouble breathing

Follow-up care

Follow up with your healthcare provider, or as advised. If stitches or staples need to be removed, this is done 1 to 2 weeks after surgery. The stent in the ureter will be removed in 4 to 6 weeks. About 3 months after surgery, you may have an imaging test to be sure that the ureter is open, and the kidney is working normally.

Risks and possible complications

Any surgery has risks. Possible risks of this surgery include:

- Bleeding (may need a blood transfusion)
- Infection
- Urine leakage from the ureter or bladder
- Stricture returning after surgery
- Kidney damage
- Blood clots
- Risks of anesthesia (the anesthesiologist or nurse anesthetist will discuss these with you)