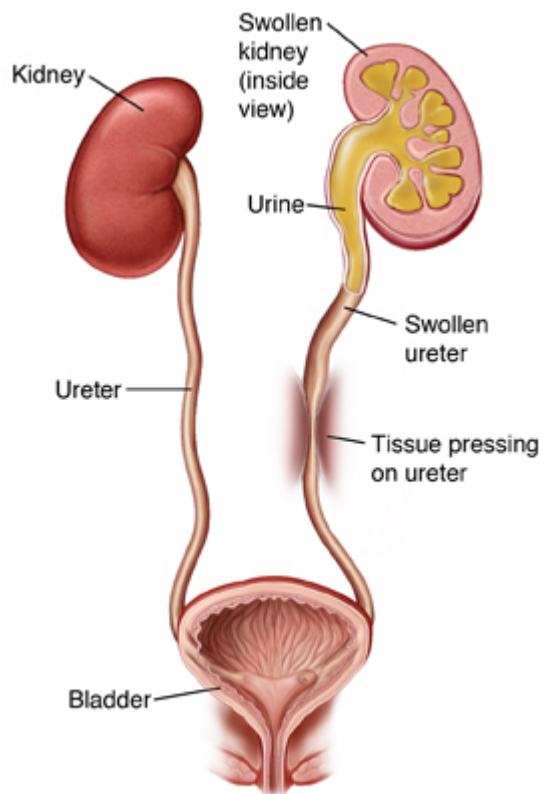


Ureterolysis

The ureters are tubes that carry urine from the kidneys to the bladder. Pressure from a mass of tissue or scar tissue is blocking one or both of your ureters. This causes urine to back up into the kidneys instead of flowing out of the body. Ureterolysis can help treat this problem. With this surgery, the ureter is freed from the tissue that is pressing on it. The ureter is then moved to a new position away from the blockage.



2 types of surgery

The surgery may be done through several small incisions (laparoscopy). Or it may be done through one larger incision (open surgery). Laparoscopy is not always possible in all cases. In some cases, your surgeon may start surgery using laparoscopy but must change to open surgery for safety reasons. You and your surgeon will talk about your options.

- **Laparoscopy.** The surgeon makes several small incisions in the belly (abdomen). The scope is put through one of the small incisions. This 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 assists the surgeon's hand movements.
- **Open surgery.** One larger incision is made in the belly. The surgeon does the surgery through this one larger incision.

Getting ready for surgery

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

- Tell your healthcare provider about all the medicines you take. This includes prescription and over-the-counter medicines, vitamins, herbs, and other supplements. It also includes any blood thinners, such as warfarin, clopidogrel, or daily aspirin. You may need to stop taking some or all of them before surgery, as directed by your provider.
- Follow any directions you are given for not eating or drinking before your surgery. If you have been instructed to take medicines, take them with a small sip of water.
- You may be given a special liquid or medicine to take the day before the surgery. This is to make sure your colon is empty for the surgery. Follow the instructions you are given.

The day of surgery

The surgery takes about 3 to 6 hours. You will stay in the hospital for 1 to 3 nights afterward.

Before the surgery begins:

- An IV (intravenous) line is placed in a vein in your arm or hand. This supplies fluids and medicines 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 lets you sleep through 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 option.
- A thin tube (catheter) is placed into your bladder to drain urine.
- One or more incisions are made to get to the ureters. The number of incisions depends on the method of surgery being used.
- The ureter is freed from the tissue around it.
- The cause of the blockage is removed, if possible. This may include removing scar tissue or a mass that's pressing on the ureter.
- The ureter is moved to a new position that lets it drain better. It is secured in place with stitches (sutures).
- A thin tube (stent) may be placed in the ureter as it heals. The stent helps widen the ureter so urine can flow through it correctly.
- If needed, treatment is also done on the other ureter.
- When the surgery is done, all tools are removed. Any incisions are closed with stitches or staples. In some cases, surgical glue or strips of surgical tape are used instead.
- A small tube (drain) may be placed near the incision. This drains fluid that may build up after the surgery.

During the surgery:

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Recovering in the hospital

After the surgery, you will be taken to the PACU (postanesthesia care unit). There you will be closely monitored while waking up from the anesthesia. You may feel sleepy and nauseated. If a breathing tube was used, your throat may be sore at first. When you are ready, you will be taken to your hospital room. While in the hospital:

- You will get medicine to manage pain if needed. Let your providers know if your pain is not controlled.
- The catheter and drain will likely be removed before you go home. If not, you'll be shown 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 return to your normal routine. Until then, follow the instructions you have been given. Make sure to:

- Take all medicines as directed.
- Care for your incisions as instructed.
- Follow your provider's guidelines for showering. Don't swim, take a bath, use a hot tub, or do other things that will cover the incision with water until your provider says it's OK.
- Don't lift anything heavy or do strenuous activities, as directed.

- Don't drive until your healthcare provider says it's OK. Don't drive if you're taking medicines that make you drowsy or sleepy.
- Walk a few times daily. Increase your pace and distance, as you feel able to.
- Don't strain to pass stool. If needed, take stool softeners as directed by your healthcare provider.
- Drink plenty of water. This helps prevent urine odor and fluid loss (dehydration). And follow any other diet instructions you're given.

If stents were placed in your ureters, you'll feel the urge to pass urine more often. You may also have some burning and blood in your urine. This is normal. It will go away once the stents are removed during a follow-up visit.

When to call your healthcare provider

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

- Fever of 100.4° F (38°C) or higher, or as directed by your provider
- Symptoms of infection at an incision site (such as increased redness or swelling, warmth, worsening pain, or bad-smelling drainage)
- Bloody urine with clots
- Trouble urinating or no urination for 4hours
- Pain that can't be controlled with medicines
- Nausea or vomiting that won't go away
- Leg pain or swelling

When to call 911

Call 911 if you have:

- Chest pain
- Trouble breathing

Follow-up care

You'll have follow-up visits so your healthcare provider can check how well you're healing. If your stitches or staples need to be removed, this will likely be done in 7 to 14 days. Stents will be removed in 2 to 6weeks. Going forward, you may need regular visits with your healthcare provider. During these visits, routine tests may be done to check how well your kidneys and ureters are working.

Risks and possible complications

All procedures have some risk. Possible risks of this procedure include:

- Bleeding (may require a blood transfusion)

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- Infection
 - Blood clots
 - Urine leakage from one or both ureters
 - Blockage or scarring of one or both ureters comes back
 - Damage to the kidney, bladder, bowels, or other organs
 - Risks of anesthesia (the anesthesiologist or nurse anesthetist will discuss these with you)