

For Appointments Call: 08 8267 1424

Open Pyeloplasty

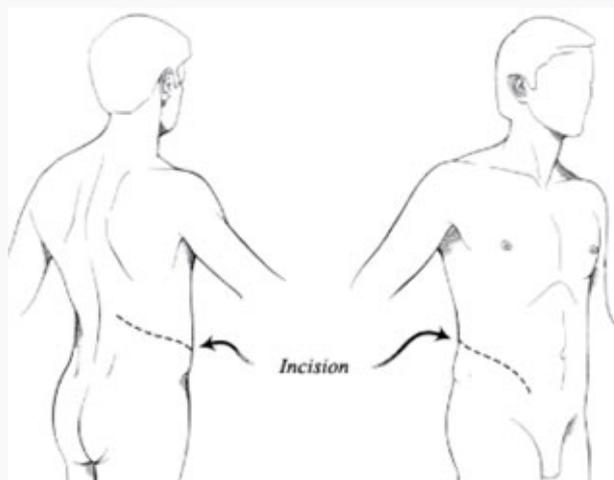
Why open pyeloplasty?

Pyeloplasty is an operation to repair a block in the ureter as it exits the kidney. It can be performed using either an open surgical approach or 'keyhole' (laparoscopic/robotic) surgery, and the type of surgery will depend on a number of factors, that will be discussed with you.

There are other options, such as endopyelotomy, which may be considered in some circumstances. The specific reason you need an open pyeloplasty will be discussed with you.

How is this operation performed?

Open pyeloplasty is performed under general anaesthetic. The diagram below shows one of the possible incisions, but there are different ones used that will be discussed with you; the best approach is determined by a number of factors including your body size. The damaged or scarred area of the ureter is excised, and the ureter is re-joined to the drainage system of the kidney.



A urinary catheter is always inserted and stays in place until you are mobile after the operation. Also, a temporary [ureteric stent](#) is always inserted, and removed about 6 weeks later with a [flexible telescope](#).

Operative time depends on the complexity of the operation but typically is about 2 hours.

Potential side effects and complications

All procedures have the potential for side effects. Although these complications are well recognised, the majority of patients do not have problems after a procedure.

Risks of the anaesthetic need to be discussed with the anaesthetist who will be looking after you during the operation, and who will visit you beforehand.

There are specific risks with this surgical procedure, and these will be discussed with you before your procedure. As a guide to complement that one-on-one discussion with your surgeon, these include:

Common

- Insertion of a drain near the site of the repair. This is usually removed 1-2 days after the operation.

Occasional

- Persistent drainage of urine from the repair. This may require a longer period with the drain in place.
- Infection, pain or hernia requiring further treatment.

Very rare

- Bleeding requiring further surgery or blood transfusion
- Entry into the lung cavity requiring insertion of temporary drainage tube
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, deep vein thrombosis pulmonary embolus, stroke, heart attack and death).
- Injury to organs nearby – blood vessels, spleen, liver, lung, pancreas and bowel, requiring more extensive surgery. Very occasionally such injury is not recognised at the time of surgery, and is picked up in the days following your operation.

Long-term complications

You will need long-term follow-up, as approximately 1 in 10 people who have this operation have recurrence of the problem. Also, sometimes the kidney has been irreparably damaged by being blocked for a long time, and its function may continue to decline over time.

Disclaimer

This information is intended as an educational guide only, and is here to help you as an additional source of information, along with a consultation from your urologist. The information does not apply to all patients.

Not all potential complications are listed, and you must talk to your urologist about the complications specific to your situation.

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Calvary North Adelaide Hospital, 89 Strangways Tce, North Adelaide, Adelaide SA 5006