



For Appointments Call: 08 8267 1424

## Robot-Assisted Pyeloplasty

### Why robotic assisted 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?

Robotic-assisted pyeloplasty is performed under general anaesthetic. This keyhole method uses 3 to 4 small cuts, through which a camera and surgical instruments can be passed. The camera sends pictures to a TV screen so the surgeon can see the kidney and surrounding tissue. It is very similar to laparoscopic surgery, the difference is that the surgeon controls the instruments from a console away from the operating table. These instruments are easier to move around than standard laparoscopic surgery. The diagram below shows an operating theatre set up with the robotic equipment.



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 2-3 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.

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### 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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