Caring for Your Child
After Pyeloplasty Surgery

Pyeloplasty is done to clear a blockage between the kidney and the ureter. The goal is to improve drainage of urine from the kidney. This surgery may need to be done on one or both kidneys depending on your child's symptoms. There are three ways to do a pyeloplasty: the open technique, the laproscopic technique, and the robotic technique. The technique that we choose depends upon your child’s needs and will be explained to you by the surgeon.

**LENGTH OF SURGERY**
The surgery can last from two to four hours and depends on the type of correction your child needs. The surgeon will tell you how long he expects your child's surgery to take.

**WHAT TO EXPECT AFTER YOUR CHILD'S SURGERY**

**Length of hospital stay**
The hospital stay will depend on how the surgery will be done and your physician will review this with you. Your child will be discharged from the hospital when he is eating a regular diet and is comfortable taking pain medicine by mouth.

**Appearance**
After the surgery, the back of your child's hands and his eyelids may look puffy. This is from the amount of fluid your child receives in the operating room. This swelling will go down in the first 48 hours after surgery.

The incision site is different for each type of surgery. Before the surgery, the surgeon will tell you the location of your child’s incision. The stitches are underneath the skin, and will dissolve on their own. They do not need to be removed.

**Drainage tubes**
During the surgery extra fluid builds up around the kidney and ureter. Your child may have a Penrose drain to help this fluid leave the body. The drain is placed during surgery. It is a small and very flexible tube. It should not cause your child any discomfort. The tube comes out of the skin near the incision site. The drainage from this tube may be a bit bloody. This is normal. This drain is held in place with a small stitch and it is unlikely that your child will pull it out. This drain will be removed before your child leaves the hospital.

Some children will also have a nephrostomy tube inserted during the surgery. This tube drains urine from the kidney, and remains in place until the blockage is gone. The tube is usually removed one to two weeks after surgery. If your child is going home with a nephrostomy tube, we will teach you how to care for it before you leave the hospital.

Other children may have an internal stent left in place. Your surgeon will explain this to you and let you know when the stent can be removed.
Diet
Your child may not want to eat during the first 24 hours after surgery. During this time he will be given intravenous (I.V.) fluids so that he does not become dehydrated. When your child seems more alert, you can begin giving clear liquids. Add foods from your child's regular diet slowly and in small amounts.

Pain Management
When your child returns from surgery he will be given pain medication through the intra-venous line (I.V.). When your child is comfortable taking fluid by mouth, he will be switched over to oral medication.

Some children receive pain medicine through an epidural catheter after their procedure. If your child is to have this, your anesthesiologist will discuss it with you before the procedure.

WHEN YOU RETURN HOME

Incision
The sutures will dissolve. They do not need to be removed. Keep the incision clean and dry.

Medication
- **Pain**: Your surgeon will prescribe pain medication to be sure that your child is comfortable. The directions for the medications will be reviewed with you before your discharge.
- **Antibiotics**: Your child must take the antibiotics as prescribed and continue to take them until the post-op appointment.

Bowel Movements
Your child should have regular bowel movements. Give him juices, fruits and vegetables to prevent straining. Do not let him get constipated. If your child is having trouble having a bowel movement when they are home, you may give him a pediatric glycerin suppository. These may be purchased over the counter at the local pharmacy. Follow the instructions on the bottle.

Follow-up
Please call the office for a follow-up appointment after your child is discharged.

CALL THE DOCTOR IF:
- Your child has a fever above 101.5°F by mouth or over 102.5°F rectally
- The nephrostomy tube stops draining
- The nephrostomy tube falls out
- Your child has swelling, redness or yellow / green drainage for the incision
- You child is not able to urinate
- You see bright red blood in urine

PHONE NUMBERS
Urology Office: 215-590-2754
Nights, weekends, holidays: 215-590-1000, ask for the Urology Doctor on call

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