

Caring for Your Child
URETERAL REIMPLANT

Ureteral Reimplantation is the surgical correction of the position of the ureter(s) in the bladder. The primary goal is to prevent infected urine from backing up into the kidney. This preserves kidney function. One or both ureters may need to be reimplanted. If one of the ureters is very large, it may need to be tapered.

LENGTH OF SURGERY

The surgery can last two to four hours. This depends on the type of correction your child requires. Your surgeon will tell you how long he expects your child to be in surgery.

WHAT TO EXPECT AFTER YOUR CHILD'S SURGERY:

Length of hospital stay

Your child may stay one to three nights in the hospital after surgery. Your child will be discharged from the hospital when he/she is tolerating a regular diet and is comfortable taking pain medicine by mouth.

Appearance

After the surgery, the back of your child's hands and his/her 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.

Your child will have a small incision in the lower abdomen. The stitches are underneath the skin, and will dissolve on their own. They do not need to be removed.

The incision may be covered by several pieces of gauze, which are held down with small strings. These strings look like shoelaces. They allow your child's caregivers to look at the incision without removing any tape. Your health care providers will examine the incision site once or twice daily.

Drainage Tubes

Your child may or may not come out of surgery with drainage tubes. There are a few different types they may have.

Penrose Drain

During surgery, extra fluid builds up around the bladder. Your child may have this flat, flexible drain exiting the wound or just below it, and is held in place with a small stitch. This helps to drain any extra fluid that may build up around the bladder after surgery. The drainage may appear blood tinged and that is normal. This drain will be removed before your child is discharged from the hospital.

Urethral Catheter

Your child will have a urethral catheter to drain urine from their bladder. The urine that drains from this tube may be blood-tinged. This tube will be removed prior to discharge.

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Ureteral Catheter

Occasionally, some children may require one or two ureteral catheters, also known as stents. These tubes will keep the ureter(s) open until the post-operative swelling goes down. These catheters may be attached to drainage bags or they may drain directly into your child's diaper. You may notice that the urine is blood tinged and this is normal as well.

DIET

Your child may not have much of an appetite for the first 24 hours after surgery. During this time, he/she will be given intravenous (IV) fluids so that he/she 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/she will be given pain medication through the intravenous (IV) line. In most cases your child will receive Morphine or Toradol every 4-6 hours for the first 24 hours after surgery. After surgery, your child's bladder will be quite irritable. This causes bladder cramping or spasms, which may make your child very uncomfortable. Your child will receive a medication called Ditropan for relief of the bladder spasms. This can be given every 8 hours.

HOME CARE

Voiding Patterns

After your child returns home, he/she will want to urinate quickly and often. If your child is toilet trained, do not be concerned if he/she is urinating 2 or 3 times in an hour. Accidents may occur, this is normal. This pattern may continue up to 10 days after surgery.

Phone Numbers:

Monday-Friday – 8:00-4:30 - Urology Office, (215) 590-2754

Evenings, Weekends, and Holidays - (215) 590-1000 – Ask for the “Urology doctor on call”

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