

# Reimplantation

## **what is reimplantation?**

A surgery where the ureter/s (the tube that drains urine from the kidney to the bladder) are re-hooked into the bladder wall to prevent urine from going back up into the kidney/s. This surgery is done to try to prevent kidney infections.

## **what are the risks?**

The surgery requires general anesthesia (your child will be asleep) and lasts about two or three hours. The biggest risk involved is the anesthesia and you should discuss any concerns regarding anesthesia with the anesthesiologist. This is the person that helps your child fall asleep. Other risks are:

- Infection
- Bleeding
- Temporary blocking of the ureter due to tissue swelling or scarring
- Urinary reflux (the urine moving back up) to opposite ureter if the surgery was from one ureter
- Very rarely reflux persists after surgery

## **what to expect after surgery**

There will be a small incision on the lower abdomen. All stitches will dissolve on their own. There will be steri-strips and clear tape-like bandage over the incision. Usually no special wound care is required. The clear tape bandage will fall off after two weeks or more.

Your child will have to stay in the hospital overnight. Usually the stay is 23 hours or less.

Your child will have a bladder catheter in place after surgery. The catheter is usually removed before your child is discharged and can go home. Sometimes, the urologist recommends that the catheter stay in place and that you return to clinic in two to three days to have it removed.

The surgeon will give your child a prescription for pain medication. Rarely, a medication for bladder spasms (Ditropan or Detrol) is also prescribed. Bladder spasms are very common after surgery. Bladder spasms are when the bladder contracts too frequently and causes the urge to urinate. There are a few very important tips to help the healing process:

- Take your child to “pee” on scheduled times and as needed.

*(Continued on reverse)*



- Your child should not hold his/her urine. This can increase pressure in the bladder. High pressure in the bladder can be harmful to the bladder and cause reflux to return.
- Watch for any constipation. If your child has constipation, the urologist may give you a prescription for medication or recommend increased fiber and fluids in the diet.

Your child will also remain on prophylactic (preventive) antibiotics for several months after surgery. There may also be some blood tinged urine for the first few weeks after surgery. This happens very rarely. These symptoms are normal and should resolve after the first few weeks.

#### **restrictions after surgery:**

- No school for three days.
- No weight lifting for three weeks.
- No sports for two to three weeks.
- No bath for two days.
- No swimming from three weeks.
- Your child may shower forty eight hours after surgery.

#### **follow up after surgery:**

Your child will have a renal/bladder ultrasound four to six weeks after surgery, and an appointment with the urologist. A VCUG (Voiding Cystourethrogram) will be recommended if your child had a unilateral (one ureter) reimplantation. In this case (one ureter being reimplanted) there is a ten to fifteen percent chance that the opposite ureter will reflux after surgery. If your child had both ureters reimplanted, a VCUG after surgery is optional because of a high success rate of no reflux after surgery. If needed, a VCUG is usually done around four to six months after surgery along with an office visit with the surgeon. After the first year of follow-up and if the surgery was successful and there is no reflux, your child will be followed for several years with renal/bladder ultrasound.

Call for any questions. Our office number is 937-641-3466. We are available Monday through Friday 8:00 am to 4:00 pm.

