

# Pyeloplasty surgery

**This leaflet gives information more about having pyeloplasty surgery for pelvi-ureteric junction (PUJ) obstruction. It includes the benefits, risks, any alternatives, and what you can expect when your child comes into hospital. If you have any questions or concerns, please speak to a doctor or nurse caring for your child.**

## PUJ obstruction

Pee (urine) is made by the kidneys. The pee moves through a funnel (part of the pelvis), into a tube (ureter) and into the bladder. In PUJ obstruction there is a problem with the flow of pee from the pelvis into the ureter. If the problem is not treated, it can cause damage to the kidneys. In some children PUJ obstruction can cause pain or a urinary tract infection (UTI).

## Pyeloplasty surgery

Pyeloplasty is surgery to improve the flow of pee from the pelvis into the ureter. The part of the ureter that meets the pelvis is removed, and the ureter is re-connected to the pelvis over a temporary drainage tube which helps healing.

The main benefit of a pyeloplasty is preventing further damage to the kidney. The operation will also stop pain or UTIs that are due to PUJ obstruction.

## Risks of pyeloplasty surgery

Although the operation is usually done without any problems, there are still some risks.

There are small risks of urine infection and bleeding, but it is unusual for a blood transfusion to be needed.

The most frequent problems happen when the temporary drainage tube stops draining or leaks. These usually happen when your child is still in hospital. They are usually dealt with very easily, but sometimes children need to go back into theatre to have a new drainage tube put in.

Pyeloplasty surgery is usually very successful at improving the flow of pee from the kidney. However, about 1 in 20 children need further surgery because the flow has not been improved.

## Other treatment options

Sometimes a 'wait and see' approach might be used instead of surgery. This will require very careful monitoring, with regular scans to make sure that problems do not happen as a result of an untreated PUJ obstruction.

It is possible to do pyeloplasty surgery as a minimally invasive (keyhole, laparoscopic) operation. This is not suitable for all children. Your doctor will discuss this with you if it is suitable for your child.

If a kidney is very badly damaged it might be better to remove it instead of trying to repair it. You can discuss this option with your child's doctor.

## Preparing for pyeloplasty

There is no specific preparation for pyeloplasty. However, all children having surgery with general anaesthetic, will have a pre-assessment appointment.

At this appointment, we will make sure your child is fit for their general anaesthetic. You will also be given information about what will happen on the day of your child's surgery, and how long your child will need to fast (not eat or drink) for before surgery. You and your child will get the chance to ask any questions you have.

Please make sure you bring a list of any medicines that your child is taking, including any you buy from a pharmacy or shop, including homeopathic and herbal remedies.

On the day of surgery you will need to arrive at the ward on time, so that you can meet the surgeon and anaesthetist.

## General anaesthetic for children

General anaesthetic is medicine that is used to make sure a person is asleep and does not feel any pain during surgery. Specially trained doctors (anaesthetists), look after patients who have an anaesthetic. Our anaesthetists are specially trained to give anaesthetics to children. If you would like more information, ask for our leaflet, **Your child's anaesthetic**.

## Giving your permission (consent)

We want to involve you in decisions about your child's care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you understand what the treatment involves and you agree to your child having it.

If you would like more information about our consent process, please speak to a member of staff caring for your child.

## During pyeloplasty surgery

We'll take your child to the anaesthetic room, next to the operating theatre, and you can be with them until they have fallen asleep. A nurse will go with you and then take you back to the ward.

The surgery is done through an opening about 6cms long, on the upper part of the tummy (abdomen), and takes about 3 hours.

After surgery there will be a small tube coming out of their side. This is a temporary drainage tube to drain pee from the kidney. The opening will be closed with dissolvable stitches.

When your child begins to wake up, you might be able to sit with them in the recovery room while the anaesthetic wears off.

When they are fully awake and comfortable, they will be able to go back to the ward.

## Pain

We try to keep your child's pain well controlled. We will give your child painkillers to make them as comfortable as possible.

## After pyeloplasty surgery

Usually your child will stay in hospital for 2 days. Pee will drain from the drainage tube. After 2 days the drainage tube is closed, usually with a knot. Your child is then allowed to go home with the drainage tube still in place. Your nurse will explain how to look after the drainage tube when you're at home.

After a week your child will come back to the ward to have the drainage tube removed. This is very easy and is done with your child awake. A single stitch is cut and the tube is pulled out. This might be a little uncomfortable, but shouldn't be painful.

## After leaving hospital

With the drainage tube in, it is not possible to bathe, shower or swim. When the tube is removed your child can have a bath.

Your child will not come to any harm from moving, walking or running.

Your child's pee might contain some blood which will make it pink or red. Encouraging your child to drink lots will help flush the blood away.

Your child should stay at home until the tube is removed. If they are comfortable, they should be able to return to nursery or school after the tube is removed.

You should seek medical attention, from your child's GP or nearest emergency department (A&E), if your child shows any of these signs of infection:

- needing to pee more frequently
- increase in pain
- cloudy or smelly pee
- high temperature (fever)
- redness around the wound
- discharge from the wound

## Follow-up appointments

Your child will be seen in clinic a few months after their operation, and have another scan. You will be sent details of this appointment.

### Contact us

If you have any questions or concerns about your child's surgery, please contact Beach Ward, **phone** 020 7188 8844 at any time.

For a reply in 2 working days, **email** [evelinaurologydoctors@gstt.nhs.uk](mailto:evelinaurologydoctors@gstt.nhs.uk)

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** [www.evelinalondon.nhs.uk/leaflets](http://www.evelinalondon.nhs.uk/leaflets)



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