

# Your child's injection treatment for urinary reflux between the bladder and the kidney

This leaflet is about your child's injection treatment for urinary reflux, where urine flows backwards from the bladder to the kidney. It explains what you should do before your child's procedure, on the day of the procedure and when you return home.

## Your child's condition and procedure

### What is injection treatment for urinary reflux?

This is a procedure to treat and prevent urine going backwards from the bladder to the kidney (urinary reflux).

Your child has the procedure under a general anaesthetic. This is a medicine that makes them sleep and stops them feeling any pain during the procedure.

### Why should my child have injection treatment for urinary reflux?

Your child has been diagnosed with urinary reflux. This happens when urine moves backwards from the bladder to the kidney. With this condition, there is a risk that urine infections can travel more easily to the kidney and possibly damage it.

Injection treatment for urinary reflux aims to stop urine moving from the bladder to the kidney. It can help to prevent kidney infections and even kidney damage.

## Before your child's procedure

### What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure. We also explain when your child should stop eating and drinking (fast) before their procedure.

### Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol<sup>®</sup>. Ibuprofen for children may also be called Calprofen<sup>®</sup> or Nurofen<sup>®</sup>. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache.

If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

## On the day of the procedure

### When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

### During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

When your child is asleep, the surgeon puts a medical telescope (cystoscope) into the hole that your child pees through (the urethra). We fill the bladder with special medical water (saline) to see inside it more clearly. The surgeon then looks carefully inside the water pipe through which urine leaves the body and the bladder.

After examining the water pipe and bladder, the surgeon passes a needle through the telescope. They use the needle to inject a special medical filler carefully around the opening of the tube from the kidney to the bladder (ureter opening).

The medical filler creates a bulge in the tissue. This prevents urine from flowing back up the ureter to the kidney and helps the ureter to close properly.

### Are there any other treatment options to this procedure?

One option is that your child does not have any surgery. Careful care of your child's bladder can prevent urinary tract infections. This can include making sure that:

- your child drinks plenty of fluids
- your child empties their bladder (pees) regularly if they are potty trained
- constipation is treated and prevented because this problem increases the chance of urinary tract infections

Sometimes, regular antibiotics can prevent urinary tract infections. However, if your child continues to have infections, they may need more treatment to prevent kidney damage.

A more complex procedure is called ureteral reimplantation. This is surgery to fix the tube that connects the bladder to the kidney (the ureter). During the procedure, we change the position of the ureter at the point where it joins the bladder. The aim is to stop urine flowing back up into the kidney.

We can do ureteral reimplantation as traditional open surgery (through a large, open cut in the skin) or minimally invasive keyhole surgery. The disadvantage is that the operation is longer, there is more pain afterwards and your child will take more time to recover. This procedure can be suitable for children with severe urinary reflux.

An important part of the treatment for a child with urinary reflux is bladder care. If there are problems with how your child's bladder works, we might suggest other treatment that focuses on the care of the bladder. This could include:

- regularly using a tube called a catheter to empty the bladder
- doing an operation to drain the bladder (vesicostomy) or ureter (ureterostomy)

### **Are there any risks to my child's procedure?**

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

After injection treatment for urinary reflux, there may be some blood in the urine. This usually settles by itself. It is rare for children to return to hospital or need more treatment for bleeding.

Sometimes, there might be a urinary tract infection after the procedure. We give your child antibiotics during the procedure to reduce the chance of an infection.

In some cases, the procedure is not successful at preventing urinary reflux. The success of injection treatment may depend on your child's grade (level) of urinary reflux, and may vary between individuals.

In rare cases, injection treatment for urinary reflux can severely reduce drainage from the kidney or even cause a blockage. Your child may then need another procedure to treat these issues.

## **After your child's procedure**

### **How will my child look and feel after their procedure?**

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

### **Will my child be in pain after their procedure?**

We give your child a long-lasting local anaesthetic medicine during their procedure. This medicine gives them pain relief for up to 6 hours after they wake up. The anaesthetic doctor explains about this before the procedure.

When your child is awake, we may give them paracetamol, ibuprofen or both medicines regularly. You can continue to give your child these medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

### **When can my child eat and drink or feed after their procedure?**

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure.

### **Do we see the surgeon after my child's procedure?**

Yes, the surgeon comes to check your child after their procedure. They update you about the surgery and answer any questions that you may have.

### **When can my child go home?**

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do
- have peed after the procedure

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

## After you go home

### How do I care for my child after the procedure?

The surgeon or a member of their team gives you specific instructions on caring for your child after the procedure. They explain the arrangements for their follow-up care.

If your child takes antibiotics to prevent urinary tract infections (prophylactic antibiotics), the surgeon will explain whether these should be continued.

It is important to make sure that your child drinks plenty of fluids. If your child does not have a catheter to drain their urine, they should pee regularly every 2 to 3 hours.

Sometimes, there can be blood in your child's urine after their injection treatment. This is common for the first few days and may continue for up to 2 weeks.

Your child can return to nursery or school on the next day after the procedure.

### How can I manage my child's pain after their procedure?

Your child should not have a lot of pain after the procedure. If they have a small to medium amount of pain (mild to moderate pain), we recommend paracetamol and ibuprofen. This is provided that your child does not have any problems taking these medicines.

You can give your child paracetamol and ibuprofen regularly for 1 to 2 days and then as needed to control pain. Please remember to buy these pain medicines before the day of your child's procedure.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

## Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

### Do I need to look for any symptoms after my child's procedure?

After your child's procedure, contact a GP or go to your nearest emergency department (A&E) if you feel that they are unwell or notice:

- heavy bleeding or red lumps (blood clots) in their urine. A little blood is often seen in the urine after the injection, but in rare cases bleeding may be a sign of bladder damage
- signs of a urinary tract infection. These include a stinging or burning sensation that is getting worse when your child pees, cloudy or smelly urine and a high temperature
- severe pain. If your child gets pain on the side where they had their injection, this might indicate that they have a blockage
- difficulty in peeing or a weak urine flow

### Do you see my child again after their procedure?

If your child needs a follow-up appointment, we will tell you before you go home. We then get in touch nearer the time and tell you the exact date and time of the appointment.

## Contact us

### Before the procedure

For **advice about your child's procedure**, call the urology medical secretary, **phone** 020 7188 4610 or 020 7188 4628, **email** [evelinaurologydoctors@gstt.nhs.uk](mailto:evelinaurologydoctors@gstt.nhs.uk)

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** [gst-tr.paediatricadmissions@nhs.net](mailto:gst-tr.paediatricadmissions@nhs.net)

If your child is **unwell in the 2 weeks before the procedure**, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209 (Monday to Friday, 9am to 5pm)

If your child is **unwell any time after 5pm on the evening before the procedure**, contact the bed managers, **phone** 020 7188 7188, choose the option for the bleep desk, bleep 0821 when connected and wait for the response

### After the procedure

For **medical advice**, **email** [evelinaurologydoctors@gstt.nhs.uk](mailto:evelinaurologydoctors@gstt.nhs.uk)

For **advice from the clinical nurse specialists**, **email** [evelinabladdernurses@gstt.nhs.uk](mailto:evelinabladdernurses@gstt.nhs.uk)

For questions about **outpatient appointments**, **phone** 020 7188 4000, **email** [paediatricappointmentsurology@gstt.nhs.uk](mailto:paediatricappointmentsurology@gstt.nhs.uk)

If you are concerned that your child is **seriously unwell** at any time, go to your nearest A&E or **phone** 999

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)

## Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm **email** [letstalkmedicines@gstt.nhs.uk](mailto:letstalkmedicines@gstt.nhs.uk)

## Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS), **phone** 020 7188 8801 **email** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk). To make a complaint, contact the patient resolution team **phone** 020 7188 3514 **email** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

## Language and accessible support services

If you need an interpreter or information about your child's care in a different language or format, please get in touch, **phone** 020 7188 8815 **email** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)



**Leaflet number: 5382/VER1**

Date published: June 2023

Review date: June 2026

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A list of sources is available on request