



The British Association of Urological Surgeons

Reconstruction of the ureter

Repairing the tube that carries pee from the kidney to the bladder

This leaflet gives you simple, easy-to-read details about your operation. Expert doctors in the UK have written it. Please also remember the advice your own doctor or nurse has already given you.

Key points

- This operation will open up or rebuild your ureter. This is the tube that carries pee from your kidney to your bladder.
- It is done if your ureter is tight or blocked.
- To help your body heal, two small tubes will be put in during the operation.
 - One tube drains pee from your body. It is usually taken out after 2 to 3 days.
 - The other tube is called a stent. The stent stays inside to keep the ureter open. It is usually removed after 6 weeks.
- You will have a special scan to check how well your kidney is working. The doctor will also check how well pee is flowing. This is done about 12 weeks after your operation.
- Most people feel better and have less pain after this operation.
- The scan might show that the ureter is still tight or blocked.
- The tight area may not get better. If this happens, you will need another operation to fix it.

What is a reconstruction of the ureter?

This operation helps pee move from your kidney to your bladder. It is done if the tube that carries pee from your kidney to your bladder is damaged or blocked.

There are different ways to fix this. The doctor will choose the best way to help you. Often the doctor can only decide which way is best once the operation has started. They can usually see the problem more clearly during the operation.

What are your other options?

There are some other choices. You can talk to your doctor about which is the right one for you.

- **Stenting.** A soft tube can stay inside your body to keep the ureter open. This tube is called a stent. You can find out more about this [here](#).

- **Putting in a nephrostomy tube.** A nephrostomy tube is a soft tube that drains pee from your kidney. The doctor places it through the skin of your lower back, into the kidney. The pee flows out through the tube into a bag that sits outside your body. You can find out more about this [here](#).
- **Balloon stretch.** A small balloon is passed into your ureter from your bladder. The balloon gently stretches the tight area. This does not need an operation.
- **Watchful care.** With this choice, the doctor will not carry out an operation. Instead, they will keep checking your kidney over time. Without treatment, the kidney may slowly stop working.

What happens on the day of the operation?

- Your doctor will talk to you about your medical record. They will also make sure that you understand and agree to the treatment. You will hear this called “giving your consent”.
- You’ll meet the anaesthetist. They will talk to you about what type of anaesthetic you will have. You may have a general anaesthetic. This is where the operation is done whilst you are asleep. Or you may have a spinal anaesthetic. This is when the doctor makes you numb from the waist down.
- The anaesthetist will talk to you about pain relief.
- The nurse may give you special stockings and an injection to stop blood clots. Some people might need to use these stockings at home, after the operation. Your medical team will tell you if you need to do that.
- Antibiotics are often given before surgery to avoid infection.
- The nurse will check to make sure you don’t have any allergies.

What happens during the operation?

A specialist doctor called a urologist usually does this procedure.

- You will be asleep during the operation.
- The surgeon will make a cut in the lower part of your tummy. This cut will be on the side where the blocked ureter is.
- There are different ways to fix the problem. The surgeon may:
 - Remove the tight part and join the healthy ends together.
 - Move the ureter and attach it to your bladder.
 - Roll part of your bladder into a tube. This is then joined to the ureter.
 - Join your blocked ureter to the ureter on the other side.
 - Replace the whole ureter with a piece of your bowel.
- The doctor will talk with you about these choices.
- Sometimes, they can only decide the best way once the operation has started. Then they can see the problem clearly.

What happens after the operation?

- A soft tube is put inside your ureter to help it heal. This is called a stent.

- A small drain is placed near the area that has been repaired. This is usually taken out after 2 to 3 days.
- The doctor will put a soft tube into your bladder. We call this a catheter. It helps drain your pee.
- The catheter is usually left in for about 3 weeks.
- The cut in your tummy is closed with stitches that melt away on their own.

Some hospitals use a plan called “Enhanced Recovery”. This helps you get better faster.

- This plan starts before you come into hospital.
- It will speed up your recovery.
- It should shorten the time you stay in hospital.
- It may prevent you needing to come back to hospital for more treatment.
- You will be shown how to do deep breathing and leg exercises.
- The nurses will help you start drinking and eating as soon as possible after the operation.

What happens before you go home?

Your medical team will tell you how the operation went. You should:

- ask questions. You should know what has been done
- ask the surgeon if everything went as planned
- let the staff know if you have any pain or discomfort
- ask what you can and cannot do at home
- make sure you know what happens next
- get advice about how to look after yourself at home
- be told what to look out for when you get home
- ask when you can start doing the things you normally do
- be told who to contact if you have problems

What should you expect when you get home?

- You will get a summary of your hospital stay. Your GP will get a copy too.
- Any medicines you need will be provided.
- If you are given antibiotics, make sure you complete the course.
- Your wound will take at least 6 weeks to heal. It may take up to 3 months before you feel fully better.
- You can go back to work when you feel ready and your GP agrees.
- Call your GP straight away if you get:
 - a fever or high temperature
 - redness, throbbing or leaking from the wound
- For the first 3 weeks, pee will drain from the catheter into a bag.
- You may get an infection or feel a strong need to pee. Your GP can give you medicine to help.

- Your medical team will ask you to come back to hospital after about 3 weeks. This is so they can remove your catheter.
- Sometimes the doctor will do a special X-ray with dye when they remove your catheter. This is to check that your bladder has healed.
- After the catheter is removed, you may feel pain in your kidney or bladder when you pee. This is because of the stent. It usually gets better quickly. If you feel unwell or have a fever, call your GP to check for infection.
- The doctor will take your stent out after about 6 weeks. You will need to come back to hospital for this. They will use a numbing medicine known as a local anaesthetic.
- The doctor will usually do a kidney scan 12 weeks after surgery. This is to check how well pee is flowing.
- You may feel small aches or twinges in your wound for a few months. This is normal.

Possible after-effects of the operation

Most people recover well, but there are some things that can happen. Some things go away on their own. Other after-effects may last longer or need more care. Everyone is different. Talk to your doctor about the risks for you.

Common problems. These happen to more than 1 out of every 10 people:

- Infections in your pee that keep coming back. You may need long-term antibiotics to help.
- Your kidney may slowly stop working. You will need regular checks.
- Wound infection. This is an infection in the area where the surgeon made the cut. This happens more often when the surgeon uses your bowel for the repair.

Frequent problems. These happen to about 1 out of every 20 people:

- Pain or discomfort in your tummy or side that lasts a long time.

Occasional problems. These happen to about 1 out of every 50 people:

- Need for another operation if pee still doesn't flow well.
- Acid build-up in the blood. If part of your bowel is used, your blood may become too acidic. You may need medicine to treat this.
- You may bleed a lot. If this happens, you will need another operation.
- Your bowel may get tight and narrow after the operation. If this happens, you will need more surgery.
- You may get loose poo called diarrhoea. This sometimes happens when part of your bowel is used in this operation. If the diarrhoea does not stop, you could lose vitamins. You will need to take food supplements.
- You may have problems after the anaesthetic. This might be a stroke, chest infection or heart attack. This might need treatment in the Intensive Care Unit.
- A cancer may grow on the patch of bowel put on your bladder.

Risk of getting an infection in hospital

About 6 out of 100 people get an infection whilst they are in hospital. This includes MRSA or C. difficile infections. The risk is higher if you:

- have a tube in place for a long time
- have had your bladder removed
- stay in hospital for a long time
- have been in hospital many times

General information about your operation

Before your operation

- Tell your team if you have implants. These are things like:
 - a pacemaker
 - a joint replacement
- Tell your doctor if you take blood-thinning tablets.
- If you have ever had MRSA, you should tell your doctor.
- You should tell your doctor if you may be at risk of variant-CJD. This might be if you have had:
 - a corneal transplant
 - a neurosurgical dural transplant
 - human growth hormone treatment
- You can ask your doctor about their own results and experience with this operation.

Smoking and surgery

Smoking makes some bladder and pee problems worse. Smoking makes some surgery riskier. Stopping before your procedure helps. For help to stop smoking, call the NHS Smoke-Free Helpline: 0300 123 1044.

Driving after surgery

You must make sure that you are well enough before driving again. Talk to your doctor about this. If you cannot drive for more than 3 months, tell the DVLA. You should also check with your insurance company before driving again.

Important

We have worked hard to make this leaflet clear and correct. But it cannot replace advice from your own doctor or nurse. Always ask them if you are worried or unsure.

What should you do with this leaflet?

You can keep this leaflet. If you have more questions, ask your doctor or nurse. They can explain more.

Online access

You can see this leaflet on the internet.

Scan the special picture (QR code).



<https://rb.gy/a33wej>

Feedback

We'd love to know what you think! You can share your thoughts by emailing us at **admin@baus.org.uk**

Questions and notes
