

# Robotic-assisted Laparoscopic Ureteral Repair

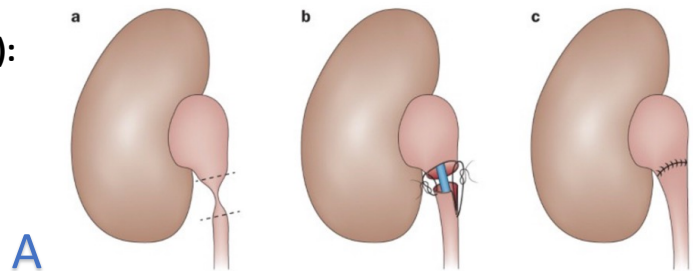
## Patient Guide

### Procedure

There are multiple ways to repair a ureter depending on the stricture size and location.

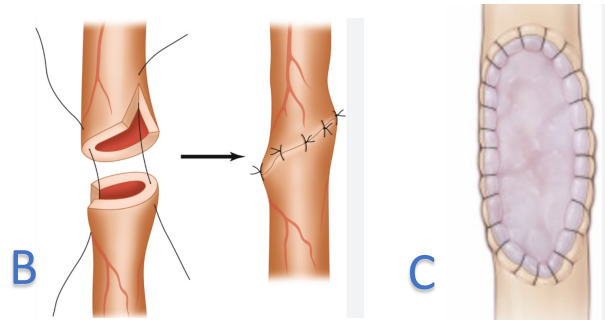
#### Proximal ureter/ Ureteropelvic Junction (UPJ):

- **Pyeloplasty (A):** when the ureter is cut close to kidney, widened, and then sutured back to the kidney.



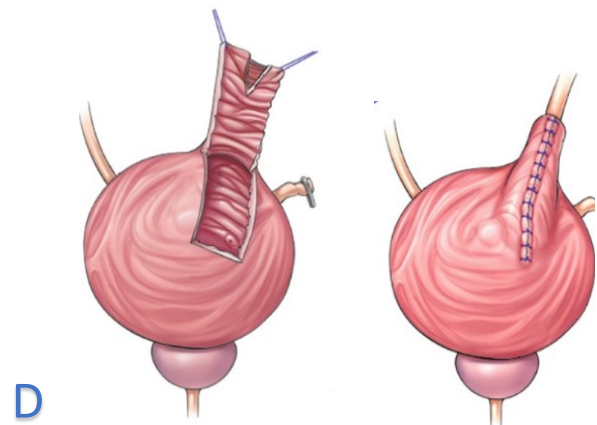
#### Mid ureter:

- **Ureteroureterostomy (B):** when the stricture is excised and the healthy portions of ureter are sutured back together
- **Buccal ureteroplasty (C):** when mucosa from the mouth is used as a “patch” over the stricture area



#### Distal ureter

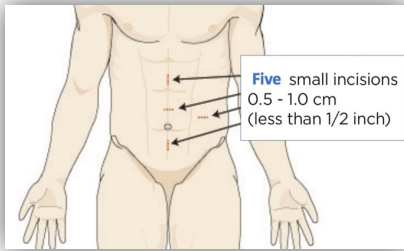
- **Ureteral reimplant w/ psoas hitch:** distal ureter is reattached to the bladder in a new location to circumvent the strictured area. The psoas hitch tacks the bladder to the psoas muscle to ensure less tension.
- **Ureteral reimplant w/ Boari flap (D):** a bladder flap is made to enable ureteral reconstruction



# Robotic-assisted Laparoscopic Ureteral Repair (2)

## Patient Guide

### Laparoscopic Approach



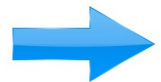
- At least 5 small incisions are used to perform your surgery using small surgical instruments or the robot.
- The surgeon controls the instruments at all times.
- In the event **buccal mucosa** is used, you will also have an incision in the mouth.

### Prior to Surgery

- At your clinic visit, your surgeon will review with you (1) your anatomy, (2) stricture location, (3) preoperative workup and (4) risks and benefits of the procedure. In general, the success rate of these procedures is ~90%.
- If you take any blood thinners (ie: Xarelto, Eliquis, Aspirin), please discuss with your surgeon prior.
- You may be requested to obtain medical clearance by your primary physician prior.
- The hospital will call you 1-2 days prior to surgery to confirm arrival time and location.
- No eating or drinking after midnight prior to your procedure unless otherwise instructed.
- Your surgeon will meet you in the pre-operative area before surgery and review consent.

### During Surgery

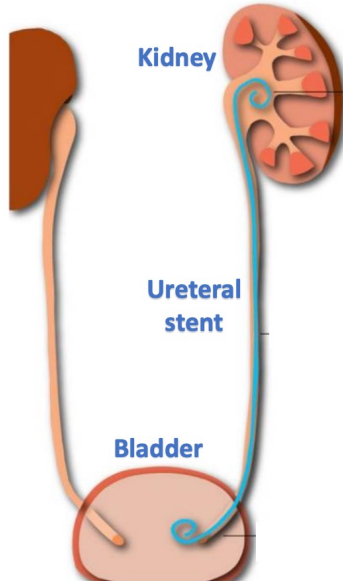
- Your procedure requires approximately 2-4 hours of general anesthesia.
- A ureteral stent will be placed which will remain for 4-6 weeks after surgery.
- You may have a drain placed that is generally removed before you leave the hospital.
- Your incisions will be closed with sutures and skin glue, both will dissolve within weeks.
- You will come out of surgery with a foley catheter to drain your bladder that will most likely be removed the morning after surgery.



# Robotic-assisted Laparoscopic Ureteral Repair (3)

## Patient Guide

### Stent Placement



- As note above, a ureteral stent will be placed during surgery.
- The purpose of this stent is to aid in the healing process after surgery
- The stent will be removed in clinic in 4-6 weeks under a local anesthetic. This requires a camera to be placed into the bladder and the stent removed.
- You may experience some stent discomfort, especially when urinating. You will be given a medication (tamsulosin) to help with this.

### After Surgery (While in hospital)

- You will stay with us in the hospital on average 1-2 nights.
- You may have sips of clear liquids the night of your surgery.
- You will be given IV and oral pain medications to alleviate your pain.
- It is important to use the breathing machine given to you after surgery 10x/hour.
- We will motivate you to start walking day after surgery to quicken your recovery.
- Your catheter will most likely be removed the morning after surgery.
- Your drain will be removed 1-2 days after surgery as long as the output is minimal. Although we hope you will pass flatus 1-2 days after surgery, it may take you longer to have a bowel movement. You will be given a bowel regimen perioperatively.



# Robotic-assisted Laparoscopic Ureteral Repair (4)

## Patient Guide

### Discharge Instructions

<b>Pain</b>	You may experience pain postoperatively. You will be prescribed a pain medication that can be alternated with Tylenol as needed.
<b>Activity</b>	You should walk and climb stairs. You may perform household duties. No heavy lifting (>10 lbs) or strenuous exercise for 6 weeks. No running for 3 weeks.
<b>Bathing</b>	You may shower day after surgery, but no bathtubs, jacuzzis, or swimming pools for 2 weeks. Do not scrub around the incisions.
<b>Diet</b>	You may have a decreased appetite after surgery. You may gradually resume your normal diet once you have started passing gas or had a bowel movement. Please take docusate or miralax for 2 weeks.
<b>Buccal mucosa</b>	If buccal mucosa is used, you will be asked to be on a soft diet for 5 days. In addition, please use the Peridex mouthwash twice daily for 2 weeks.
<b>Driving</b>	May resume driving one week after surgery if not taking any pain medications.
<b>School/Work</b>	You may return to work/school 1 week after surgery on light duty.
<b>Intercourse</b>	Please refrain from intercourse for two weeks after surgery.
<b>Expectations</b>	You may experience mild blood in urine, constipation, bloating, bladder spasms, among others. These should resolve within one week after surgery.
<b>When to call</b>	Please call your surgeon (or in severe cases, present to the ER) if any of the following occur: <ul style="list-style-type: none"><li>❖ you have a fever &gt;101 F</li><li>❖ you cannot have a bowel movement within 3-5 days</li><li>❖ you are vomiting</li><li>❖ you have leg swelling</li><li>❖ you experience shortness of breath or chest tightness</li><li>❖ your pain is not controlled with medication</li></ul>
<b>Follow-up</b>	We will see you in clinic in 2 weeks to ensure you are doing well. We will then see you 2-4 weeks thereafter for stent removal in clinic. Please call our office if you do not have an appointment already.