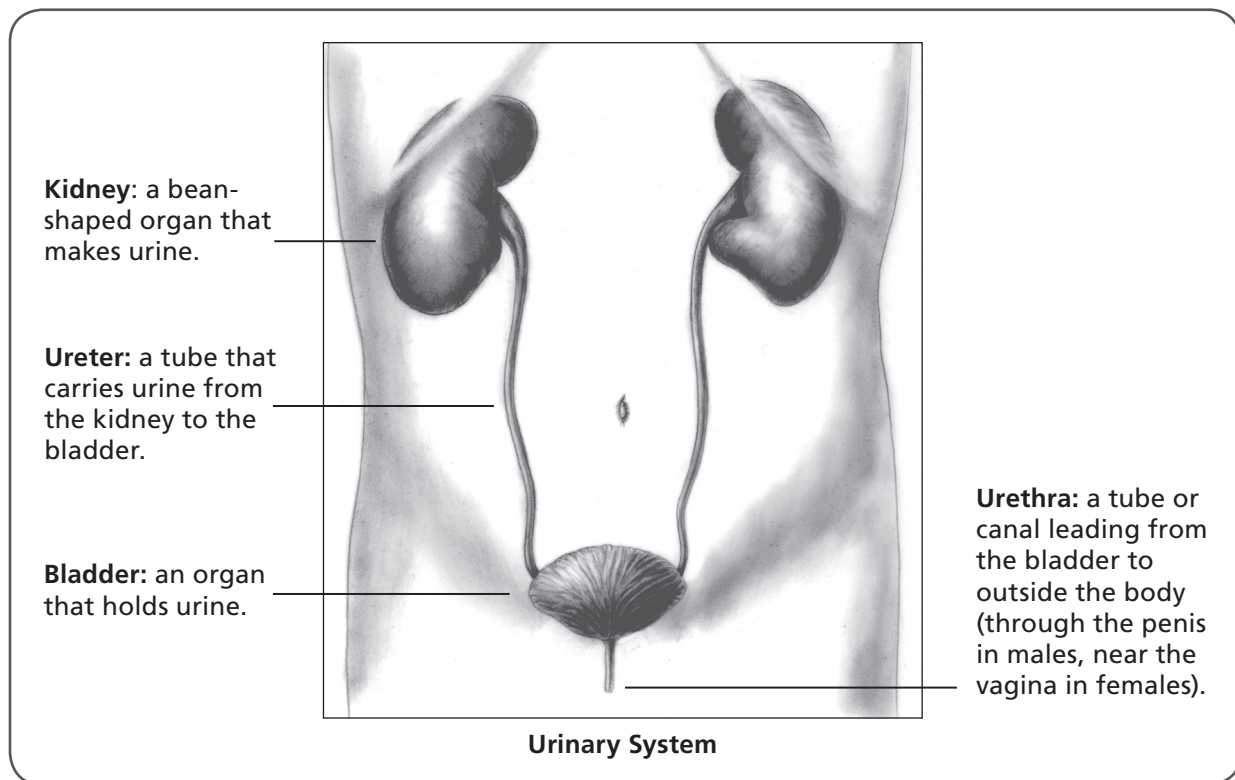


Let's Talk About...

Ureteral Reimplant Repair



Usually, the kidney makes urine (pee). The urine flows through the ureter, then the bladder, then the urethra and out the body. If a child's urinary system developed incorrectly or had an injury, urine may not flow properly from the kidney to the bladder. Instead it may back up. Ureteral reimplantation surgery repairs the ureters so urine flows correctly.

Diet

When can my child eat?

After your child wakes up from surgery, he will start to take clear liquids that are easily digested. Clear liquids include Pedialyte™, water, apple juice, Gatorade™, Popsicles™, and plain Jell-O™. Most babies can take a bottle or resume breast-feeding. Your child may resume a normal diet after discharge from the hospital. You should start with soft, easily digested foods. Try to keep your child away from

high fat or greasy foods like hamburgers and pizza for 24 hours following surgery.

What should I do about nausea and vomiting?

Medicine given during surgery may cause your child to feel nauseated. He may vomit up to 24 hours after surgery. Sometimes car movement or pain medicine also may cause nausea. You can help control nausea by encouraging your child to lie still and decrease movement. If your child has trouble with nausea and vomiting, feed him clear liquids. Then, slowly give him regular foods till he's eating his normal diet. If your child vomits, give his stomach 30 to 60 minutes to settle down and then begin feeding him clear liquids. It is very important for your child to drink liquids after surgery to avoid dehydration. It is fine if he does not eat solid foods for a day or two. If he

continues to vomit for several hours, call your child's doctor for instructions.

How will I know if my child is drinking enough?

After surgery, your child may have low body fluids. Some signs of not having enough fluids include dark yellow urine, a dry mouth (no spit), chapped lips, and the soft spot on your baby's head sinks inward. If you notice any of these signs, give your child more water to drink. Immediately after surgery encourage your child to urinate (pee) every 2–3 hours. He should urinate (pee) normally within 24 hours after surgery. A baby should have six to eight wet diapers in a 24-hour period, and an older child should urinate (pee) every 6 to 8 hours.

Pain

How can I tell if my child is in pain?

No surgery is pain free, but it is important for your child to be comfortable so he can heal. If he is older, you can talk to him about his pain and assess his needs. If your child is younger or developmentally delayed, he may moan, whimper, make a face of pain, cry, be irritable, be inactive, not eat, or not sleep. In all cases, you should comfort your child and listen to his concerns.

How can I tell if my child needs pain medicine or other medicines?

If your child has pain, give him pain medicine. If it is not time for the medicine, try to control the pain in other ways. You can have him watch a favorite show, give him a massage, or have him play a game. After the first day, a heating pad may offer comfort. If these methods do not work, call your doctor about changing the amount of pain medicine or other medicines.

What medicines does my child need?

You may give over-the-counter medicine such as ibuprofen or Tylenol® three times a day for the first 48 hours after surgery. You do not need to wake your child to keep the schedule. Your doctor may prescribe a stronger medicine (such as oxycodone or Norco). Most children will need the stronger pain medicine

for 3–4 days with over-the-counter medications used in-between. If this does not seem to be enough, call the doctor's office and speak to the nurse. If you need to call after hours, call the hospital to reach the doctor on call.

How long should I give my child the antibiotic?

It is very important to give your child the antibiotics if prescribed. If your child has problems keeping them down or has side effects, please call the doctor's office.

Wound care

How should I care for the wound?

The surgeon will place a gauze dressing over the incision. You can remove the dressing one day after surgery. Beneath this there will usually be small Steri-Strip™ skin closures, like butterfly bandages, that help support the incision. These should stay in place for about 1–2 weeks. After that you can remove them as they start to come off. The incision under the Steri-Strips will appear red, slightly raised, and swollen. This is normal. The stitches do not have to be removed. The stitches are beneath the skin and will dissolve on their own. It is normal for small amounts of dried blood to be present. Once the Steri-Strips come off, you can take care of the skin just like normal skin. It is all right to use lotion on the skin and incision after 2 weeks. You may use adhesive remover to remove the adhesive that remains on the skin after the Steri-Strips come off.

How much drainage is normal?

A small amount of blood and oozing is normal. If blood is dripping, such as with a nosebleed, apply firm gentle pressure with a clean, dry washcloth and call your child's doctor. If the bleeding continues after 10 minutes of pressure, contact your child's doctor or take your child to an emergency room.

Bathing and showering

When can my child take a bath or shower?

Sponge baths can start right away after surgery. Your child can have a shower or short tub bath 48 hours

after surgery if no stent is in place. Simply “pat” the incision dry with a towel and allow the Steri-Strips to dry before dressing. If your child has a stent in place, let him take only short showers or sponge baths until the tube is removed. The tube is stitched in and should be secured to the skin with tape.

Activity

How active can my child be?

Your child should not do any activities that require balance for the first day after surgery. This is because your child received anesthesia medicine during surgery. Activities that require balance include riding a bike, playing on playground equipment, and riding a scooter. Your child should not participate in PE activities for 2 weeks and should not participate in sports for 3 weeks. If your child is taking a narcotic medicine for pain such as Tylenol with codeine, Lortab, or hydrocodone, he may become sleepy or dizzy. Watch your child and prevent him from falling.

Behavior

What is normal behavior after surgery?

It is very normal to see behavior changes after surgery. Your child may act like a younger child (bed wetting or acting out), change his sleeping and eating patterns, or have nightmares. Be patient with him. Eventually the behavior will decrease. Make sure you comfort your child and help him feel safe. Understand that your child’s routine has been upset by surgery. Most behavior changes last from a few days to two weeks. If the behavior lasts longer than four weeks, call your pediatrician.

Calling the doctor and follow-up

When should I call my child’s doctor?

You should call your child’s doctor for any of the following:

- The wound site appears to be infected. Signs of infection are when the wound is:
 - more red
 - hurts when touched
 - drains fluid or pus

- looks like it is “opening up”

- has more swelling

- If your child’s temperature is more than 102 °F. Fevers lower than 102 °F are common and normal after surgery.
- The wound site continues to bleed. A small amount of blood and oozing is normal. If blood is dripping, such as with a nosebleed, apply firm gentle pressure with a clean, dry washcloth and call your child’s doctor. If the bleeding continues after 10 minutes of pressure, contact your child’s doctor or take your child to an emergency room. Your child passes sizeable blood clots on two consecutive urinations. It is normal to have some blood in the urine on and off for the first week or so.
- Your child cannot urinate or the amount of urine decreases greatly. If the pain with urination increases greatly or changes. It is normal to have some pain with urination as particles are still flushing out of the ureters and bladder after surgery.
- Drainage from the wound increases.
- Your child shows any of the following signs of dehydration: not drinking, dry mouth, less than six to eight wet diapers, lack of tears, soft spot on the top of the head sinking.
- Your child has an increase in diarrhea or constipation.
- Your child has an increase in pain or you cannot comfort him.

If your child has signs of chest pain or shortness of breath: **Go to the Emergency Room or Call 911 Right Away!**

How do I call the doctor?

Call the Urology office at 801.662.5555 during office hours, 8:30 am to 4:30 pm, and speak to the nurse. If the office is closed, call the operator at Primary Children’s Hospital, 801.662.1000, and ask for the Pediatric Urology Resident. You can reach the resident any time.

Special Instructions

Watch your child during the ride home. It is okay if he sleeps, but his head and neck should not fall or slump forward or his airway may become blocked. Your child should be in a child safety seat with proper restraints.

Follow-up Appointment

Please call your doctor's office and make an appointment to have your child seen after surgery.