

Laparoscopic / robotic Pyeloplasty

The information here outlines what to expect during your recovery after surgery. Please remember that recovery rates vary for each individual.

If you have any questions or concerns, feel free to contact our office to speak with your urologist or one of our specialist urology nurses.

Return to normal activities

You will usually be in hospital for two to four days after the operation.

Around the house – you can return to normal activities around the house (such as walking around and using stairs) immediately after the operation. It is normal to feel tired and lacking in energy for several weeks after the operation. It is important that you do not spend all day in bed or lying down. Prolonged bed rest increases your risk of blood clots (deep vein thrombosis and pulmonary embolism), chest infections, constipation, and muscle wasting.

Diet – it may take a few days after the operation before you can eat and drink normally. By the time you are discharged from hospital you should be able to have a normal diet. If you are feeling bloated or nauseous, have a light diet instead.

Work – you can return to sedentary work between two and four weeks after the operation. If your occupation involves physical work, please discuss this with your urologist prior to returning to work. Please contact our office if you need a medical certificate for work.

Driving – you cannot drive until you feel you can comfortably perform an emergency stop (slam your foot down on the brake). For most people this will be at least one week after the operation. Do not drive after taking opioid pain relief (eg. Oxycontin, Oxycodone, Endone, Targin) because it can cause drowsiness. Check with your insurance company regarding exclusion clauses around surgery before you start driving.

Exercise and strenuous activity – you can restart gentle exercise such as walks one week after the operation. Regular gentle exercise can help you regain strength and energy after the operation. You should avoid strenuous exercise and heavy lifting for six to eight weeks after the operation.

Sex – you can return to sexual activity when you feel comfortable. For most people this will be at least two weeks after the operation.

Wound care

Your wounds will be closed with stitches and covered with glue or a dressing.

The glue is dissolvable and does not need to be removed. Dressings can be removed seven days after the operation. You can remove the dressing yourself at home. If the dressings fall off prior to this, they do not need to be replaced. If there are small white band aids (steri-strips) underneath your dressings, they can be left in place until they fall off.

The stitches in the wound are dissolvable and do not need to be removed.

The glue/dressings are waterproof - you can shower normally immediately after the operation. Once the dressing has been removed, the wound can get wet in the shower. Do not go swimming or soak in the bath for at least two weeks after the operation.

It is normal for a small amount of blood or blood-stained clear fluid to ooze from the wounds for a few days after the operation.



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It is normal to have bruising and numbness/tingling/itching around the wounds for several weeks after the operation.

Do not apply any creams or lotions to the wounds until they have healed completely.

Pain relief and other medications

For a few days to weeks after the operation, it is common and normal to have mild to moderate pain in your:

- Abdomen.
- Wounds.
- The tip of your shoulder/s.

Post-operative pain can be reduced with relaxation, hot packs, and avoiding strenuous activities.

After discharge from hospital, take regular paracetamol (500mg, 2 tablets, 4 times per day) until you no longer have pain. Paracetamol is available over the counter at pharmacies and grocery stores.

On discharge, you may be given a supply of regular long-acting strong pain relief, such as:

- Oxycodone sustained/extended release (Oxycontin)
- Oxycodone/Naloxone (Targin)
- Tramadol sustained release, or
- Tapentadol sustained release (Palexia SR)

Take these tablets regularly as instructed. These tablets will usually be weaned (dose reduced) or ceased a few days after discharge from hospital.

On discharge, you may be given a supply of short-acting strong pain relief to take if needed, such as:

- Oxycodone (Endone).
- Tramadol.
- Tapentadol (Palexia).

If you still have pain after taking paracetamol and long-acting strong pain relief (if applicable), take the short-acting strong pain relief as instructed.

It is important to avoid constipation after the operation. Drinking plenty of water and taking a fibre supplement (such as Metamucil or Benefiber) can reduce your risk of constipation. If you are constipated, take Coloxyl with Senna (two tablets, twice per day), until your constipation resolves. If this isn't effective within 24 hours, take Movicol (one sachet, twice per day) in addition to the Coloxyl with Senna. Both Coloxyl with Senna and Movicol are available over the counter pharmacies.

If you were asked to stop any medications before your operation, please ask your urologist before restarting these medications. Otherwise, you should continue any regular medications you were taking before the operation.

Having a ureteric stent

A ureteric stent has been inserted at the time of the operation. A ureteric stent is a long, thin, flexible, hollow plastic tube. It has a curl at each end. The ureteric stent runs inside the ureter with the top curl sitting inside the kidney and the bottom curl sitting inside the bladder.

While you have a ureteric stent, you may have:

- Burning/stinging when passing urine;
- Discomfort in your bladder;
- The need to pass urine more often than normal during the day and night;

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- Blood in your urine; and/or
- Pain in your side, especially with vigorous activity or when passing urine.

These symptoms will usually improve in the first few days after the operation and will completely resolve when the ureteric stent is removed.

To reduce the symptoms associated with a ureteric stent:

- Try to drink at least 2L of water a day while the ureteric stent is in place. Limit your intake of alcohol and caffeine containing drinks (coffee, tea, cola, energy drinks).
- Avoid straining to pass urine. For men, it may be more comfortable to pass urine while sitting down.
- If vigorous physical activity is making your symptoms worse, avoid these activities until the ureteric stent has been removed.
- Rest or lie down if your symptoms are especially bad.
- Use a urinary alkaliniser such as Ural to reduce burning/stinging when passing urine. Ural can be taken up to four times per day. Ural is available over the counter at the pharmacy.

Follow up

It is very important that the ureteric stent is removed in the intended time frame. If you haven't received an appointment for removal of the stent, please call our office to check.

Your doctor will arrange a follow up appointment a few months after the stent is removed to check on your recovery.

When to seek attention

It is not normal to have any of the following during your recovery:

- Continuous bleeding or oozing through the wounds.
- The wounds splitting open.
- Redness, pain or swelling around the wound which is getting worse.
- Severe abdominal pain.
- Persistent nausea or vomiting, or an inability to take food or fluids.
- Fevers, sweats or chills.
- Difficulty passing urine.
- Severe constipation.
- Pain or swelling in your calf.
- Shortness of breath.
- Chest pain.

If you experience any of these symptoms, please phone our office, see your GP, or present to your nearest emergency department.

To speak with your urologist or one of our specialist urology nurses, phone 07 3830 3300 during business hours.

For urgent after-hours concerns, phone 07 3830 3333 to speak with our on-call urologist.

