

## Complications:

- Any anaesthesia has its risks and the anaesthetist will explain this to you.
- Complications may vary depending on the initial surgery done
- Urine leak
- Ureteric stent X 6 weeks
- Infection
- Stent irritation
- Strictureing at the site of surgery requiring dilatations, permanent stent or re-do surgery
- NB! Each person is unique and for this reason symptoms vary!

Narrowing of passage  
due to strictures



Normal



Moderate



Severe



Total

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# Urologist



**Dr Jo Schoeman**  
Specialist Urologist

**PATIENT  
INFORMATION  
BROCHURE**

***URETERIC  
INJURY***

See this live on:  
[vidscrip.com/urojo](http://vidscrip.com/urojo)

Patient well-being is my first priority!

# Ureteric Injury

Infrequently ureteric **injuries** can occur with other abdominal surgery ie.

Hysterectomy,  
Ovarian mass resection,  
Bowel resections,  
Sacro Colpo-pexy.

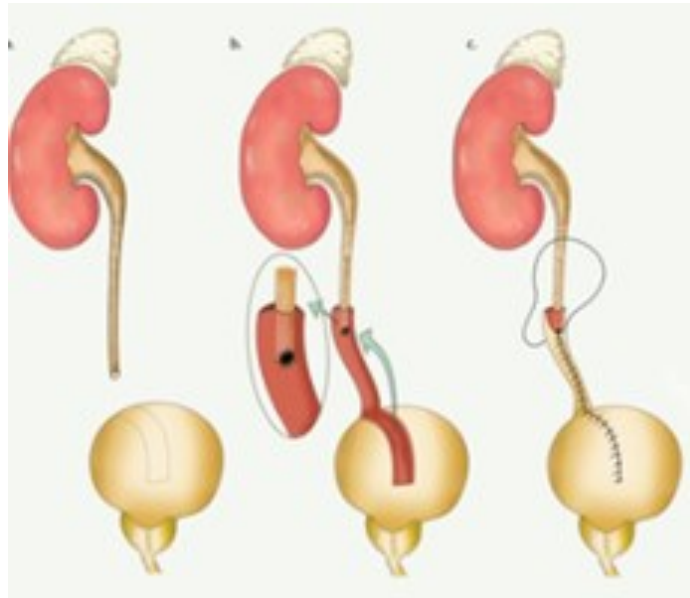
If the injury is below the pelvic brim then a re-implantation with is recommended with Boari flap, otherwise a primary end-to-end anastomosis

## Why is it done?

- Strictureing or narrowing of the ureter causing significant hydronephrosis
- Injury to ureter with Urological surgery can cause this: Ureterscopy
- Injury to the ureter from other surgeries: Colorectal, Gynaecological
- This injury if not noted may lead to chronic infection
- End-result is loss of renal function
- An end to end anastomosis can be considered in the mid ureter.
- A Reimplantaion into the bladder with lower ureteric strictures
- A pelvi-ureteric junction repair in higher ureteric strictures
- A trans uretero-ureteric anastomosis joining one ureter to the other where long defects are present
- Renal Auto Transplantation where ureter is completely damaged or
- An ileal ureteric substitution where to whole ureter is damaged

## How is it done?

- Laparoscopic or Robotic technique
- Patients will receive a general anaesthesia.
- Prophylactic antibiotics is given.
- The correct ureteric system is identified and marked while you are awake
- This will be mostly a laparoscopic procedure.
- Laparoscopic ports are placed, 1 for camera and 1-2 as working ports.
- The affected ureter is exposed, The defect cut out with a re-anastomosis of a spatulated proximal ureter to a the distal ureter over a ureteric stent.
- Different techniques are used to add more length to the ureter: Boari Flap, Psoas Hitch
- An indwelling catheter is placed.
- A drain is placed.



## What next?

- You may be in hospital a few days
- Your catheter will be removed the following day. Or as soon as your urine is clear
- As soon as you are comfortable with no signs of pain and emptying your bladder sufficiently, you will be discharged
- A ward prescription may be issued on your discharge, for your own collection at any pharmacy
- A follow-up appointment will be scheduled for 6 weeks to remove your ureteric stent under local anaesthesia with a Flexible Cystoscopy
- A review with a CT IVP will be scheduled 6 weeks after this to check on the end result of the ureter.
- Any pain or signs of fever require an urgent review
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**

