

Risks

- Minimal Blood loss
- Wound Infection.
- Post-operative hernia formations especially associated in the elderly with atrophic abdominal muscles

NB! Each person is unique and for this reason symptoms vary!

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Urologist



Dr Jo Schoeman
Specialist Urologist

PATIENT INFORMATION BROCHURE

ROBOTIC ASSISTED NEPHROPEXY

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

Laparoscopic Nephropexy

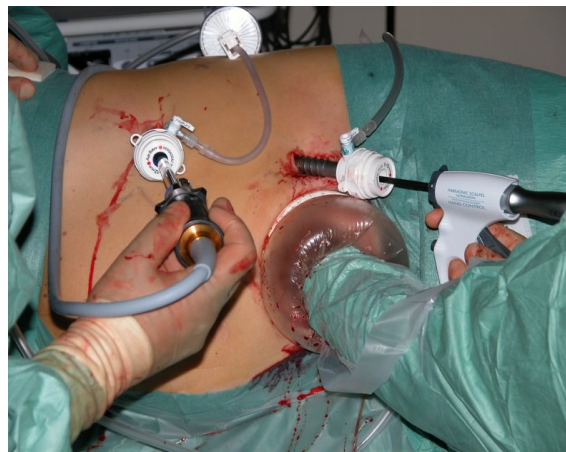
For symptomatic Least invasive procedure with quick recovery.

Why is it done?

- Nephroptosis
- Confirmed on standing Urogram with hydronephrosis caused by kinking of ureter as the kidney falls down due to loss of supporting structures

Very Important!!

The correct side for surgery should be checked :
CT scan present
Your approval
Prior to anaesthesia being commenced

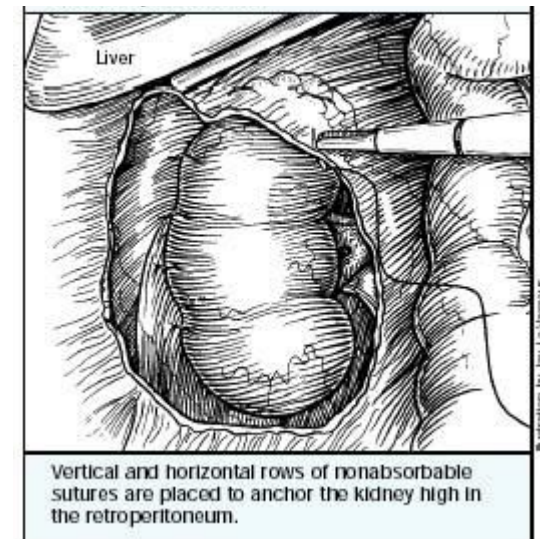


How is it done?

- GA
- Prophylactic anti-biotics is given.
- An indwelling catheter is placed.
- The correct kidney is identified and marked while you are awake
- Depending on the affected side of 3-4 incisions will be made and a hand port
- The colon is reflected to reveal the retro-peritoneal space
- The ureter is identified and cleared up to the hilum
- The upper pole of the kidney is mobilized with its surrounding fat.
- A proximal spot on the psoas muscle is cleared
- 2 Non-dissolvable sutures are used to fix the upper pole of the kidney to the Psoas Muscle
- A drain is placed

What next?

- Minimal Blood loss
- Wound Infection.
- Post-operative hernia formations especially associated in the elderly with atrophic abdominal muscles
- Prolonged hospital stay due to impaired renal function recovery.
- NB! Each person is unique and for this reason symptoms vary!
- This may no alleviated your pain!
- A follow-up appointment will be scheduled for 6 weeks. Remember there is no pathology due to vaporization.
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**



Vertical and horizontal rows of nonabsorbable sutures are placed to anchor the kidney high in the retroperitoneum.