



Care after Reimplant Surgery for Urinary Reflux

Reimplant surgery fixes urinary reflux. This is a condition in which urine travels from the bladder back up to the kidneys. To correct this problem, the tubes from the kidneys to the bladder (the ureters) are reattached or reimplanted in the bladder wall. Your child will be in the hospital for 3 to 5 days after this surgery.

How do I care for the cut (incision) after surgery?

- The incision may be in the shape of a smile. It is just above the pelvic bone. This will not be visible later in life, since it will someday be covered by hair.
- If your child had a laparoscopic procedure, the incisions are smaller.
- The incision should look clean and dry. A little blood under the bandage is normal. The incision may be covered with surgical plastic glue or small pieces of tape (Steri-Strips) and a clear bandage. These should be left in place. If the bandage or strips curl up at the ends, they can be trimmed. The surgical glue will peel off on its own.
- Stitches do not need to be removed. They are under the skin and will dissolve on their own.

Will my child have pain?

- After a surgery some pain and discomfort is normal. You know your child best. We encourage you to take an active part in your child's recovery by talking with your care team about how your child shows pain. In addition to medicine given while in the hospital, encourage coping tools (like games or books) to treat pain and provide support. No matter the level of your child's pain, we also believe that they are hurting and will respond right away.
- Your child may have some pain around the incision and may have bladder spasms (see below). The most discomfort occurs 24 to 48 hours after surgery while your child is still in the hospital. If your child has a laparoscopic procedure, irritation along the lower ribs, back or shoulder is common.
- Your child will be given stronger medicines during this time to lessen the pain, often through a thin tube called an epidural catheter. This tube is removed in 2 days.
- When your child is back home, use children's acetaminophen (Tylenol, Tempra, Liquiprim, Panadol, etc.) as directed by your child's doctor. Check with your child's healthcare provider before giving any type of medicine to your child. Your child may also be given medicine for bladder spasms, if needed.

How should I dispose of left over pain medication?

To keep your family safe, store medicines inside a locked cabinet or location where others cannot easily get to them. Once your child has recovered from surgery, dispose of all unused medicines. Taking leftover pain or other medicines on purpose or by accident, can be very dangerous.

For more information about safe disposal of unused prescription medications including pain medications, read our handout “How to Get Rid of Unused Prescription Medicines” at seattlechildrens.org/pdf/PE784 or visit takebackyourmeds.org to find a take back place near you.”

What is a bladder spasm?

A bladder spasm is a contraction, cramp or tightening of muscles in the bladder wall. Causes of bladder spasms include:

- When the urinary catheter irritates the bladder wall
- When the urinary catheter gets kinked or blocked
- When the bladder wall is healing

A bladder spasm usually lasts less than a minute and can cause your child to wince. You may also see your child pee urine that is tinged with blood after a spasm. This is normal and should not harm your child.

Will my child have a tube (catheter) to drain urine?

- After surgery, your child will have a drainage catheter for 3 to 5 days to keep the bladder empty.
- Before the catheter is taken out, your doctor may have your nurse clamp the catheter so your child can get used to peeing on their own.
- After the catheter is taken out, your child may have some discomfort peeing for awhile.
- Your child may also have ureteral stents. Ureteral stents are small internal tubes that keep the ureters open. Stents need to be removed in a second, very brief day surgery 6 to 8 weeks after the first surgery. For more information, read our handout “Ureteral Stents” seattlechildrens.org/pdf/PE1949.pdf.

What if my child goes home with a catheter?

- You will be taught how to take care of the catheter and change the urine bag.
- Please read the Seattle Children’s flyer called Indwelling Urinary Catheter Care, seattlechildrens.org/pdf/PE117.pdf.
- If your child does go home with a catheter, it will be taken out in about a week.

Will there be blood in the urine?

Your child’s urine may still be pink when it is time to go home. It will clear up in the next few weeks, but may become bloodier after vigorous play or activity. This is **normal** and should not harm your child. If there are blood clots in your child’s urine, call the Urology Clinic.

To Learn More

- Urology
206-987-2509
- Paging Operator
206-987-2131
- Ask your child's nurse or doctor
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.

When can bathing and activity begin?

- Your child can bathe as usual 2 days after surgery. Ask your child's doctor.
- Most children should avoid climbing, biking and gym class and sports for 1 month. After that time, it is OK to do all usual activities. Ask your child's doctor about your child's plan.

What can my child eat?

- Your child will be back to their regular diet by the time it is time to go home from the hospital.
- Ask your child to keep drinking as much liquid as possible. If your child is drinking enough, their urine should be clear in the toilet.
- Offer a variety of fruit and vegetables. This will help prevent constipation. It is harder to pee when the bowel is full of stool. Constipation will increase bladder spasms and pain after surgery.

Will my child still continue with the antibiotic?

Your child probably will need to continue a low dose of the antibiotic. Give the medicine at bedtime when the bladder goes for longest time without emptying while your child sleeps.

When should I call the doctor?

Please call your doctor if your child:

- Has a fever of 101.5°F or chills
- Is vomiting
- Has redness, drainage or swelling of the incision or the SP catheter sites
- Has severe, constant pain that is not helped by pain medicines
- Ongoing blood clots in the urine
- Has an indwelling catheter that has stopped draining urine
- Has symptoms of a urinary tract infection, including:
 - Fever
 - Irritability
 - Burning when they pee
 - Needing to pee very often or very badly
 - Smelly, cloudy or bloody urine
 - Wetting if otherwise potty trained

If you have questions or concerns, please call the nurse in the Urology Clinic at 206-987-2509. After hours or on weekends, call the paging operator and ask for the urologist on-call: 206-987-2131.

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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