WHAT TO DO WHEN THINGS GO WRONG: AN HONEST LOOK AT COMPLICATIONS

URETERAL REIMPLANTATION

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- Prenatally identified bilateral hydroureteronephrosis
- FT delivery
- Healthy infant on room air
- Antibiotic prophylaxis started at birth
• Cystoscopy with incision of bulbar urethral membrane
• Creatinine 0.3 mg/dl
• Antibiotic prophylaxis continued
Thought process

• Marked reflux with stasis
• Renal function stable
• No infections
• Could benefit from reimplant but reluctant to proceed
  – ? Bladder function
  – ? Ureteral function
3 years of age

- No infections on antibiotics
- Creatinine 0.35 mg/dl
- Toilet trained
- Voids every 2-3 hours
Creatinine .41 mg/dl
700 cc bladder
Reflux occurred at 650 ml
I recommend that he undergo cystoscopy (to reassess his urethra) with bilateral tapered ureteral reimplantation and insertion of bilateral indwelling ureteral stents. I described the surgery, its risks (anesthesia, bleeding, infection, persistent VUR, urinary obstruction, need for additional surgery), and expected post-op course, including the need for an inpatient stay of 2-5 days post-po and the need to return for outpatient cystoscopy with ureteral stent removal one month pater.
• Bilateral tapered ureteral reimplantation
• Ureteral stents placed
• Stents removed 6 weeks after procedure
6 weeks after stent removal

Creatinine .84 mg/dl
Management?
Management

- cystoscopy
- Both ureteral orifices appear normal
- Ureteroscopy shows no obstruction on either side
- Indwelling stents placed
- Foley catheter
- Creatinine returns to baseline (.4mg/dl)
Next step?
Management

• Endoscopic unroofing of both ureters
• Stents removed 6 weeks later
• Endoscopy at this time shows essentially no ureteral tunnel
US 2 months after stent removal

• Creatinine 0.44mg/dl
Next steps?

- Toilet trained
- Voids every 2-3 hours
- Has never had a UTI