

## Home Care following Ureteral Replantation

### **What to expect**

- Most children will go home without any tubes.
- Your child may urinate frequently and have urine accidents that may happen for a few months following surgery.
- Your child may have blood in the urine that may last for up to a week.
- Your child may have a dressing when they leave the hospital. It can be removed one week after surgery.
- Your child will get an ultrasound at 4-6 weeks following surgery.

### **Care of the Tube**

- If your child has a tube that drains the bladder or kidney, a little redness and drainage are normal where the tube exits the skin.
- If there is a tube present antibiotic ointment should be applied at the skin exit site three times a day.
- There should always be urine in the drainage bag or dripping from the end of the tube.
- Please keep the tube and drainage bag below the level of the bladder.

### **Bathing**

- If your child has no tube visible, then routine bathing is allowed after leaving the hospital.
- If tubes are present then sponge bath only until tubes are removed.

### **Activity**

- No roughhousing or tumbling for 3 weeks or longer if a tube is present. Keep the child at home with low activity until the tube is removed or 3 weeks, whichever is longer.
- You should still put your child in their car seat normally following surgery.
- No gym class, no sports, and no lifting greater than 5 lbs including backpacks for 3 weeks following surgery.

### **Diet**

- Your child may eat a normal diet. Your child may prefer smaller meals following surgery and this is okay.
- Encourage your child to drink plenty of water, juice, and milk.

- Your child should have bowel movements (poop) within two days after leaving the hospital. Give your child juice, fruit and vegetables so that they do not get constipated (cannot have a bowel movement). Your child should not strain or push when trying to have a bowel movement. If they do not have a bowel movement within two days after leaving the hospital then you may give a child's glycerin suppository in their bottom, (rectum). You can buy these at the drug store without a prescription.
- You can also use Miralax as directed to help with bowel movements. This can be used in addition to the suppository.

## Medications

- If a pain medication is prescribed for your child give it to them for severe pain only. This medication is usually not needed after one to two days after surgery. If the pain is less severe, using Tylenol and Motrin may help. It is okay to give Motrin with the prescription pain medication **but it is not okay to give Tylenol with the prescription pain medication since both medications contain Tylenol.**
- Continue to take your antibiotic until your doctor tells you it is safe to stop.
- The surgery and/or drainage tube may make your child have bladder spasms (cramping). Your child may cry or pull their legs up to their chest when this happens. You may be given Ditropan, a medicine to help with this. This should be used only as needed but not more than every 8 hours.
- Bladder spasms may be experienced by the child as a feeling of needing to urinate and can't, pain in genitals, or pain in bladder.

## Things to Check For

- Blood clots in the urine
- Blood clots in the tube
- Oozing of blood or bleeding from the incision
- Bad odor in the urine or incision
- Pus

## When to Call

- If no bowel movement for 2 days following discharge from the hospital.
- Swelling, redness, pus or concerns for infection at the site of surgery.
- If the tube falls out or stops draining (if a tube is present).
- Chills or fever over 101F.
- Pain not controlled with the pain medications.
- Urine that is like dark red wine or there are clots bigger than a dime in the urine.

## How to Reach Us

- **Non urgent** general questions during weekdays call the Pediatric Urology Clinic, from 8:30am-4:30pm at **503-494-4808**.
- Evenings, weekends, and holidays, call the hospital operator 503-494-8311. Ask for the pediatric urology resident on call.