**Laparoscopic Ureterolithotomy**

Laparoscopic ureterolithotomy is a procedure to remove large stones (> 1 cm) from lower part of upper ureter (a tube that drains urine from kidney to bladder). Upper ureter is defined as the area of ureter from ureteropelvic junction to superior margin of sacroiliac joint.

Laparoscopic procedures use small incisions & specialized instruments. This helps avoid large incisions that are used in Open Ureterolithotomy.

**Indications**

**Lap ureterolithotomy is used to remove stones in the ureter that**

- Are > 1cm & not amenable to Ureteroscopic removal (URS)/ Percutaneous ureterolithotomy (PCNL)
- Are symptomatic (pain/ bleeding)
- Infected
- Obstruct urinary passage
- Cause hydroureteronephrosis (swelling of the pelvicalyceal system)

**Complications**

- Ureteric stricture (narrowing of the ureter)
- Stone migration (failure to remove the kidney stone)
- Urinary leakage (from the site of cut in the ureter, may last 4-5 days) & may need prolonged foleys catheterization (7-10 days)
- Bowel complications – SAIO – subacute intestinal obstruction, transient paralysis of the bowel that resolves usually by conservative management.
- Port site herniation (rare but not unknown)

Talk to Dr Manav Suryavanshi in detail about the side effects & benefits before the procedure.

**What to Expect**

**Prior to procedure**

**Investigations**

- Kidney function tests
- NCCT KUB / CECT Urogram
- Metabolic evaluation, if needed
- Urology Pre-op. panel
- PAC (anesthesia check up)

You may be asked to stop taking medicines 5-7 days before procedure, such as blood thinners, antiplatelet medications, after consulting & taking clearance from your primary physician who started these medicines.

You shall be kept fasting from midnight prior to the procedure unless told otherwise by
Dr Manav Suryavanshi.

**Anesthesia**

This procedure is performed under General Anesthesia.

**Procedure**

A few small incisions are made in the abdomen (5 – 12 mm). Instruments are inserted through the ports and the ureter dissected. An incision is made in the ureter to remove the stone. This incision is closed with stitches. A drain is kept. This helps drain the fluid from around the area of dissection (inflammatory fluid/ urine). Ports are closed, skin stitched & wounds dressed.

After the surgery the patient is taken to the recovery room for observation for 4-6 hours. The procedure usually takes 60 – 90 mins. There may be pain in recovery period for 2- 3 days which is controlled by giving pain medication.

The usual length of hospital stay is 3 – 5 days.

**Drains**

The patient has a drain, a foleys catheter & Double J stent in situ. The drain & foleys are usually removed before the patient is discharged.

**Double J stent**

The Double J stent is removed at 2- 3 weeks post surgery as daycare procedure after admitting the patient for 4-6 hours under local anesthesia.

Note: Stone migration is a known complication of this procedure as stones in dilated systems are amenable to be displaced very easily. In such patients if they are given ESWL- Extracorporeal Shock Wave Lithotripsy after the procedure such stents may be kept for 6 - 8 weeks and then removed after ESWL sessions (usually 4) have been completed.

**Diet**

Patients are allowed liquids by the evening, soft diet after 24-48 hours & normal diet from 3rd/ 4th day on a patient to patient basis.

**At Home**

- Rest for 5 -7 days after surgery (Can resume normal daily chore activities)
- Drink plenty of fluids
- Clean the incision sites as instructed
- Take medications as advised
- It is usually possible to return to work 2 – 3 weeks after surgery.

Report to Emergency or call Urology Helpline ( +91-9560398928)

- Fever with chills & rigors > 100 degree F
- Excessive bleeding
- Redness, swelling or pus draining from the site of incision
- Nausea or vomiting that is not getting controlled with medication

For appointment with Dr Manav Suryavanshi, call +91-9910103545 or email at manavsuryavanshi@gmail.com