Robotic-Assisted Laparoscopic Ureterolysis (RALU) Surgery

What are the main risks of surgery? (with approximate rates, if known)

Risks during the operation include:

Major Vascular Injury = 1 in 100, Bowel Injury = 1 in 500, Ureter Injury = 1 in 50, Nearby organ injury e.g. spleen, kidney/s, adrenal gland/s etc = 1 in 200, Need for Blood Transfusion = 1 in 5000, Need to convert to open surgery = 1 in 500.

Risks after the operation include:

Poor wound healing, Hernia at the site where ports were inserted, Numbness = 1 in 100, Scrotal swelling in males. Operation Unsuccessful (in decompressing ureter) = 1 in 10. Recently, in a small number of patients we have found that a person’s sexual function may change a little after surgery, however more research needs to be undertaken before we can make definite conclusions.

Sepsis/Infection, Urine leak, DVT (Deep vein thrombosis), Heart attack (Myocardial Infarction), Pneumonia, Pulmonary Embolus. These are known risks that are present with all surgeries that use anaesthesia; see the Trust leaflet on having an anaesthetic for more information.

Why should I have Ureterolysis?

In Retroperitoneal Fibrosis sometimes the fibrotic tissue can wrap itself around one or both of the ureters and block it/them. This can cause pain or damage to the kidneys, leading to kidney failure.

You may have already been treated with stents for this reason. Sometimes Ureterolysis is performed when stents are not able to relieve the blockage, when tubes into the back (nephrostomy) have been inserted or when patients get bothersome symptoms from stents. Sometimes, Ureterolysis can be considered as a pre-emptively where patients do not wish to have the problems associated with stents.

Are there any alternatives?

In some patients, internal plastic tubes called stents may be an option. These require changing with an operation, usually every 6-12 months. Stents sometimes do not drain the kidney very well and can cause stent symptoms (see above).

Sometimes medication can shrink away the RPF tissue, relieving the blockage of the kidney tube(s). In some patients, surgery may be the only option to prevent kidney failure. In addition, some people may need to have an open procedure (not key hole) for Ureterolysis, however, for most people key hole surgery is possible and involves a quicker recovery and shorter hospital stay, as well as less pain.
Preparing for Ureterolysis:

Before your surgery you will have a Preoperative Assessment to assess your fitness for surgery. This may involve having some tests and answering questions about your past medical history. The Preoperative Assessment team will also provide you with information about what to do on the day of your surgery and additional preparations you may have to take, such as fasting.

Patients over the age of 65 or patients who have other health conditions may be assessed for surgery by our POPS Team (Proactive Care of Older People), instead of having a Preoperative Assessment.

It is important to note that being overweight or obese has increased risks, both in terms of the anaesthesia and also because it makes the surgery itself more difficult. Because of this, some patients may be asked to lose weight before surgery can be safely undertaken.

Understanding RALU

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the surgery and that you understand what it involves. If you would like more information about our consent process, please speak to a member of staff caring for you.
What happens during Ureterolysis?

Before the procedure you will be admitted and some pre-surgery checks may be done, such as taking your blood pressure. You will then be taken to the anaesthetic room next to the operating theatre. The procedure typically lasts 1-3 hours for a single ureter (one side) or 2-5 hours for both ureters (one on each side).

The procedure is made up of a number of steps. Firstly, the ports are put in, these are where the instruments will go into the body from the robotic arm system. The abdomen is then filled with gas so that the surgeon can see inside the body. The bowels (intestines) are then moved so that the surgeon can get to the back of the abdomen to where the kidneys and ureters are. Next, the surgeon will find the ureter and separate this from the RPF tissue and then prevent the ureter from being blocked again by using a piece of fat. The bowels will then be moved back to their natural position. Lastly, the ports will be removed and the wounds closed, the surgery is then complete.

Note that the RPF mass cannot be removed.

What happens after surgery?

After surgery you will spend some time on a ward. The typical hospital stay is 1-2 days after surgery. However, this can vary depending on the patient and can be longer if complications occur. The stents will be left in for approximately 3 weeks after surgery until all of the inflammation from surgery has settled.

What are signs of complications to look out for when I go home?

- Shivers or shakes
- A high temperature
- Severe tummy pain that is not relieved by pain medication
- Feeling faint

If you experience any of the above symptoms, please seek medical attention.

Please note that blood in your urine is very common after Ureterolysis.

How will my pain be managed at home?

When you are discharged you will be given paracetamol and a morphine based drug to help with any pain you may still have. The paracetamol should be taken at the advised dose and frequency for the first 3 days and the morphine based drug can be taken as required.
What do I need to do when I go home?

When you go home you may feel tired and run down for a while. It is also normal to experience aches and pains after surgery, although you will be provided with medication for pain relief. We recommend a light diet (yoghurt, soup, cereal) for the first 3 days after surgery to allow your gut to recover. After surgery we recommend no driving or heavy lifting for 2 weeks and not to go back to work for 2-6 weeks, depending on the nature of your job. There is also a chance of this needing to be longer if complications arise.

During your stay you will be given wound clip removers to remove clips used to close your wounds. You will need to make an appointment to see your GP 2 weeks after surgery to have these removed.

You will be sent an appointment to come to the RPF clinic 3 weeks after your surgery.

Frequently Asked Questions

• Is Ureterolysis likely to be a permanent fix?

As far as we know currently, around 10% of our patients will need further intervention due to obstruction or issues with their kidney function after having surgery.

• Will my pain go away?

The pain that patients experience in RPF is based on many factors and also depends on where the fibrotic tissue is within the body. Because of this all of your pain may not go away after surgery, however, pain and discomfort from stents (stent symptoms) should do.
Support

In the past, patients have told us that these resources have been helpful for support, advice and information:

- **Yahoo Support Group:** [https://groups.yahoo.com/neo/groups/retroperitoneal_fibrosisworldsupport/info?gucounter=1](https://groups.yahoo.com/neo/groups/retroperitoneal_fibrosisworldsupport/info?gucounter=1)
- **Facebook Support Group:** [https://www.facebook.com/groups/229976760369942/](https://www.facebook.com/groups/229976760369942/)
- **RPF Website:** [https://www.rpfuk.org/](https://www.rpfuk.org/)

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Contact us

If you have any questions or concerns about Robotic Ureterolysis please contact Annafe LaRosa (RPF CNS Nurse): Telephone: 0207 188 3026, Email: Annafe.LaRosa@gstt.nhs.uk, Bleep: Please call the hospital switchboard on 020 7188 7188 and ask for the bleep desk. Ask for bleep 1785 and wait for a response, this will connect you to the RPF Nurse directly. Alternatively, please contact Linda.