

Diet:

Resume preoperative diet

Activity:

Activity as tolerated

It is normal to have pain associated with the ureteral stent. This pain may be worse with activity or movement.

Driving:

No driving while taking narcotic pain medication

Skin/Wound Care:

Resume normal skin care.

Bathing:

No restrictions

Pending Results:

Stone analysis

Symptoms to Call Your Doctor About:

Burning with urination

Chest pain

Increased blood in urine

Pain unrelieved by medication

Shortness of breath

Temperature greater than 101 degrees F

Urinary retention

Appointments:

Please see Mahoney, Andrew C, MD in 1-2 weeks for x-ray and stent removal in the office. Our office will call in the next few days to confirm an appointment time. If you do not hear from us in one week, please call Fletcher Allen Urology Clinic, (802) 847-2884.

No future appointments.

What can I expect from having a ureteral stent?

Most individuals find that having a ureteral stent after surgery for kidney stones can be irritating but is nothing like the pain of having a kidney stone. Most are able to go back to work without restrictions. Patients usually described being able to “feel” the stent in place when bending, lifting or twisting. This is common. You may experience flank and groin pain from the stent. After the procedure, you will be prescribed a number of medications that may help with this pain. Some medications work better for stent pain in certain people than others, so it is important to find a regimen that works for you. It is important to keep taking over-the-counter Tylenol (acetaminophen) and ibuprofen unless your doctor has recommended against taking these medications.

Because of how the stent sits in your bladder, it may cause feelings of having to urinate more than you usually do. There may be some mild burning with urination. It can also cause blood in the urine (hematuria). Blood in the urine is like food coloring: It only

takes a few drops to make it look bright red. You may notice anywhere from light pink clear urine to something resembling Kool-Aid. This is common and can be expected from the stent. Blood in the urine can go away and then come back spontaneously while the stent is in place. Increase the amount of water you are drinking and make sure you stay hydrated. Please call us if you start passing clots in your urine greater than a dime to quarter in size.

You may also notice pain in your flank when you urinate. This is because the stent allows urine to travel back up to the kidney and can cause kidney irritation. This will resolve when the stent is removed.

Irritation from the stent can persist even after the stent has been removed. This is because removal of the stent can cause temporary swelling of the tube (ureter) connecting the kidneys to the bladder. This usually resolves within 6 hours after the stent has been removed. If it continues please give us a call.

How long will the stent remain in my body?

The stent will remain in place for approximately 7-10 days. It will be removed in the office. The procedure to remove it does not require any anesthesia and takes about 1 minute. A flexible camera scope is placed into the bladder allowing the surgeon to see the stent and remove it. This is generally extremely well tolerated.

What are things to look out for?

Please call us if you experience any of the following:

- Urinary retention (no urination for >6 hours)
- Fever greater than 101.5 F
- Passing clots larger than a dime, or dark purple urine that resembles grape juice
- Pain that is not controlled by medications provided
- Significant pain not controlled by medications lasting more than 6 hours after stent removal

The following are general instructions for care of your child after a **circumcision**. Please contact Pediatric Urology (802-847-2100) if you have any questions not answered below.

THE DRESSING

Your child will return from surgery with a dressing around his penis. The type of dressing in place may vary.

In general, the dressing next to the penis will be Vaseline saturated gauze. Dry gauze will then be wrapped around this. Finally, a stretchy bandage (Coban™) will be wrapped around both dressings to provide pressure to the surgical site.

There will be bacitracin ointment on the head of the penis.

REMOVAL OF THE DRESSING

The *morning after the surgery*, remove the Coban™ (stretchy) dressing.

The *evening after the surgery*, the rest of the dressing can be removed in the bathtub.

DO NOT WORRY IF THE DRESSING COMES OFF EARLY. IT DOES NOT NEED TO BE REAPPLIED.

CARE AFTER THE DRESSING IS OFF

Once the dressing has been removed or *falls off*, bacitracin ointment should be applied around the sutures and to the head of the penis several times each day for 1-2 weeks. This will prevent sticking to diapers or underwear.

Expect some bruising and/or swelling of the penis after surgery. This will get better after several days.

It is common to have some oozing from the circumcision site. If there is any oozing, apply gentle pressure with a tissue. It should stop within a few minutes.

PAIN CONTROL

A local anesthesia is usually given at the time of surgery and takes care of pain for up to 6 hours.

We recommend giving acetaminophen (Tylenol®) or ibuprofen (Motrin, Advil) routinely for the first 24 hours after surgery. Follow the dosage and frequency instructions on the bottle.

BATHING

Your child can bathe the night after his surgery. Soaking in the bath for 5-10 minutes daily after that will keep the incision clean. Soaking recent incisions in pools, rivers or lakes can increase the chance of developing an infection of the wound.

ACTIVITY

Avoid rough or active sports for the first week. Avoid any activity that requires straddling, e.g., bicycle or scoot toys for 3 weeks.

No swimming in a pool for one week after surgery. No swimming in a lake or pond until at least 3 weeks after surgery.

CALL PEDIATRIC UROLOGY (802-847-2100) IF YOUR CHILD HAS:

- A fever greater than 101.0F.
- Pain not relieved with acetaminophen (Tylenol®) or ibuprofen (Motrin, Advil).
- Bleeding from the surgical site that does not stop after applying gentle pressure with a tissue for 5 minutes.
- Evidence of infection to the surgical site, for example, increasing redness, swelling, warmth, or stitches coming apart

FOLLOW-UP:

Your child does not need a follow-up unless you have concerns. If you have any concerns, you may call to schedule the follow-up with Pediatric Urology at 802-847-2100.

The following are general instructions for care of your child after an **orchiopexy**. Please contact Pediatric Urology (847-2100) if you have any questions not answered below.

THE INCISION SITE

The incision sites will vary depending on the surgical technique used to bring the testicle(s) into the scrotum.

In an open orchiopexy, there may be an incision in the groin area and on the scrotum of the affected side(s).

In a laparoscopic orchiopexy, there may be a small “stab” wound at the belly button and nearby on the abdomen and an incision on the scrotum of the affected side.

THE DRESSING

In general, the following guidelines apply after orchiopexy:

The surgical incisions are usually closed with thread that the body eventually absorbs. The skin edges may have any of the following applied to them:

Mastisol® or Dermabond® - these are both clear, non-irritating, non-water soluble and flexible liquid adhesives. These adhesives do not require a bandage, and can get wet in the course of normal activities. Both wear off with complete skin healing in 5-10 days.

Steri-strips® - these are strips of tape that are placed across the skin edges alone or in combination with Dermabond®. It is best to keep Steri-strips® clean and dry. Sponge bathing is allowed. The Steri-strips® will fall off by themselves in about ten days.

PAIN CONTROL

A nerve block (injection of medicine near the lower spine) is often given at the time of surgery and takes care of pain for up to 6 hours.

We recommend giving acetaminophen (Tylenol®) or ibuprofen (Motrin, Advil) routinely for the first 24 hours after surgery. Follow the dosage and frequency instructions on the bottle.

Your child may be sore for several days to a couple of weeks after surgery.

BATHING

Sponge bathing for 1 day following surgery is recommended and then regular baths/showers can resume.

ACTIVITY

Rough play such as wrestling, gymnastics, swimming, ball playing and riding toys should be avoided for 2 weeks.

Your child may return to school in 2 days if he feels up to it.

CALL PEDIATRIC UROLOGY (802-847-2100) IF YOUR CHILD HAS:

- Has a fever greater than 101.0F.
- Has pain not relieved with acetaminophen (Tylenol®) or ibuprofen (Motrin, Advil).

- Has evidence of infection to the surgical site(s), for example, increasing redness, swelling, warmth, or wound separation.
- Has not urinated for over 8 hours.

FOLLOW-UP:

Your child should have a follow-up appointment within 4-6 weeks after surgery. In most cases, a child can be seen by his medical provider for follow-up. Exception: orchiopexies done by laparoscopy or having increased complexity, should follow-up with Pediatric Urology (802-847-2100).

The following are general instructions for care of your child/yourself after a **laparoscopic varicocelectomy**. Please contact Pediatric Urology (802-847-2100) if you have any questions not answered below.

THE INCISION SITES

The surgical incisions are usually closed with thread that the body eventually absorbs. The incisions are small but some bleeding or swelling around the incisions is normal.

In general, the umbilical incision is the only incision with a dressing in place. This can be removed after 48 hours.

The other incisions may have Mastisol® or Dermabond® applied to them: These are both clear, non-irritating, non-water soluble and flexible liquid adhesives. These adhesives do not require a bandage, and can get wet in the course of normal activities. Both wear off with complete skin healing in 5-10 days.

PAIN CONTROL

Generally, laparoscopic surgery has less post-operative pain compared to an open procedure. After laparoscopic surgery, your child/you may experience pain at the incision site or in one or both of the shoulders.

We recommend giving acetaminophen (Tylenol®) or ibuprofen (Motrin, Advil) routinely for the first 24 hours after surgery for pain at the incision or general discomfort. Follow the dosage and frequency instructions on the bottle.

The shoulder pain is caused by irritation of the diaphragm by carbon dioxide gas. This is very mild irritation. We recommend that your child/you try to move around as much as possible after surgery. This helps to get rid of any gas trapped in the abdomen.

Within a few days, all the pain should subside completely.

BATHING

Your child/you can take bath with shower 48 hours after the surgery.

Your child/you should not swim in a pool for at least 1 week after surgery. River and lake swimming should be avoided for 2 weeks. Soaking recent incisions in pools, rivers or lakes can increase the chance of developing an infection of the wound.

ACTIVITY

If feeling well enough, your child/you may return to school or work (except for manual labor) within just a few days. If your child/you have a job involving heavy manual labor, it is better to be off work for about two weeks.

Strenuous activities such as lifting weights, straining and vigorous exercise should be avoided at least 14 days after laparoscopic surgery.

CALL PEDIATRIC UROLOGY (802-847-2100) IF YOUR CHILD HAS:

- A fever greater than 101.0F.
- Pain not relieved with acetaminophen (Tylenol®) or ibuprofen (Motrin, Advil).
- Evidence of infection to the surgical site(s), for example, increasing redness, swelling, warmth, or wound separation.
- Not urinated for over 8 hours.

FOLLOW-UP

Please call 802-847-2100 to schedule a follow-up appointment for 4-6 weeks after surgery.

The following are general instructions for care of your child after a **meatotomy**. Please contact Pediatric Urology (802-847-2100) if you have any questions not answered below.

THE INCISION SITE

A dressing is not typically applied after the meatotomy.

For seven (7) days after the meatotomy, it is important for you to spread the opening and apply *bacitracin* by gentle massage 3 times daily and at bath time. This will prevent the edges of the new opening from closing back together

BATHING

Your child should sit in a tub of clear warm water without soap or bubble bath for 10-15 minutes each day, starting the day of surgery. This will help keep the area clean and prevent crusting.

A small amount of *bacitracin* can be placed on the diaper or on a gauze pad in the underpants to keep the area from sticking.

ACTIVITY

There are no activity restrictions after the meatotomy. Your child, however, should not swim in a pool, lake, or river for 1 week after the meatotomy.

PAIN CONTROL

Most children do not have much pain after this procedure. Your child may feel burning or stinging the first time he urinates but this usually goes away quickly.

For general pain control, we recommend giving acetaminophen (Tylenol®) or ibuprofen (Motrin, Advil). Follow the instructions on the label for correct dosage and frequency.

Sometimes a child will complain of penile pain that persists longer than a few days after the meatotomy. Often, the pain is reported to occur after urination is completed. The reason for this continued pain is not fully understood. It may be due to urethral irritation that occurred over time as a result of the turbulent flow of urine passing through a narrow opening. The penile pain usually resolves within 2-3 weeks after the meatotomy. Attention to voiding patterns after surgery can be helpful. Encourage your child to sit to void every 2 hours and remain on the toilet a full 2 minutes to achieve pelvic floor relaxation. Pelvic floor relaxation allows the urethra (urinary tube) to open wide making urination easier.

CALL PEDIATRIC UROLOGY (802-847-2100) IF YOUR CHILD HAS:

Your child has any of the following:

- A fever greater than 101.0F.
- Pain not relieved with acetaminophen (Tylenol®) or ibuprofen (Motrin, Advil).
- Bleeding from the surgical site that does not stop after applying gentle pressure with a tissue for 5 minutes.
- Evidence of infection to the surgical site, for example, increasing redness, warmth, or increased swelling.
- Trouble urinating.

FOLLOW-UP:

Your child does not need a follow-up appointment unless you have concerns. If you have any concerns, you may call to schedule the follow-up with Pediatric Urology (802-847-2100).