

Saint John's Health Center



ROBOTIC ASSISTED LAPROSCOPIC PYELOPLASTY

Location of Surgery:

Saint John's Health Center
2121 Santa Monica Blvd
Valet parking available
Hospital Phone: 310-829-5511

Patient Name:

Date and Time of Surgery:

Check-in Arrival Time (2 hours prior to surgery):

Physician:

Duration of Procedure:

Approximate Total Time (arrival to discharge):

Office Telephone: 310-582-7137

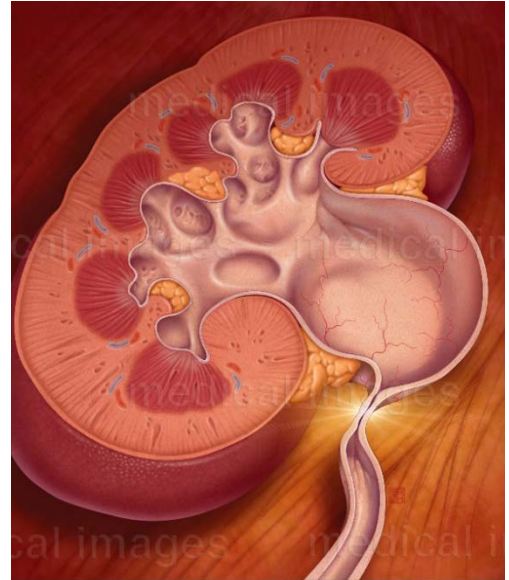
Office Fax: 310-582-7140

BE SURE TO ARRANGE FOR A FAMILY OR FRIEND TO DRIVE YOU HOME. IT IS RECOMMENDED THAT SOMEONE STAY WITH YOU FOR THE FIRST 24 HOURS AFTER THE PROCEDURE.

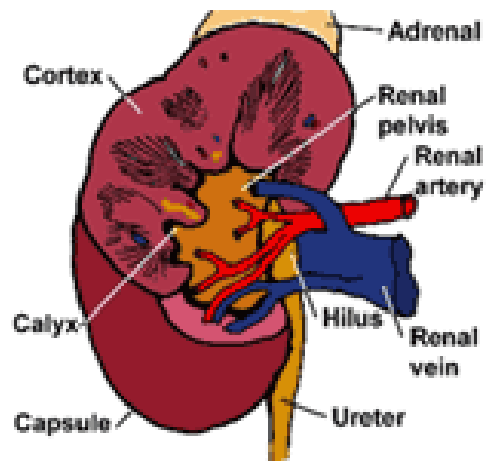
GENERAL INFORMATION

Pyeloplasty is a procedure performed to correct an obstructive narrowing of the **ureteropelvic junction (UPJ)**, an area of the upper tract collecting system just outside of the kidney.

UPJ area bulging with urine, due to narrowing of ureter



Urine is made in the kidney and then deposited into an upper, middle, and lower pole calyx. All three of these then merge into the renal pelvis and hilus of the kidney, which then leaves the body through the ureter to the bladder. The UPJ is the area between the renal pelvis/hilus and the ureter. This area can be narrowed congenitally (from birth), traumatically from injury, or from compression from crossing vessels that attach to the large artery the aorta. During the pyeloplasty procedure, the narrowed segment is removed and the remaining ends are re-connected.



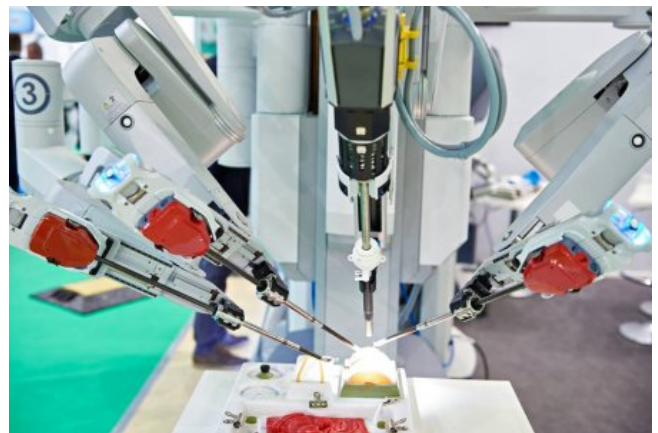
NORMAL ANATOMY

Pyeloplasty is performed robotically using the **DaVinci Robot** machine. During the procedure, the surgeon is seated at a robotic console near the patient. The surgeon controls the robotic instruments to perform the operation and the robot accurately reproduces the surgeon's sophisticated maneuvers.



ADVANTAGES of Robotic surgery:

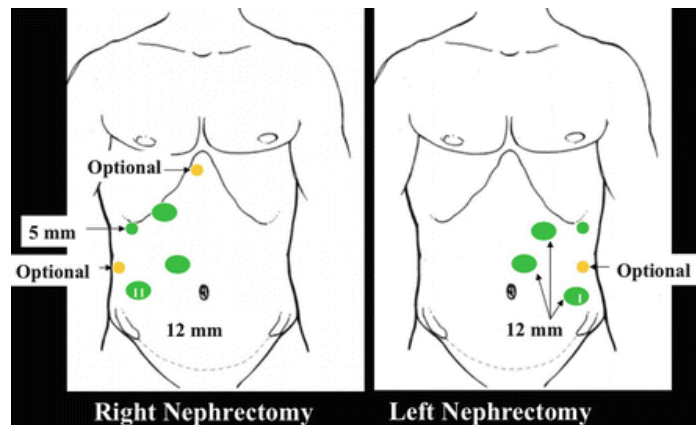
- improved visualization of the area and surrounding structures
- more precise surgery.
- a shorter hospital stay
- less risk of bleeding and infection
- faster recovery
- less post-operative pain.



There are usually 4-6 small, 1 centimeter incisions in the abdomen.

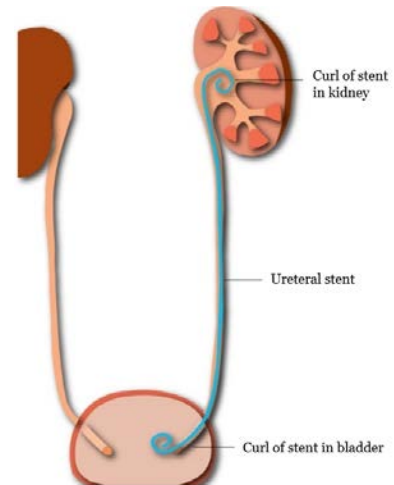
The same incisions as used for A nephrectomy (pictured)

A telescope and small robotic instruments are inserted into the abdomen through the keyhole incisions. This allows the surgeon to locate and remove the UPJ obstructed area without having to place his/her hands into the abdomen.



After the pyeloplasty portion of the surgery, a stent is placed in the ureter for protection while the ureter heals. Stent needs to remain in place for 3 weeks, therefore you will return in approximately 3 weeks for removal done via cystoscopy. (see “stent removal” later in handout)

Ureteral stents are long, thin, hollow tubes placed at the opening to the kidney and extend into the bladder to allow urine drainage after the procedure. Stents are necessary anytime the ureter is accessed to protect or relieve the kidney and ureter from scarring, blockage and swelling or infection after surgery.



Stents are very narrow in diameter and measure 8-10 inches in length. There is a curl on either end of the stent – called pigtail or JJ (double J) stents – which is straightened during insertion, and then recoils to hold the stent in place. Your physician will determine how long the stent needs to remain in place: usually about 3 weeks for this procedure, also depending on your circumstance. The doctor should discuss this with you prior to your procedure.



(See “taking care of your stent” and “stent removal” later in handout)

RISKS AND COMPLICATIONS

- The risks and complications of the surgery will be extensively discussed with you beforehand by your surgeon.
- **Ask your physician if you have specific questions regarding risks.**

PRIOR TO SURGERY

Pre-Operative Testing:

- Pre-op clearance is needed to ensure your safety for surgery.
- You will need to make an appointment with your primary care physician (PCP) or the St. John's hospitalist physician **within 1** month of your surgery date. Orders will be sent for your necessary labs, chest x-ray (CXR), and electrocardiogram (EKG).
- If you have certain heart conditions, you **MUST** discuss it with your surgeon. You may need to make appointment with your cardiologist for a cardiac clearance to ensure that your heart is healthy enough for surgery.
- *All pre-operative testing must be completed with your results sent to us **at least 1 day (no longer than 1 month) prior** to your scheduled surgery.*

Illness:

- If you develop a fever, signs of a cold, bladder infection, diarrhea, or any other illnesses between now and your surgery date, notify our office at (310) 582-7137. We likely will need to reschedule your procedure.

1 Week Prior to Surgery:

Blood Thinner Medications to Stop:

- Blood thinner medications can contribute to serious bleeding during or after your procedure. These common blood thinners should be evaluated by your managing physician, cardiologist, or PCP before surgery to ensure the safety of stopping these medications:
 - Coumadin (Warfarin)
 - Plavix (Clopidogrel)
 - Eliquis (Apixaban)
 - Xarelto (Rivaroxaban)
 - Brilinta (Ticagrelor)
 - Effient (Prasugrel)
 - Ticlid (Ticlopidine)
 - There are other less common blood thinners that should be stopped as well (see comprehensive list)

Over-the-Counter Medications or Supplements to Stop:

- Stop taking these common over-the-counter medications and supplements **7 days** before surgery (unless otherwise specified) as these may contribute to bleeding:
 - Aspirin
 - Check cold medication ingredients to make sure that it does not contain aspirin
 - All NSAIDS (e.g. Advil, Ibuprofen, Motrin, Naproxen)
 - Glucosamine
 - Chondroitin
 - Vitamin E
- Herbal supplements and teas should be stopped **14 days** before surgery to prevent bleeding (see comprehensive list)
- It is okay to use Tylenol (normal or extra-strength) or previously prescribed narcotics with Tylenol (i.e. Percocet, Vicodin) for pain control days prior to your procedure, if necessary.
- See the Comprehensive List of Medications to stop on the next two pages.

Comprehensive List of Medications to Stop:

The following medications contain nonsteroidal anti-inflammatory agents or aspirin ingredients that may interfere with the bloods' ability to clot. These medications need to be **stopped for at least a full 7 days prior** to having your procedure.

A.P.C.	Celebrex	Flector Patch	Midol Extended Relief
Aceta-Gesic	Celecoxib	Flexaphen	Midol Maximum
Acuprin	Clinoril	Flurbiprofen	Strength Cramp
Adprin-B	Co-Advil	Four Way Cold Tablets	Formula
Advil	Co-Gesic	Gelpirin tablets	Mobic
Aggrenox	Congespirin	Gemnisyn	Mobidin
Aleve	Cope	Genpril	Mobigesic
Alka Seltzer	Coricidin	Genprin	Momentum
Amigesic	Damason-P	Goody's Body Pain	Mono-Gesic
Anacin	Darvon Compound	Goody's Extra	Motrin
Anaprox	Daypro	Strength Headache	Motrin IB
Anaprox DS	DeWitt's Pain Reliever	Halfprin 81	MST 600
Anodynos	Diclofenac	Halfprin	Nabumetone
Ansaid	Diflunisal	Haltran	Nalfon
Argesic	Dipyridamole	Healthprin	Naprelan
Artha-G	Disalcid	Heartline	Naprosyn
Arthritis Foundation	Doan's	Ibuprofen (all	Naproxen
Pain	Dolene	NSAIDs)	Night-Time
Arthritis Pain Formula	Dolobid	Ibutab	Effervescent
Arthritis Strength	Dolor	Indocin	Norgesic
Bufferin	Doxaphene	Indomethacin	Norgesic Forte
Arthropan	Dristan	Ketoprofen	Norwich Extra
Arthrotec	Dristan Sinus Pain	Ketorolac	Strength
ASA	Reliever	Levacet	Nuprin
Asacol	Durabac	Liquiprin	Nyquil
Ascriptin	Duradyne	Lobac	Nytol
Aspergum	Duraxin	Lodine	Orphenadrine
Aspirin	Easprin	Lortab ASA	Orphengesic
Aspirin with codeine	EC-Naprosyn	Magan	Orudis
Asprimox	Ecotrin	Magnaprin	Oruvail
Azdone	Empirin	Magsal	Oxaprozin
Azulfidine	Empirin with codeine	Marthritic	Oxycodone and
Backache Maximum	Equagesic	Meclofenamate	aspirin
Bayer Products	Equazine-M	Meclomen	Pabalate-SF
BC powder and tablets	Etodolac	Medipren	P-A-C
Bufferin	Excedrin	Mefenamic Acid	Painaid
Bufferin Arthritis	Excedrin Aspirin Free	Meloxicam	Pamprinamprin
Strength	Excedrin IB	Menadol	Panasal
Buffex	Extra Strength Anacin	Mepor Compound	Pentasa
Butalbital Compound	Feldene	Meprobamate/Aspirin	Pepto-Bismol
Butazolidin	Femback Caplets	Meprogesic Q	Percodan
Cambia	Fenoprofen	Methocarbamol	Persantine
Carna Arthritis	Fiorina	Micrainin	Phenylbutazone
Cataflam	Fiortal	Midol	Phrenilin

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Piroxicam	Premysyn	Quiet World tablets	Rexolate
Ponstel	Presalin	Relafen	Robaxisal
Pradaxa	Prevacid NapraPAC	Resolve	
Robomol	Salsalate	Sulindac	Trigesic
Rowasa	Salsitab	Summit	Trilisate (Choline trisalicylate)
Roxiprin	Sine-aid	Synalgos-DC capsules	Tusal
Rufen	Sine-off	Tolectin	Vanquish
S-A-C	Sodium salicylate	Tolmetin	Voltaren
Saleto	Sodol	Toradol	Zipsor
Saleto-200	Soma Compound	Trendar	ZORprin
Salflex	Sominex	Trental	
Salocol	St. Joseph Aspirin	Tricosal	

This list contains the most common medications prescribed. There are hundreds of other aspirin-containing products on the market that may contain generic aspirin. As such, any medication containing aspirin or acetylsalicylic acid should be **stopped for a full 7 days prior to your procedure**. If you have any questions regarding these medications, call 310-582-7137.

HERBAL PRODUCTS AND VITAMIN USE SHOULD STOP BEFORE YOUR PROCEDURE: Certain vitamins, minerals, and “herbal medications” can affect anesthetic potency, cause hemodynamic instability, potentiate bleeding, and increase cardiac dysrhythmias. **These should be stopped for 14 days prior to your procedure.**

Vitamin E	Garlic	Kava-kava
Echinacea	Ginger	Licorice
Ephedra	Gingko biloba	Saw Palmetto
Feverfew	Ginseng	St. John’s Wort
Fish Oil (Omega 3)	Goldenseal	Valerian

The following medications are anticoagulant medications and need to be stopped after consulting with the ordering physician:

Angiomax (Bivalirudin)	Fragmin (Dalteparin)	Pradaxa (Dabigatran)
Argatroban	Heparin	Refludan (Lepirudin)
Arixtra (Fondaparinux)	Innohep (Tinzaparin)	Ticlid (Ticlopidine)
Coumadin (Warfarin)	Lovenox (Enoxaparin)	Xarelto (Rivaroxaban)
Effient (Prasugrel)	Plavix (Clopidogrel)	
Eliquis (Apixaban)	Pletal (Cilostazol)	

If you are unsure of which medications to stop, call 310-582-7137.

DO NOT STOP TAKING ANY PRESCRIBED MEDICATIONS WITHOUT CHECKING WITH THE ORDERING PHYSICIAN!

Medication DO's and DON'T's:

- **DO take blood pressure** and/or **thyroid medication**. If you usually take a morning dose, then take as usual the morning of procedure with a small sip of water.
- **DO bring your current, up-to-date list of medications** with you for your anesthesiologist to review.
- **DO bring inhalers** if you use any.
- **DO check with your prescribing physician** if you take **insulin** for dosing instructions.
- **DO NOT take oral diabetic medication** the morning of your procedure. Taking it could result in low blood sugar, since you will not be allowed to drink or eat anything that morning.

Evening Prior to Surgery:**Food and Drink:**

- ***DO NOT EAT, DRINK OR CHEW ANYTHING FOR 8 HOURS PRIOR TO YOUR PROCEDURE.*** This includes water, juice, coffee, chewing gum, breath mints, and lozenges.
- Do not drink alcoholic beverages, smoke, or take unauthorized drugs for **48 hours (2 days) prior** to your procedure.

Pre-Procedure Cleansing and Skin Care Instructions:

- Take a shower the night before and the morning of your procedure with antibacterial soap (such as Dial) to prevent infection.
- Generously lather your body, scrub well, and rinse. Give special attention to the area where the incision will be made for your surgery.
- After your morning shower, do not apply creams, body oils, perfumes, deodorants, lotions, powders, make-up, lipstick, nail polish, or any other cosmetic product to the skin.
- Remove dark nail polish and acrylic nails on at least 2 nails (one on each hand). This is needed to assess nail bed color and monitor oxygen saturation.

Day of Surgery:

Before Arrival:

- Wear comfortable, loose-fitting clothes.
- You **MUST** bring your insurance card.
- Avoid bringing valuables, such as jewelry, watches, and money. Essential items (e.g. glasses, contact lenses, wigs, hairpins, hair clips, dentures, prostheses) should be removed before entering the operating room. Leave your essentials with family members/friends, or secure them in an on-site locker.
- Optional: bring any advanced directives, healthcare power of attorney, or guardianship papers if you have them.

On Arrival:

- Proceed to the surgery location and check in at the information desk to be escorted to the pre-operative registration area.
- You will meet your anesthesiologist to review your medications and discuss your anesthetic plan.
- Family members/friends may stay with you until you are taken to the operating room.

AFTER SURGERY

After Surgery:

- Family members/friends waiting for you will be notified when your surgery is complete. If you desire, the doctor can discuss findings with your family members/friends.
- After surgery, you will go to recovery to awaken from anesthesia. This usually takes **1 hour, occasionally 2 hours**. When you have sufficiently recovered from anesthesia, you will be admitted to the hospital.

Upon Discharge:

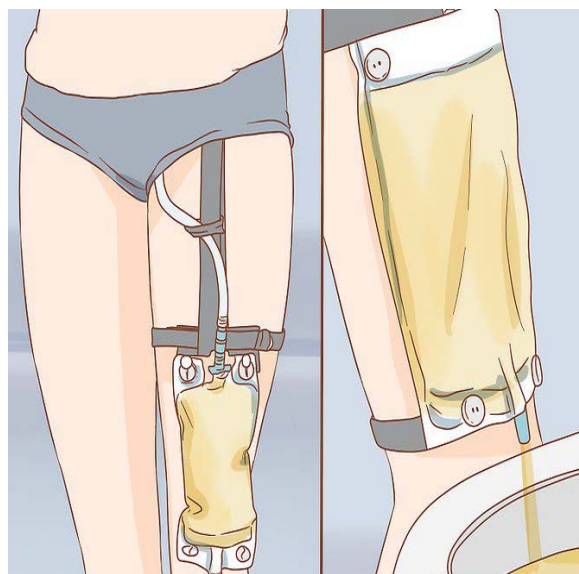
- Patients are typically discharged 2 days after surgery. This will be determined by your surgeon.
- You will need to schedule a follow up appointment as instructed by your physician.
- When you arrive home, please rest and relax. Let your family members/friends wait on you. Your body will tell you if you are doing too much. Please listen to your body.

Urinary Catheter and Surgical Drain:

- You may have a surgical drain (which goes into the abdomen to collect excess fluid) and a urinary catheter (a tube into your bladder to remove urine). In some cases, both the urinary catheter and surgical drains are removed prior to discharge from the hospital.

If you are discharged with a Urinary Catheter:

- Upon hospital discharge, you may have a urinary catheter for a few days.
- Urine will drain into a small leg bag that is strapped to your leg. There is a valve at the bottom to empty the urine. Drain every few hours or when two-thirds full.
- Keep the urinary bag lower than your bladder to prevent back flow and risk for urinary tract infection.
- You will be given a large drainage bag (similar to the one used in hospital) for use overnight. Ask your nurse to give you instructions on how to care for the catheter at home.
- Discontinuing your urinary catheter:
 - You may remove the catheter at home as instructed by physician.
 - or you may return to clinic for a voiding trial—discuss with your physician beforehand.
 - If you come in for a voiding trial, the nurse will put sterile water in your bladder via the catheter tube, then remove the catheter.



- You will try to urinate into a measuring receptacle. If you are able to release most of the sterile water, then will leave out urinary catheter.
- It is important to increase fluid intake in the next few days.
- If unable to void most of the sterile water, we may need to replace the catheter for a bit longer. If so, the doctor will discuss the new plan with you.
- It is normal to have some burning sensation during urination for a few days after the catheter is removed. This is a result of mechanical irritation from having the catheter. It should resolve in a few days, and if not, call our office, as it could be a sign of a urinary infection.

Incisions:

- You will have several small incisions on your abdomen.
- Incisions are closed with surgical glue “super glue” infused with an antibiotic, rather than sutures. It appears shiny and purple in color.
- **Do not remove the dried glue**; it takes about 2 weeks and will peel off naturally.
- **Do not apply Neosporin** or any ointment or lotion as this can cause the glue to loosen.
- Drainage of fluid and small blood from these incisions is common.
- You should change the dressing when wet. You may leave open to air once drainage stops. It is also okay to continue to use small dressing for incision or clothing protection. Always keep clean and dry.

Bowel Function: Post Op Constipation:

- It is very common to experience constipation after surgery. This is due to a combination of anesthesia, abdominal surgery and narcotic pain medication. All of which cause disruption of the function of digestive system and the muscle movement. Take as little narcotic as necessary for pain control. Stop taking if you do not need it as narcotics are VERY CONSTIPATING.
- It is VERY IMPORTANT to prevent constipation immediately after surgery to keep the bowel moving to prevent bowel blockage and abdominal discomfort.

- Constipation and gas can be **very painful post operatively** if no bowel movement for more than 2-3 days.
- The most important things to remember are to stay hydrated and keep active by walking, starting same day as surgery. Getting out of bed right away will help wake up the bowel and move gas. Increasing water intake and walking help in the immediate days after your surgery.
- Take short walks of 5- 10 min at a time, 5-6 times per day. Gradually increase to 20- 30 min 3 times per day by 1 week. The more you move the less gas and bowel pain you will have. Remember no lifting over 10 lbs for 4-6 weeks, just walking.
- Drink more water than usual during your post-operative week.

Bowel Regimen:

You should start a bowel regimen the day after surgery and continue at home. This should include a twice daily stool softener, natural laxatives and / or increased fiber.

- Miralax powder or Colace gel caps are good softeners. Add natural laxatives such as daily prune juice or Senna Tea. Metamucil fiber capsules or powder supplements are good too. As always with fiber, drink at least a full glass of water to prevent a fiber blockage. Water helps to move the fiber along the tract.
 - Adjust the regimen to your bowel movements; meaning if you are having loose stool, then decrease, if you are having hard stool and straining then increase.
 - You should continue with some type of bowel regimen for a few weeks after surgery until the bowel adjusts and returns to normal, to prevent straining at the stool, and prevent pressure on incisions.
 - If no bowel movement by day 2 or 3, you may take Milk of Magnesia. Take 2 tablespoons with 16 oz. of water in the morning and at night until you have a bowel movement.
 - If it has been more than 4 days, you should take a dulcolax or glycerin suppository. Or a Fleets enema. CALL the office if you are unsure.

Pain/Symptoms:

- Upon discharge, you will be given a prescription for pain medication. If you do not have adequate pain relief, please contact your doctor.
- You may have genital and abdominal swelling and or bruising.
- Shoulder pain is normal due to your body's positioning during surgery.
- It is normal to have some leakage from the incision sites.
- Hiccups and bloating due to the gas used for abdominal distention is common during the first few days after surgery.

Diet:

- Begin with clear liquids to allow your stomach and digestive tract to adjust. Gradually start solid food.
- Drinking or eating too soon may cause nausea and vomiting. Continue with a soft bland diet until normal bowel function. Avoid the gas-producing foods such as
 - Legumes (beans, lentils, chickpeas, peanuts, peas), beer, broccoli, Brussels sprouts, cabbage, carbonated beverages, cauliflower, cucumbers, lettuce, leeks, onions, peppers, and fatty foods.
- Drinking Straws can also increase stomach air and gas.

Activity:

- No heavy lifting of 10 pounds or greater for 6 weeks after your surgery.
- Do not drive until your catheter is removed and you have stopped taking narcotic pain medication.
- Regular walking is encouraged.
- You may resume sexual activity per your doctor's instruction.

Showering:

- It is okay to take a shower. Gently cleanse the incisions with regular soap and pat dry with towel. Do not submerge your incisions in water until your incisions are completely healed.

Pathology Results:

- The pathology results from your surgery are usually available one week following surgery. Please call the office to set up a follow-up appointment, typically one week after your surgery: 310-582-7137.

TAKING CARE OF YOUR STENT**Common Stent Symptoms:**

- Stents, although quite soft, can irritate the bladder and urine can “backwash” up the stent into the kidney. As long as the stent is in place, the following symptoms can be expected and are normal:
 - **Urinary urgency and frequency:** You may feel the need to urinate often, even though very little urine comes out.
 - **Stranguria:** This is pain at the end of urination caused by the bladder wall collapsing down on the end of the stent in the bladder.
 - **Flank pain:** You may feel pain in your side, especially when you urinate. This is urine “backwashing” up the stent and putting pressure in the kidney. This is not harmful to the kidney.
 - **Blood/small blood clots in urine:** A small amount of blood and tiny clots are expected and normal. Heavy bleeding or large blood clots are not normal; increase your water intake and monitor the blood and your urination.

Reducing Stent Symptoms:

- Stents tend to be fairly well-tolerated by most patients. There are no specific limitations as to what activities can be done with a stent in place. However, some patients will have stent-related symptoms that

are occasionally severe. The following may be done to reduce your symptoms:

- Increase fluid intake, particularly if there is blood in urine is noted. This will flush the blood out before a clot can form.
- Your doctor may prescribe these medications:
 - **Oxybutynin (Ditropan) and Tolterodine (Detrol):** These are bladder relaxants that can help with urinary frequency, urgency, and flank pain that may occur with urination.
 - **Tamsulosin (Flomax):** This is an alpha blocker to help decrease bladder sensitivity and relax your ureter.
 - **Phenazopyridine (Pyridium):** This is a bladder anesthetic that can be taken up to 3 times per day to help with your pain or discomfort.
 - **Tylenol (Acetaminophen):** You can take 2 Tylenol tablets every 4 hours for the first several days. You can obtain good pain relief by taking it on a schedule. You will also get a prescription for additional pain pills. Take in addition to acetaminophen every 4 hours. Do not exceed 2400 mg acetaminophen per day.
- You may also place a heating pad over the kidney or bladder area. Take plenty of fiber, water, and over-the-counter stool softener to avoid constipation.

WHEN TO CONTACT YOUR DOCTOR

Call your doctor if you experience:

- Fever of 100.4°F or greater
- Severe pain or swelling in the legs
- Sudden chest pain
- Nausea, vomiting, or abdominal cramps
- Inability to urinate

- Urine continues to have a strong odor
- Blood in the urine

IF IT IS AN EMERGENCY, GO IMMEDIATELY TO THE EMERGENCY ROOM.

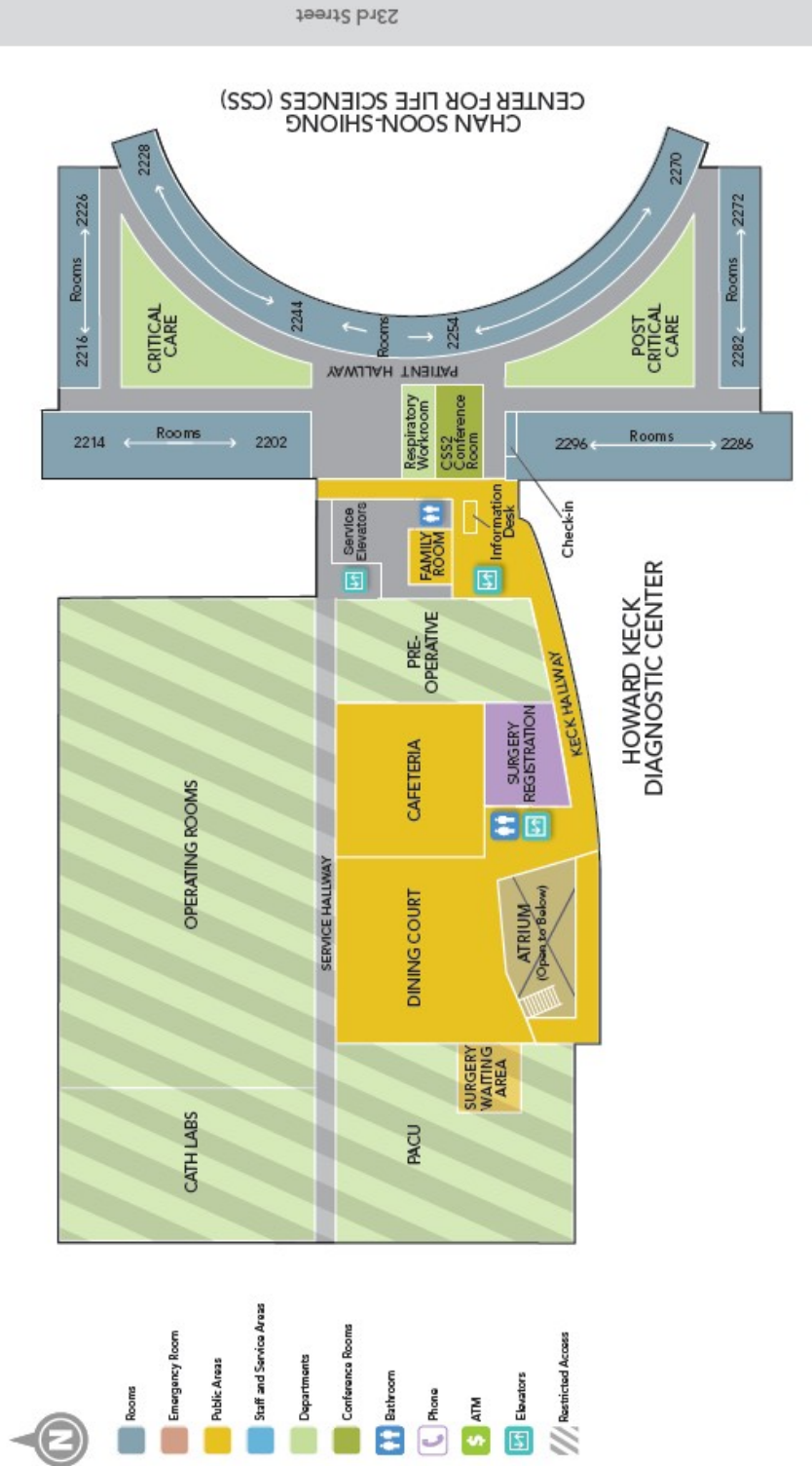
For any further scheduling questions or concerns:

- Please call our physician's team at (310) 582-7137. The office is open from Mon-Fri, 8am-5pm.

HOSPITAL MAP – 2ND FLOOR

PROVIDENCE SAINT JOHN'S HEALTH CENTER | SECOND FLOOR

Arizona Avenue



2121 Santa Monica Boulevard

HOTELS

The following hotels are within close proximity to our facility. Rates quoted cannot be guaranteed. Please request the “Providence Saint John’s Health Center Patient/Family Rate” when making reservations.

Hotel	Distance to Medical Center	Rates	Parking
Ambrose Hotel, Santa Monica 1255 20th Street (310) 315-1555 www.ambrosehotel.com	0.3 Miles	\$249.00 – \$299.00	Complimentary self-parking
Best Western Gateway Hotel 1920 Santa Monica Boulevard (310) 829-9100 www.bestwestern.com	0.3 Miles	\$235.00 – \$289.00	Complimentary self-parking
Comfort Inn 2815 Santa Monica Boulevard (310) 828-5517 www.comfortinn.com	0.5 Miles	\$169.00 – \$205.00	Complimentary self-parking
Days Inn 3007 Santa Monica Boulevard (310) 829-6333 www.daysinn.com	0.7 Miles	\$169.00 – \$189.00	Complimentary self-parking
Doubletree Suites 1707 Fourth Street (310) 395-3332 www.doubletree.com	1.4 Miles	\$279.00 – \$415.00	Complimentary self-parking
Shutters On the Beach 1 Pico Boulevard Santa Monica, CA 90405 (310) 458-0030 www.shuttersonthebeach.com	2.3 Miles	\$480.00 – \$1600.00	Valet parking available
Loews 1700 Ocean Avenue Santa Monica, CA 90401 (310) 458-6700 www.santamonicaloewshotel.com	1.9 Miles	\$389.00 – \$725.00	Valet parking available
Casa Del Mar 1910 Ocean Way Santa Monica, CA 90405 (310) 581-5533 www.hotelcasadelmar.com	2.3 Miles	\$410.00 – \$1495.00	Valet parking available
Wilshire Motel 12023 Wilshire Boulevard Los Angeles, CA 90025 (310) 478-3545 www.wilshiremotel.com	1.5 Miles	\$90.00 – \$220.00	Complimentary self-parking