Most children recover from this operation without complications. However, recovery of the bladder after surgery may be uncomfortable for up to a few weeks as the bladder heals.

**Stitches**

There are no stitches to remove after this operation. Sometimes at the corner of the incision a red “pimple” develops and a few drops of pus may ooze. This is not an infection, but simply reaction from the body to dissolve the suture. Redness and firmness of the incision(s) will gradually disappear.

Sometimes part of the white stitch used to close the incision will appear at the corner of the wound and linger for several days or even a few weeks before it falls off.

**Bandages**

Generally we use bandaid strips to cover the incision. These do not need any special care, and will gradually come off. If they have not fallen off after a few weeks, you can gently remove them after soaking in a bathtub. You do not need to treat the wound with any cream or ointment.

You may notice the wound is red and firm to the touch. As mentioned above, this is from reaction to the stitches under the skin and not a sign of infection.

Wound infections after this operation are very uncommon, but would be suspected when redness and swelling begin to spread more than ½ inch away from the incision around 7 days after surgery.
Activity

There is no need to restrict activity after surgery. School age children should not participate in coach-directed activities for approximately 2 weeks.

Regular voiding (going to the bathroom to pee) approximately every 2 hours throughout the day is recommended in the weeks following surgery. Your child may have to void (pee) even more often than usual with some urgency, and may experience accidents (bedwetting and/or daytime wetting) for a few weeks after surgery while the bladder is healing. The medication listed below (oxybutynin) may help with this, and this usually gets better with time.

Stents

Indwelling stents may be left inside the ureter (the tube traveling from the kidney to the bladder) to help prevent blockage of urine depending upon the exact type of surgery. This is different than the catheter (tube that drains the bladder) that is used for up to a few days after surgery. Your surgeon will let you know on the day of surgery if we needed to leave a stent inside. If we did, we need to schedule an additional minor procedure to remove the stent in several weeks. When a stent is left in place, older children and adults may experience bladder spasms, which is pain in the bladder and low back that comes in waves, like a muscle cramp, particularly with voiding (peeing). To help with this, you should give ibuprofen and a bladder muscle relaxant named oxybutynin (also called Ditropan, see medications below).

Blood in Urine

This is normal after these surgeries, and may continue to occur off and on for a few weeks after surgery (and the entire time the stent is in place if one is used). The urine may be colored anywhere from pink lemonade to tomato juice. This is normal. The darker the urine gets, please try to increase fluids to lighten the urine to fruit punch or pink lemonade color. If you/your child is passing large clots of blood (bigger than silver dollars), please contact our office.

Bathing

We recommend you sponge bathe the first day after surgery, and then resume normal bathing 48 hours after the operation. Older children can shower the day after surgery. If your child is having bladder spasms, soaking in a warm tub may help.
Bandages that are still in place can be immersed in water and then gently patted dry.

**Medications**

Infants only need ibuprofen (Motrin or Advil) and Tylenol to control pain after surgery. We recommend you give these on a schedule without waiting to see if he will have pain during the first 48 hours after the operation, meaning you can alternate them. Give the ibuprofen, then 3 hours later the Tylenol, then 3 hours later another dose of ibuprofen, etc.

Older children should also take ibuprofen on a regular schedule for the first 48 hours, alternating with either Hycet/Norco (narcotics that also contain Tylenol) or plain Tylenol for pain around the incision.

Older children may also experience bladder spasms, which is pain while the bladder is recovering from surgery that comes in waves, like a muscle cramp. To help with this, you should give ibuprofen and a bladder muscle relaxant named oxybutynin (also called Ditropan). Please give oxybutynin on a regular basis, following the instructions on the bottle, whenever your child is experiencing bladder spasms.

Narcotics and oxybutynin both may cause constipation, so you may wish to increase fruits and vegetables during recovery. If the patient develops constipation, which can make bladder spasms worse, any over-the-counter laxative (such as Miralax) can be used for relief.

We may recommend antibiotics after this surgery depending on multiple factors.

**Fever**

Temperatures even as high as over 101°F can be normal the first night after surgery. Fevers and irritability the first few days after surgery may indicate a virus or ear, throat or lung infection. You should call your primary care physician if this occurs.

Wound infections with fever are very unusual after this operation, and do not occur until about a week after surgery.

Urine infections can occur, usually 3-5 days following surgery. If your child has a fever more than 101°F around this time, please call or email our office for instructions.

**Concerns**
It is very unusual to develop a problem that requires urgent attention after this surgery. If you have questions we encourage you to contact our nurse during regular office hours by emailing through the secure patient portal at www.parcurology.com.

For urgent issues you can reach us by calling 214 618 4405.

Please do not take your child to the emergency room with questions or concerns about his wounds without first contacting us. Nearly all pain and/or fever issues can be addressed without having to visit an emergency room!

*Follow up*

We normally schedule the first follow up with your surgeon around 3 months after the operation with an ultrasound. If a stent is needed during surgery, then we also need to schedule a minor procedure to remove the stent.