POSTOPERATIVE INSTRUCTIONS AFTER OPEN ANTI-REFLUX SURGERY

Your child has had anti-reflux surgery to correct reflux, which may be on one or both sides, depending on the intraoperative findings.

When your child comes out of the O.R., there will be a Foley catheter in the bladder. There may be a little drain (Blake drain or JP drain) on the side to drain any urine leak that could occur after the operation. In certain cases, we will have to leave in an indwelling catheter (stent) from the kidney to the bladder. We will give you separate instructions regarding this catheter.

Typically, your child will be in the hospital for 48 hours. We usually remove the Foley catheter from the bladder on the first post-op day and the drain on the second post-op day before the child goes home. Initially, your child will be given intravenous fluids for proper hydration, intravenous antibiotics, and pain management. We typically discharge the patient to home without any catheters. We will send your child home on antibiotics to be taken, initially, several times a day to prevent any infection. After that, we will change the antibiotic to a low dose for suppression for up to six months, or until we can document the reflux has resolved.

WHAT TO EXPECT: After the surgery is done, you will notice your child’s urine will be bloody. This is normal and can occur for the next 10-14 days. It is very important that your child drinks plenty of fluids to prevent any kind of clot formation.

The main difficulty after the operation is your child will tend to have bladder spasms. This is a common side effect of the procedure. Initially, they will go to the bathroom often, which is called “frequency,” and when they feel they need to go, they will go in a hurry, which we call “urgency.” Occasionally, your child can also have bedwetting accidents. Do not be alarmed. This is normal. Be assured that every day will be a better day and within a week, most children will have returned to their normal patterns.

MEDICATIONS: When your child goes home, we will give you a prescription for pain management to be given every four to six hours, as needed. We will also give you an antibiotic and usually a medication called Ditropan, which we use to minimize bladder spasms. Ditropan may cause dry mouth, red cheeks, and may make your child feel warm, but they will not have a fever. You can use Ditropan for up to two weeks, or as needed.

BATHING: After going home, bathing can start 1 to 2 days later.

ACTIVITIES: We recommend refraining from any kind of physical activities such as bicycle riding, jungle gym, swimming and sports for two weeks, after which time, your child can return to normal physical activity.

FOLLOW-UP: Please call the office at (602)279-1697 and schedule a follow-up appointment for 3 weeks after your child’s surgery so that we may examine your child’s wound. Approximately, 2-3 months after this appointment, we will do a renal ultrasound to check on your child’s renal status. Six months from surgery, we may do a VCUG or a nuclear cystogram to check on the results of the anti-reflux surgery.