

Ureteral Reconstruction

WARWIKI

Patient Information · Surgery to repair a blocked or narrowed ureter

Ureteral reconstruction is surgery to repair a blocked or narrowed ureter — the tube that carries urine from the kidney to the bladder — to restore free drainage and protect the kidney. How it is done depends on where the narrowing is and how long it is; the repair may use the ureter's own ends, a tissue graft, or a piece of intestine.

About This Procedure

A **stricture** (a scarred narrowing) in the ureter traps urine behind it and can strain the kidney. The repair is matched to the narrowing:

- **Short narrowing** — the bad segment is removed and the healthy ends are sewn together, or the ureter is reconnected to the bladder (sometimes the bladder is stretched upward to reach it).
- **Longer narrowing** — the ureter is patched open with a **graft**, often a small piece from inside your cheek (this part has its own handout).
- **Very long or severe damage** — a segment of your own **intestine** is used to bridge or replace the missing ureter.

A soft internal **stent** is placed to keep the repair open while it heals. This is usually done **robotically or laparoscopically** (keyhole), sometimes open. Success is high.

Is It Safe?

These are well-established, effective repairs, with the technique tailored to your anatomy. Like any major surgery there is some risk — bleeding, infection, or a temporary urine leak (usually managed by the stent and a drain). The narrowing returning is uncommon. If a piece of intestine is used, the gut needs a few days to recover and you may notice a little mucus in the urine.

LEARN THE TERMS

Ureter

The tube that carries urine from the kidney to the bladder.

Stricture

A scarred, narrowed spot that slows or blocks the flow of urine.

Ureteral stent

A soft internal tube (a "double-J") that holds the repair open while it heals.

Graft

A small patch of your own tissue, often from inside the cheek, used to widen the ureter.

Bowel segment

A short piece of your own intestine used to bridge a long gap.

Reimplantation

Reconnecting the ureter to the bladder.

Hydronephrosis

Swelling of the kidney from urine backing up behind the blockage.

Robotic / laparoscopic

Keyhole surgery done through a few small incisions.

WILL IT HURT? The surgery is done under general anesthesia, so you feel nothing during it. Afterward, expect soreness at the incisions, and the internal stent can cause some urgency or a mild flank twinge. If a piece of intestine is used, your gut takes a few days to “wake up.” Most people stay 1–3 nights; the operation length depends on the repair.

How to Get Ready (Before Surgery)

- Done under **general anesthesia** — follow all surgery instructions (fasting, and which medicines to hold, including blood thinners).
- A **urine test** checks for infection — an infection must be treated first.
- **Do not smoke** — it slows healing. If a bowel segment may be used, you may need a bowel prep; if a cheek graft may be used, care for your mouth.
- Plan for a **stent for about 4–6 weeks**, and arrange a ride home.

Tell your team ahead of time if you:

- Take a **blood thinner**, or have a current infection
- Have had prior abdominal or pelvic surgery or radiation

What Happens During Surgery

- 1 You are asleep under anesthesia and antibiotics are given.
- 2 The surgeon makes keyhole or open incisions and exposes the narrowed segment.
- 3 The ureter is repaired — the ends rejoined, patched with a graft, or bridged with a piece of intestine — over a stent.
- 4 A small drain may be left, and the incisions are closed.

After Surgery

- You usually go home in **1–3 days**.
- A **stent stays inside about 4–6 weeks**, then is removed in a quick office cystoscopy.
- Stent symptoms — urgency, a mild flank twinge, or pink urine — are **normal**.
- If a bowel segment was used, eat lightly as the gut recovers. **Avoid heavy lifting** for a few weeks.

Call your care team or seek care if you have:

- A fever or chills
- Severe or worsening flank or belly pain
- Heavy bleeding, or you cannot urinate
- Persistent vomiting, or no gas or bowel movement (if intestine was used)
- Growing redness, pain, or drainage at an incision

THREE THINGS TO REMEMBER

1. Ureteral reconstruction reopens a blocked ureter to protect the kidney. The repair is tailored to you — rejoining the ends, a cheek graft, or a piece of intestine — over an internal stent.
2. To prepare: follow your fasting and medicine instructions, treat any infection first, don't smoke, plan for a stent for about 4–6 weeks, and arrange a ride.
3. Expect the stent to cause some urgency until it is removed in the office. Call right away for fever, severe pain, heavy bleeding, inability to urinate, or no bowel activity after surgery.