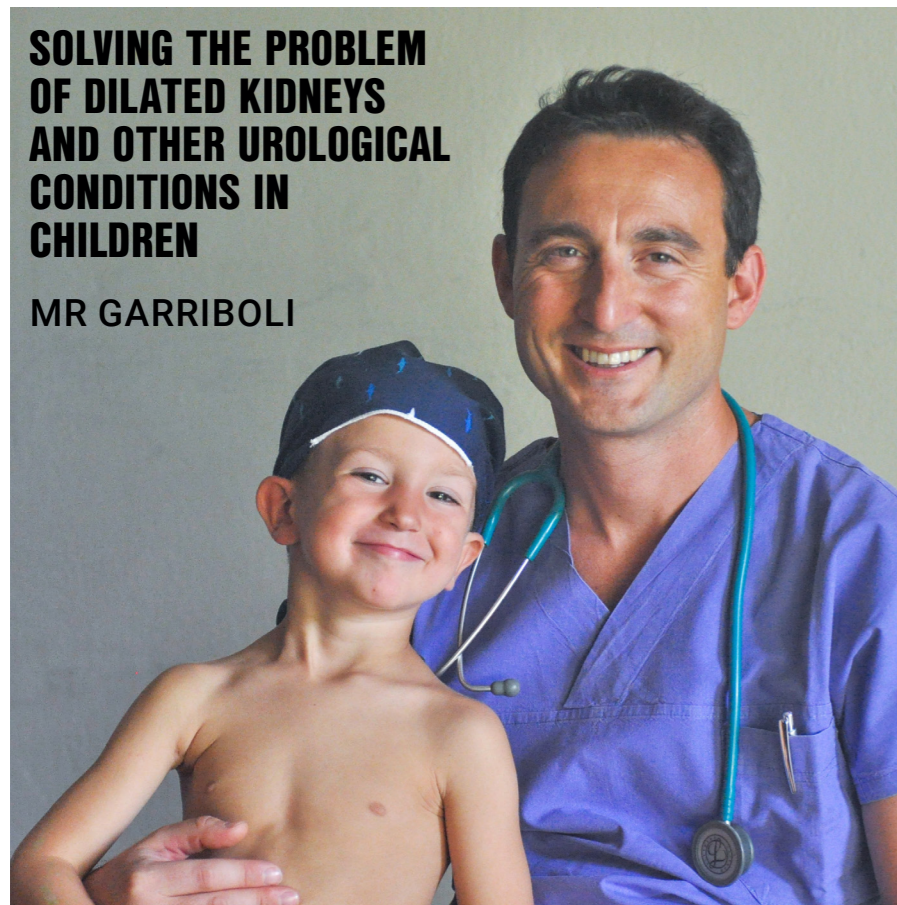


SOLVING THE PROBLEM OF DILATED KIDNEYS AND OTHER UROLOGICAL CONDITIONS IN CHILDREN

MR GARRIBOLI



My baby has Hydronephrosis – what does it mean?

Hydronephrosis is swelling of the kidney caused by retention of urine. It is a condition that can have various causes. Sometimes the problem resolves itself, but in certain cases treatment is needed to prevent or relieve symptoms. Hydronephrosis can occur when urine is unable to pass through the baby's urinary tract owing to a blockage, or flows back into the kidney from the bladder, known as Vesico-ureteric (VUR) reflux. It is thought to affect about 1 in 100 unborn babies.

What are the signs of Hydronephrosis?

Since hydronephrosis frequently affects babies before they are born, it is often spotted during a routine pregnancy scan. The unborn baby's kidneys can appear larger than normal on the ultrasound because of the excess fluid they are holding. Hydronephrosis can also be detected in babies and children. Generally, hydronephrosis does not cause symptoms but babies and children can develop urinary tract infections (UTIs) which may cause fever, needing to urinate more often, or cloudy urine. Older children can complain of pain in their back, side or abdomen, or have recurrent episodes of vomiting.

What are the causes of Hydronephrosis?

Antenatal hydronephrosis usually occurs because babies produce a lot more urine when they are in the womb than they do as new-borns. The extra urine can make the kidney stretch and swell. However, there are other possible causes of hydronephrosis in babies and children. There might be a blockage in the urinary tract, or it could be pushed back into the kidneys through the urinary system.

What are the treatments for Hydronephrosis?

Most cases of antenatally detected

hydronephrosis remain stable or it will go away by itself, returning the kidneys to their normal size. If a baby is born with hydronephrosis then they will usually be checked after birth.

If the problem does not resolve itself or there is another issue causing fluid to build up in the kidneys, then baby may need a surgical treatment. Antibiotics can help reduce the risk of developing infections, but surgery may be necessary if there is a blockage or reflux.

If there is a blockage what is needed?

A blockage may occur at any point from the kidneys along the tube that joins the bladder (known as the ureter) or at the exit of the bladder. If too much pressure builds up inside the kidneys because of the blocked urine, then there is also a risk of kidney damage. Treatment can help to relieve the pressure and to prevent issues from developing. Treatment of the obstruction can either be by open surgery or with a laparoscopy (keyhole surgery) which is an almost scarless approach.

What is Vesico-ureteric Reflux?

Vesico-ureteric reflux (VUR) is a condition that occurs when urine flows backwards through the urinary tract and into the kidneys. Urine is usually produced in the



kidneys and then carried down the ureters into the bladder. The bladder should store the urine until it leaves the body when the child urinates. The vesico-ureteric junction acts as a valve that sits between the ureter and the bladder, and its job is to stop urine from flowing backwards along the ureter. Reflux occurs when there is a problem that stops it from working properly.

What are the signs of Vesico-ureteric Reflux?

Vesico-ureteric reflux (VUR) is sometimes suspected during a pregnancy scan. The baby's ureter may appear enlarged or there is a change in shape and size. The diagnosis can then be confirmed after the baby is born. It can also be discovered in older children, and it is usually spotted after a urinary tract infection (UTI). Signs of a UTI can include fever, needing to urinate more often, having to urinate urgently, smelly urine, vomiting or loss of appetite, or abdominal pain.

What is the treatment for VUR?

VUR does not always require surgical intervention; however, if the child suffers from frequent urinary infections or the reflux is severe, there is a risk of damage to the kidneys and in this instance, surgery would be recommended.

Two different types of surgery can be used to treat VUR. In most cases it is possible to treat VUR with an endoscopic procedure that injects a bulking agent into the vesico-ureteric junction to help it function correctly. Occasionally, it may be necessary to detach the ureters from the bladder and then reattach them in such a way that the function of the valve is improved.

Testimonials

<https://www.iwantgreatcare.org/doctors/mr-massimo-garriboli>



Mr Massimo Garriboli is a leading Consultant Paediatric Urologist at Guy's and St Thomas' NHS Trust, based at the Evelina London Children's Hospital and the Portland Hospital. He is also an Honorary Senior Lecturer at King's College London. He is a member of the Research Committee of the European Society for Paediatric Urology (ESPU) and the Research Committee of the British Association of Paediatric Urology (BAPU). He plays an active role in the teaching of paediatric urology and is responsible for the academic and clinical research programme of his department.

Consultation offered for:

- ✓ Antenatal Counselling
- ✓ Reconstructive Urology
- ✓ Minimally invasive Surgery
- ✓ Posterior Urethral Valves
- ✓ Hypospadias and penile abnormalities
- ✓ Undescended testicles
- ✓ Hydronephrosis and renal anomalies
- ✓ Urinary Tract Infections
- ✓ Urinary Incontinence

What conditions does a Paediatric Urologist treat?

As a paediatric urologist I care for boys and girls with conditions that involve the urogenital tract antenatally, in babies, children and teenagers up to 16 years of age. The majority are congenital conditions that are present at birth such as hydronephrosis, renal abnormalities, undescended testicles, inguinal hernia, hypospadias, and penile abnormalities; other problems may develop during childhood such as urinary tract infections, foreskin issues and urinary incontinence.



Mr Garriboli enjoys taking part in running and cycling events to raise money for the Evelina London Children's Hospital charity. Visit evelinacharity.org.uk

Mr Garriboli sees patients at the following locations. If you wish to book an appointment, please contact:

The Portland Hospital for Women & Children (outpatient appointments 020 7079 4344)

Parkside Hospital Wimbledon (appointments 020 3944 0568) or email opdappointments@parkside-hospital.co.uk

Evelina London Children's Hospital at St Thomas' (ad hoc appointments booked through Benita, his Medical PA, on 07814 041224)

Dottore London (Italian clinic), 24-25 Hand Court, London WC1V 6JF (appointments 020 8616 8380)

For further information, please contact Benita on 07814 041224 or email info@paediatricurologistlondon.co.uk
Website www.paediatricurologistlondon.co.uk