SURGICAL MANAGEMENT OF LONG SEGMENT URETERAL STRICTURE WITH ILEAL REPLACEMENT

Dr. Maham Ahmad

INTRODUCTION

- Ileal Ureteral replacement is an alternative treatment for various length of ureteral defects.

- It is considered as a last resort for extensive defects that are not amenable to reconstruction by other methods

56/female

- C/0 CA Anal canal diagnosed 2 years ago
- O/C/O APR+Sigmoid colostomy
- Followed by Radiation and Chemotherapy completed 1.5 years back

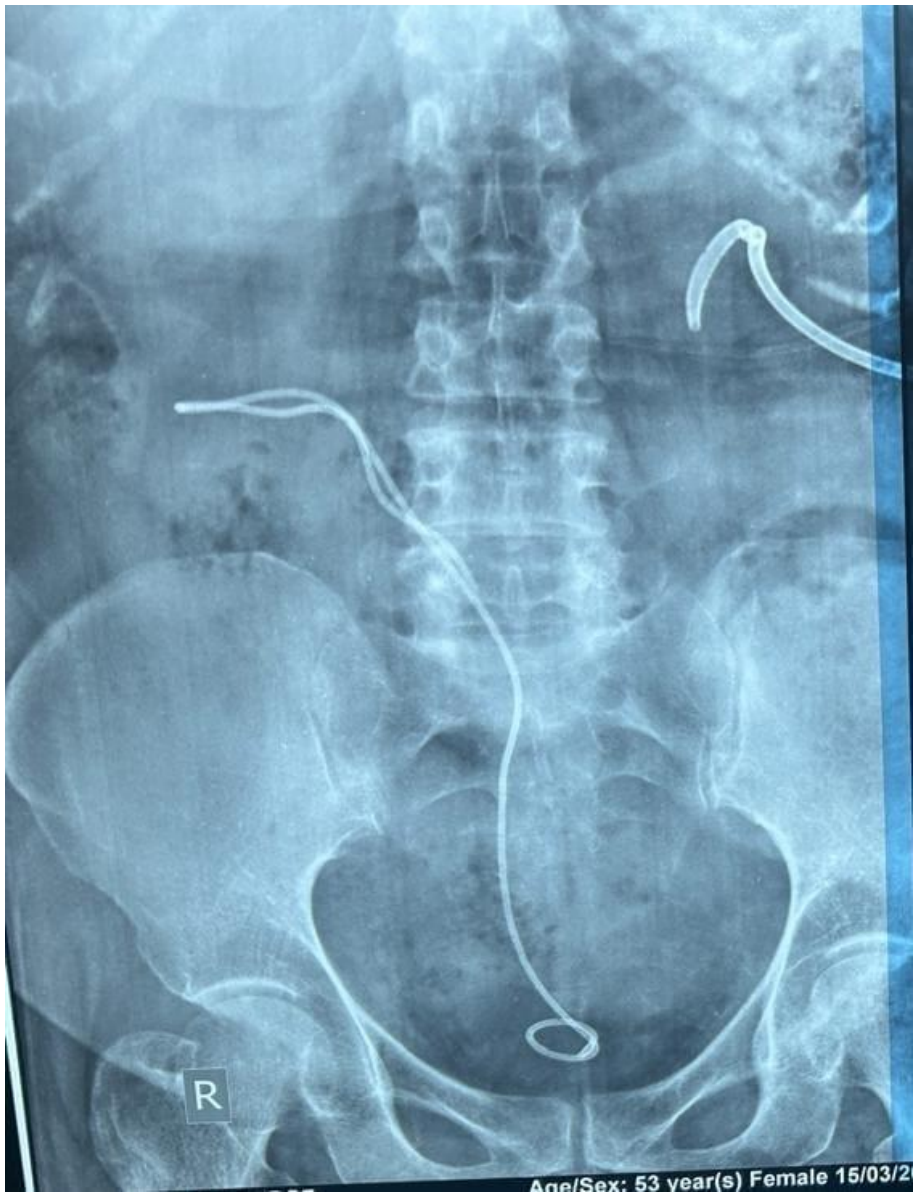
- Developed B/L ureteric obstruction post radiation and radiation Cystitis

- For which she was managed with
- B/L DJ stents - removed due to C/O severe burning micturation, frequency

- Landed up with obstructive uropathy

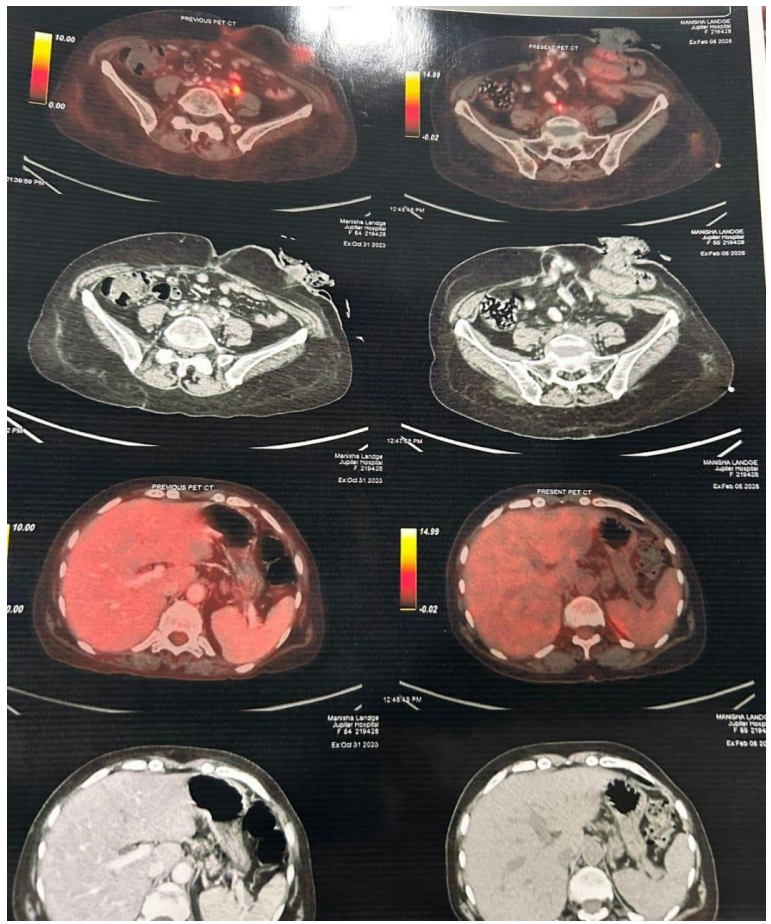
R silicon DJ stenting done

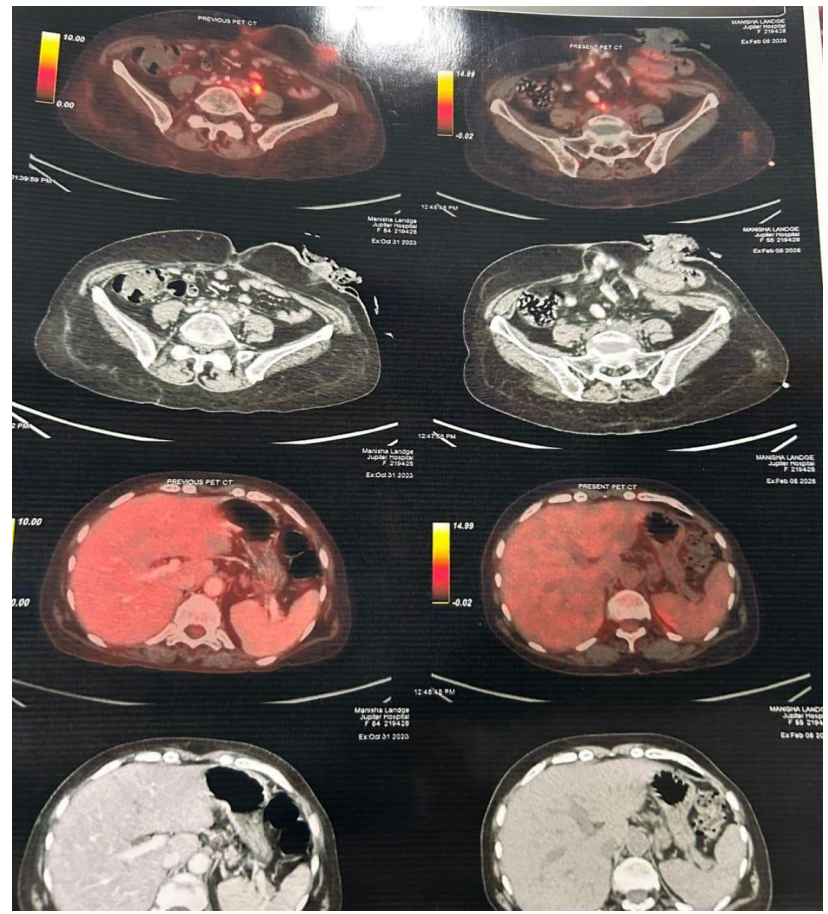
L attempted DJ stenting (L dj stent could not be negotiated) USG guided PCN was placed

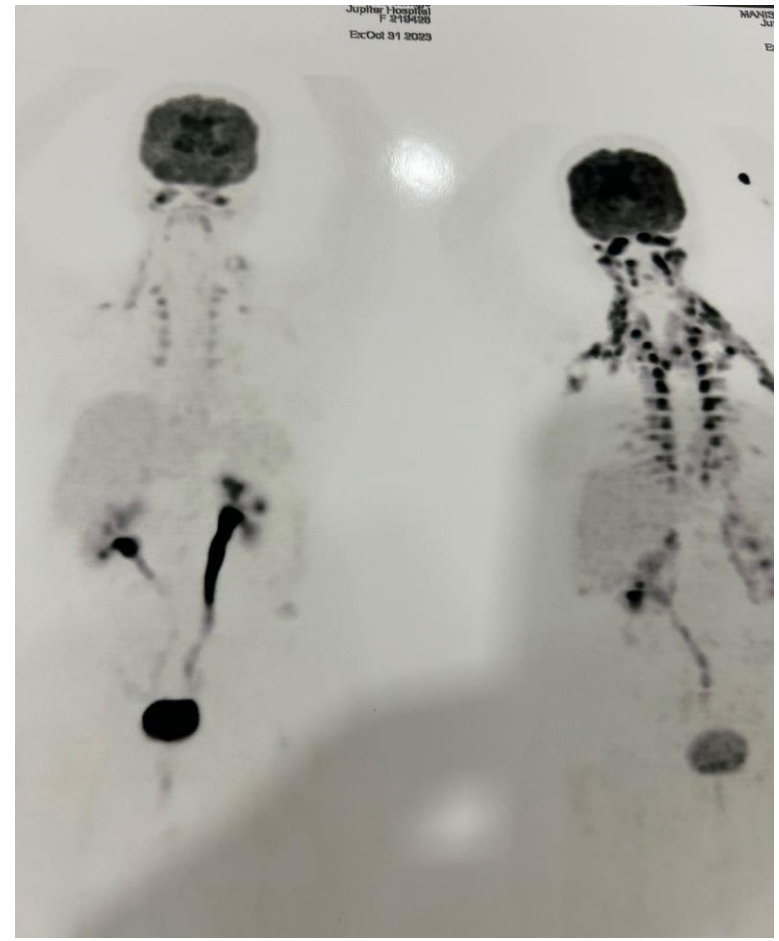

R
Age/Sex: 53 year(s) Female 15/03/2

- 23/8/24 -L PCN placed (usg guided)
- Patient was on irregular follow up
- PCN slipped twice accidentally and was Replaced

- L PCN drained 600 - 800ml/24hrs (good output)
- DTPA done - mainly for documentation of kidney function
- FDG PET – to know current condition of the disease- doubtful pelvic disease not s/o local recurrence. No metastasis anywhere.


PREVIOUS PET CT
PRESENT PET CT
10.00
0.00
14.99
-0.02
Manisha Landge
Jupiter Hospital
F 64 219428
Ex:Oct 31 2023
MANISHA LANDGE
Jupiter Hospital
F 65 219428
Ex:Feb 06 2026


PREVIOUS PET CT
PRESENT PET CT
10.00
0.00
14.99
-0.02
Manisha Landge
Jupiter Hospital
F 64 219428
Ex:Oct 31 2023
MANISHA LANDGE
Jupiter Hospital
F 65 219428
Ex:Feb 06 2026


Jupiter Hospital
F 219428
Ex:Oct 31 2023

OPERATIVE PROCEDURE

19/3/25

- PART A

  PAN URETHEROSCOPY +RIGHT DJ STENT REMOVAL WITH RIGHT RGP + REPLACEMENT WITH NEW SILICON DJ STENT(left U/O obliterated)

- PART B

  EXPLORATORY LAPAROTOMY WITH LEFT ILEO URETER REPLACEMNET KEEPING LEFT COLOSTOMY IN SITU

PART A

On Cystoscopy

- Urethra adequate
- Bladder capacity 175ml to 200ml (normal 300-500ml)
- Bladder- no trabeculations, no calculus, no ulcer, Turbid flakes present
- Right DJ stent removed – RGP done
- RGP – moderate Hydroneprosis with dilated ureter upto L5 and S1 level
- Right 5/26 Silicon DJ stent placed under Carm

- Left ureteric orice couldn't be identified due to radiation induced Cystitis, hence left DJ stenting was not done.

PART B

- POSITION – supine
- 3way foleys retained in situ with occluded irrigation.
- INCISION- midline vertical give from xiphisternum upto pubic symphysis over previous incision.
- E/O incisional hernia in the upper part of incision seen –sac gradually separated , adhesions of omentum separated.
- E/O- significant Pelvic fibrosis.
- Right ureter could be identified .

- Left ureter identified with difficulty
- Medially displaced from common iliac vessel.

- Ureter found occluded along the entire length upto the PUJ (as became evident after ureterotomy) - No feeding tube or guide wire could be negotiated.

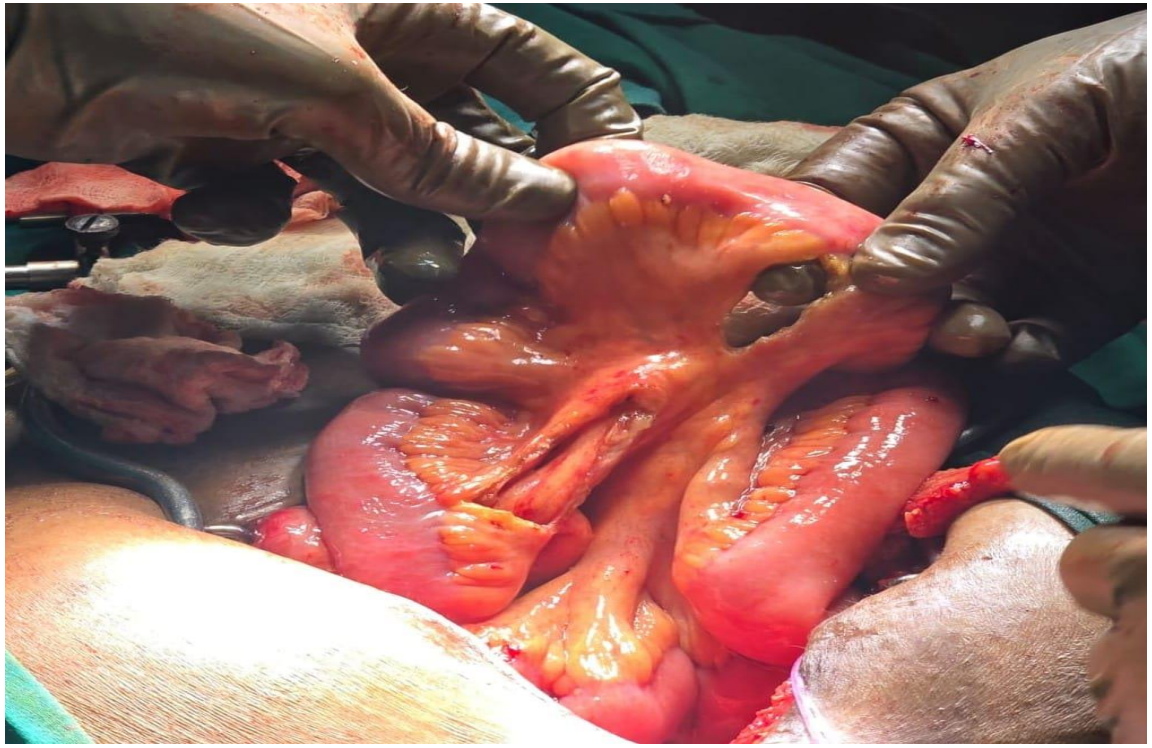
- As left ureter was occluded upto PUJ to trace the lumen incision was taken over the ureter.

- Only cord like ureter was present .

- Methylene blue with saline flushed through Left PCN - efflux seen at PUJ. Pelvis completely intrarenal

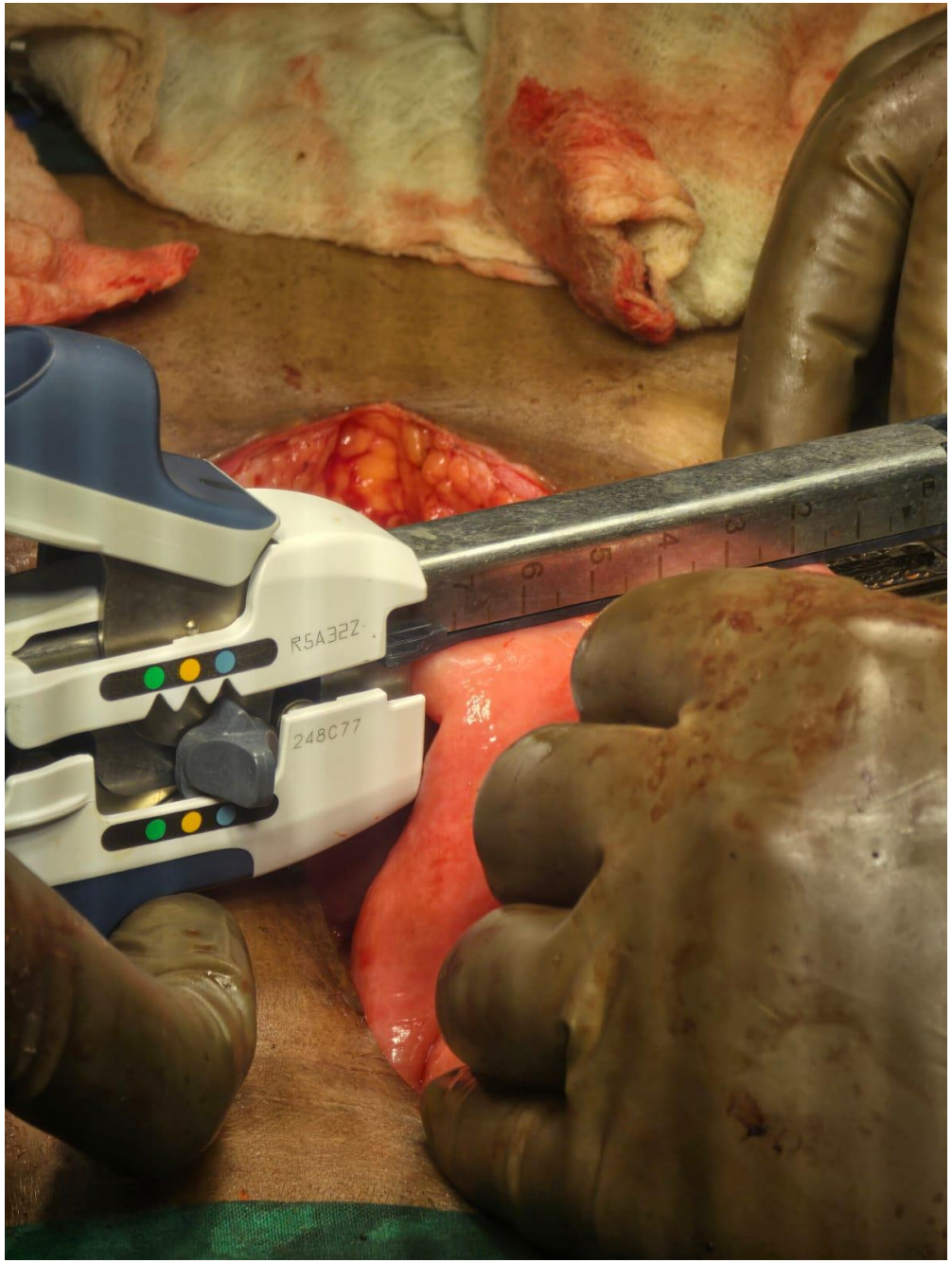
- Decision was made to perform ileal replacement of ureter.

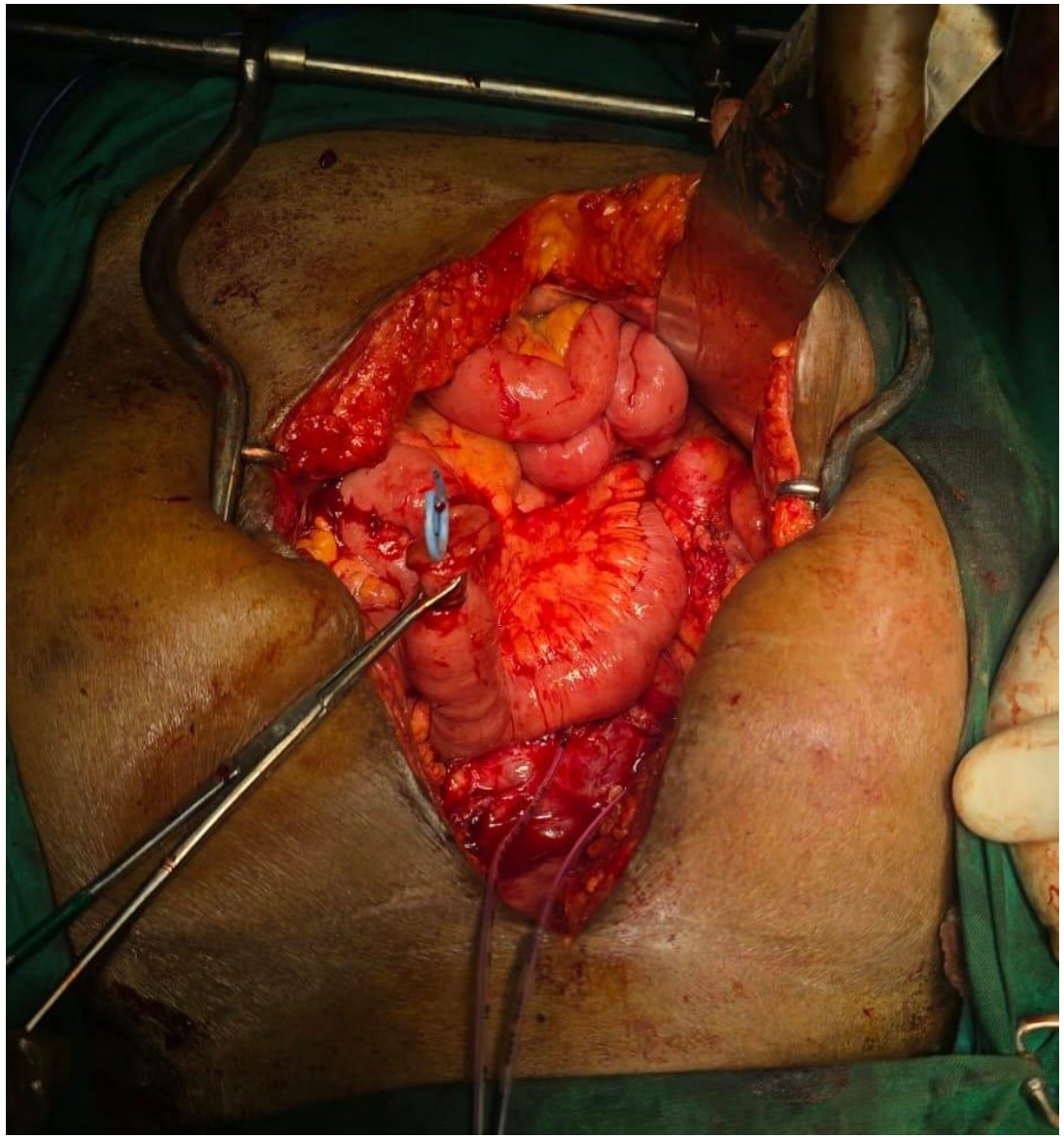
- 20-25cm ileum identified with mesentry 15cm proximal to ileocaecal junction.

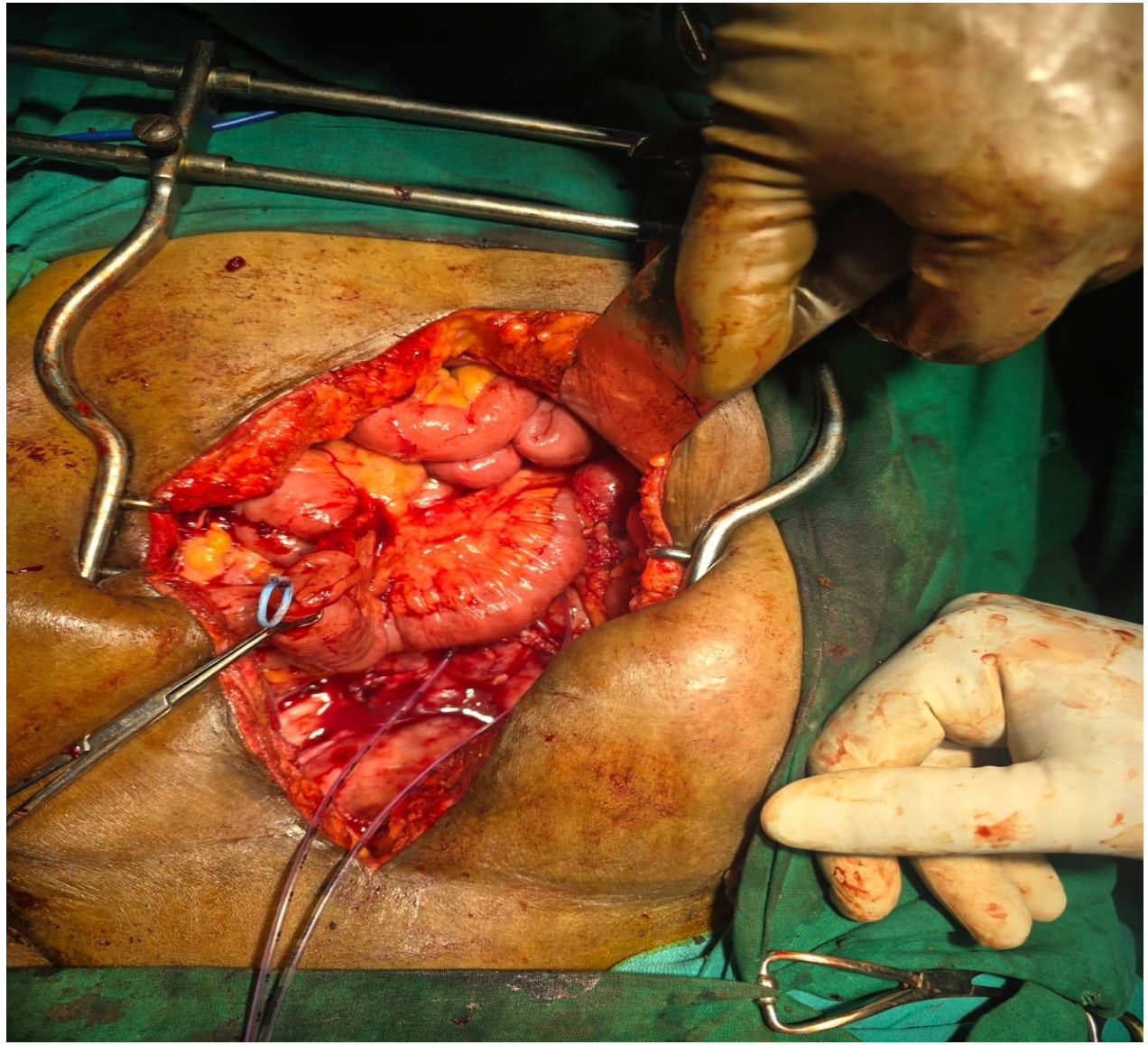


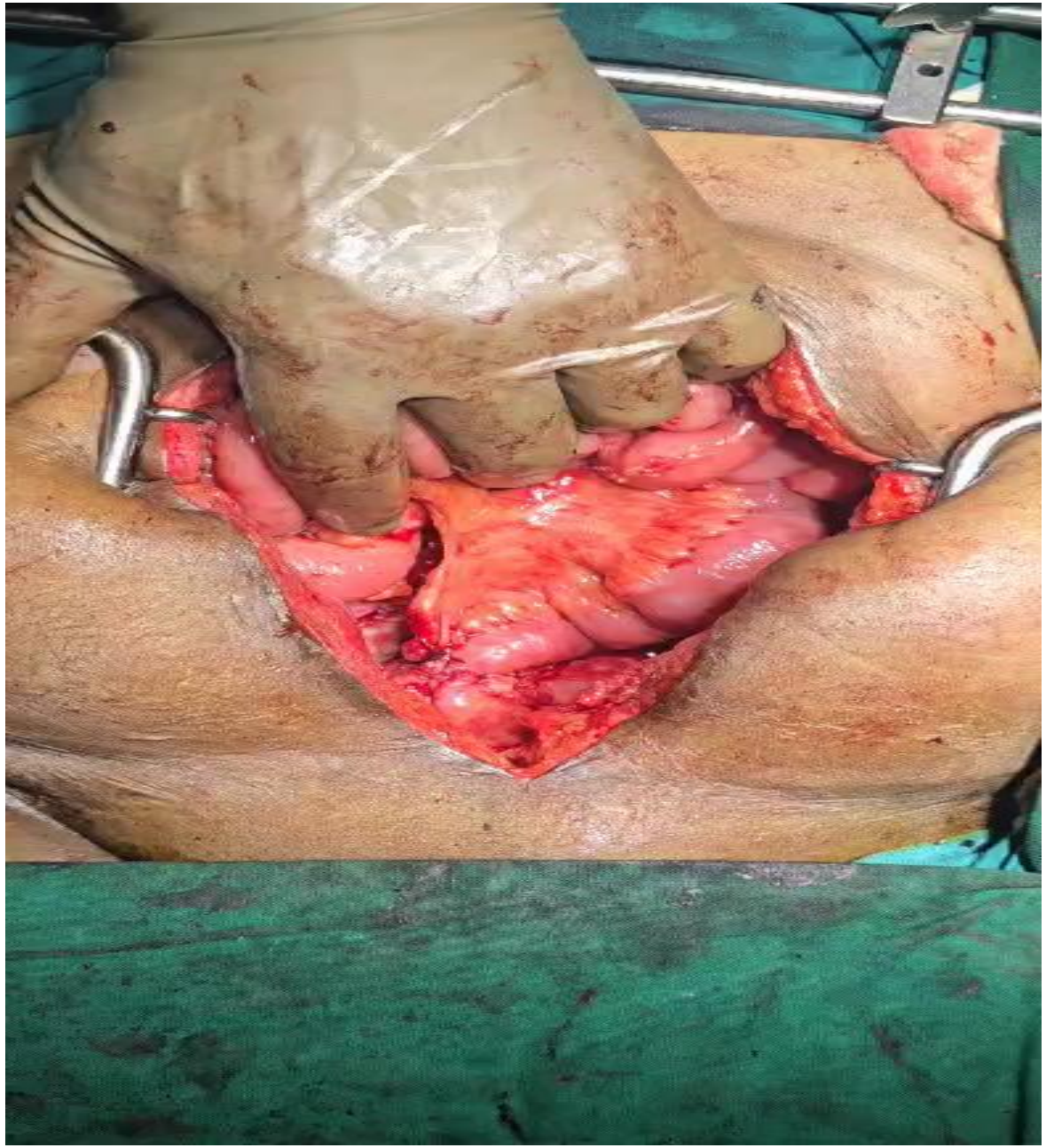
- ISOPERISTALTIC ILEAL SEGMENT was taken
- Ileam transected using stapler at both ends

- Ileal conduit created
- side to side ileal anastomosis done.
- Ileal with PUJ anastomosis done after placing DJ stent
- (stent negotiated with significant difficulty through nelcath through ileal conduit)
- Lower end of ileum sutured to bladder(end to end vesicoenterostomy done)


R5A32Z
248C77







- Bladder Augmentation was not done as the bladser capacity was around 200ml
- May need ileocystoplasty in future.

DISCUSSION- Why did we choose this case.

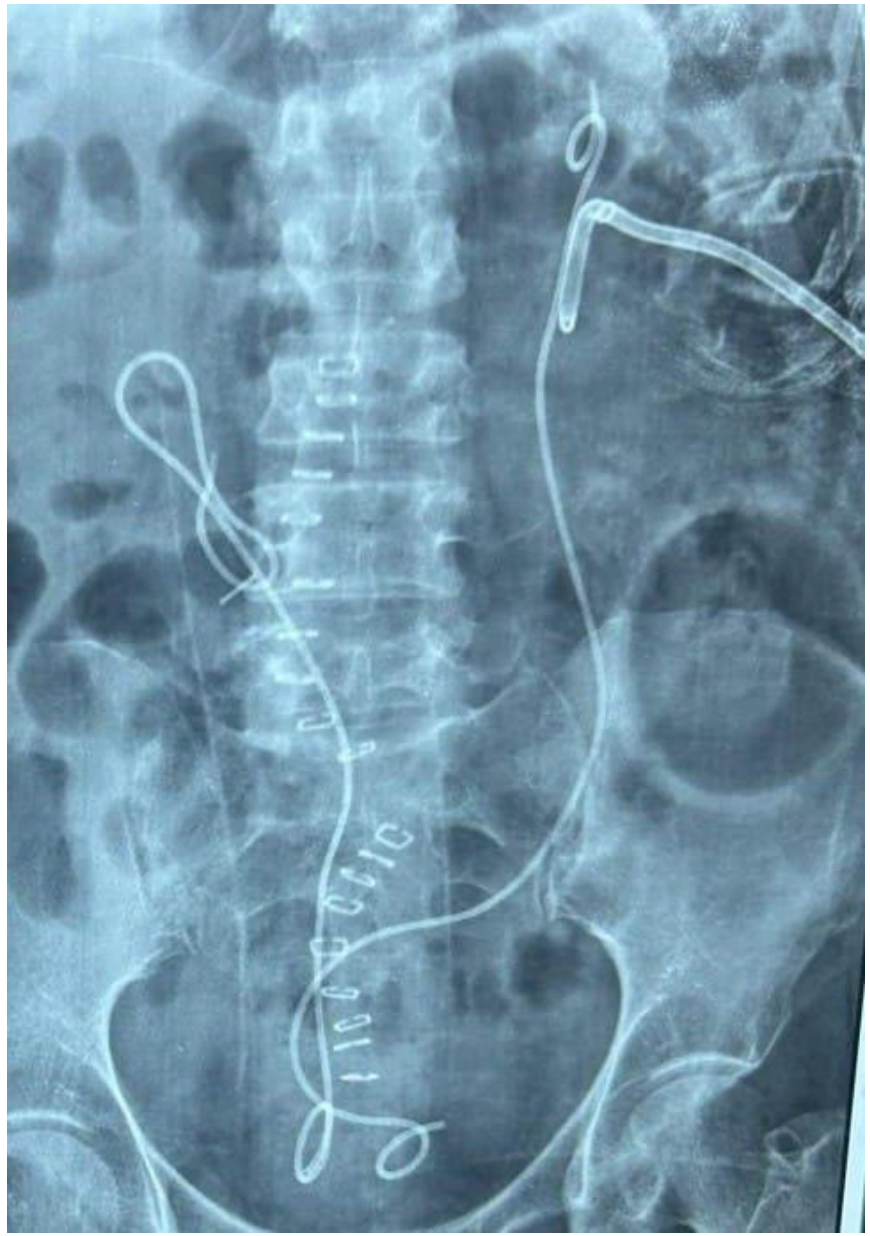
- Multiple difficulties encountered
- Colostomy in situ
- Scar from previous surgery with incisional hernia and bowel adhesions
- Plastered pelvis
- Stricture of left ureter all along the length
- Emaciated patient

- Need for oncosurgery ,med oncology intervention
- Radiation Cystitis
- Post radiation strictures

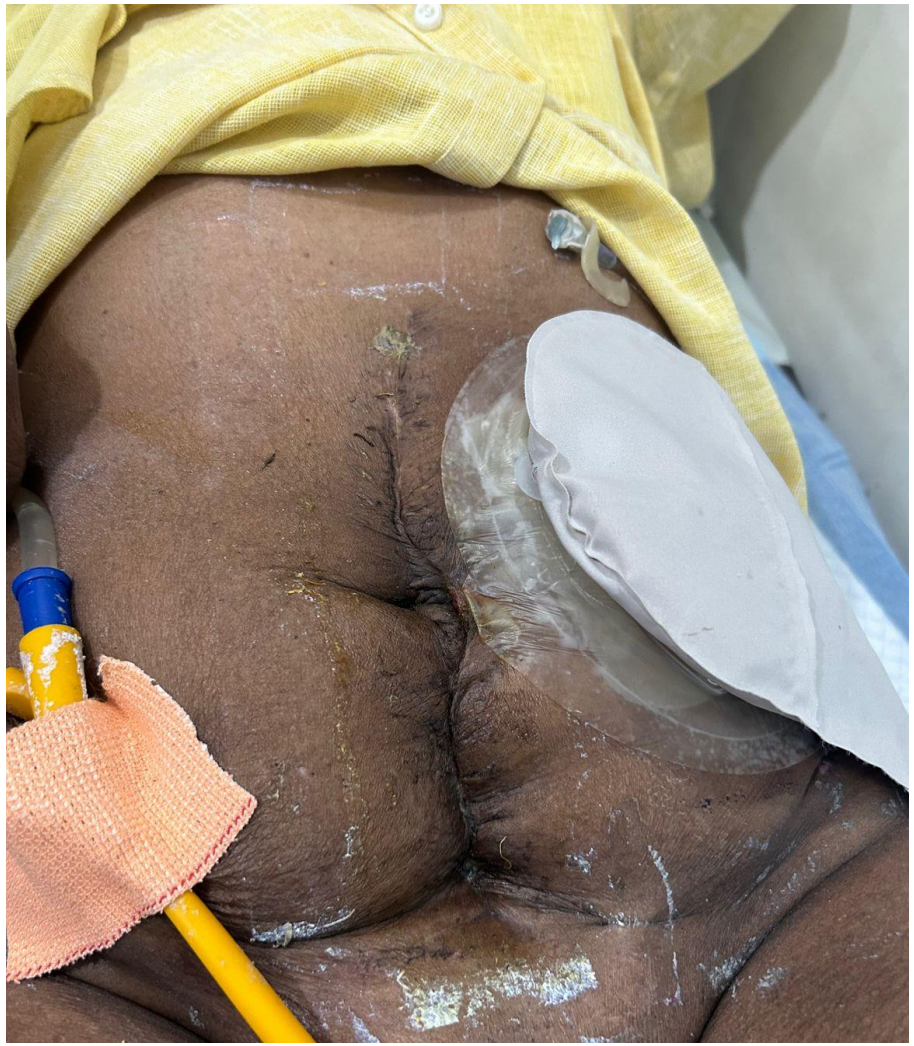
FOLLOW UP

- Patient tolerated the procedure well
- Creatinine was in decreasing trend
- Discharged with colostomy in situ

- There should be mucus in urine
- Regular sodabicarbonate wash needs to be given



Post op uneventful



THANK YOU