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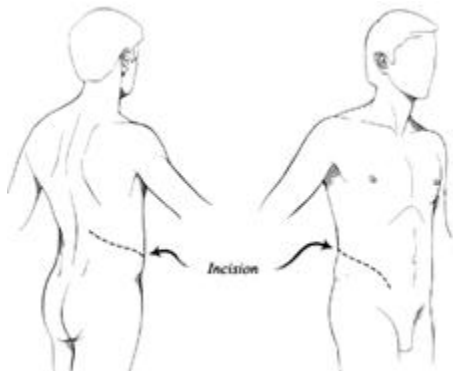
Mr SD came to Global Hospitals, Chennai with abdominal pain confined to the right side. He underwent tests at Global and this showed that the tube draining the right kidney (ureter) was blocked at the upper part. Before coming to Global he went to other hospitals and he was advised open surgery to remove the blockage. Here at Global we offered a key hole procedure and he gladly accepted it. He underwent a microsurgery and was discharged on third post-operative day. He is doing extremely well and there is no more pain.

Mr SD suffered from a condition called PUJ obstruction. The PUJ is the portion of the collection system that connects the renal pelvis (the larger collecting portion of the kidney, which is funnel shaped and tapers down to the ureter) to the ureter. PUJ obstruction is usually congenital (right from birth), but may also be acquired (that is, secondary to other disease processes or previous instrumentation). Many individuals with a PUJ obstruction do not realise they have this condition until later in life, when the poorly flowing urine becomes infected, or they begin developing symptoms such as pain.

A pyeloplasty is a surgical procedure that is indicated for a pelviutereric junction (PUJ) obstruction. Although different types of pyeloplasty operations have been described, the ultimate goal is to remove the strictured portion of the PUJ, fashion the renal pelvis, and attach it to the ureter in a way that allows easy drainage of urine down the ureter.

The standard intervention for pelvi-ureteric junction obstruction is open pyeloplasty. The problem with open surgery is that hospital stay is prolonged, recovery time is too long and the patient will be left with a big and ugly scar. The benefits of laparoscopic pyeloplasty are improved cosmesis, lower morbidity rates and shorter convalescence. Now throughout the world urologists started doing laparoscopic procedure in view of the above mentioned advantages.

**Open Pyeloplasty**



**Laparoscopic pyeloplasty**

