



Ureteropelvic Junction Obstruction

Ureteropelvic Junction Obstruction is commonly referred to as a UPJ obstruction. It is the most common congenital cause of obstruction (blockage) in the urinary tract. This obstruction occurs where the ureter (the tube that drains the kidney) inserts into the kidney. This is often detected prenatally, or before birth, but can be found in older children who present with frequent urinary tract infections or abdominal/back pain. A UPJ obstruction has various degrees of severity. The degree of obstruction affects the rate of drainage of the kidney. So, the more severe an obstruction is the slower the kidney drains. With slow draining kidneys you can have increased pressure which may lead to kidney damage.

A renal and bladder ultrasound is the most common initial screening tool for UPJ obstruction. If a kidney is suspected of being obstructed a MAG 3 scan with Lasix may be recommended. This nuclear medicine test will determine the rate at which the kidney drains urine, and therefore, the degree of obstruction. It also determines how well the obstructed kidney functions.

Some children with UPJ obstructions require surgical intervention to help preserve their renal or kidney function. Those children will undergo a surgery called a pyeloplasty, a procedure which attaches healthy non-obstructed ureter to the kidney. This surgery can be performed through a small incision, laparoscopically, or robotically.