



Vesicoureteral Reflux

Vesicoureteral Reflux (VUR), also known as kidney reflux, is when urine flows back into the ureters and kidney. Kidney reflux is a painless condition affecting 1-3% of children. It is most commonly diagnosed following a work-up in a child diagnosed with hydronephrosis or after a child has a urinary tract infection with a high fever.

VUR is caused by abnormal connection of the ureter (the tube that drains the kidney) into the bladder. VUR has varying degrees of severity and can occur in one or both kidneys. VUR may resolve without any intervention. The younger the child's age at diagnosis and the less severe the VUR; the more likely the VUR will resolve without the need for surgical treatment.

It is important to note that not every child with urinary tract infections or hydronephrosis has VUR. A voiding cystourethrogram (VCUG) is needed to make the diagnosis of VUR. Once diagnosed, treatment is based on the child's age, medical history and degree of VUR. We may recommend that your child take a small dose of antibiotic every day to prevent a urinary tract infection. Having a urinary tract infection with a high fever increases the risk of kidney damage.

Sometimes surgical intervention is necessary for VUR. Common reasons surgery is recommended include: recurrent urinary tract infections despite daily antibiotic prophylaxis, presence of kidney scarring, or worsening of the kidney reflux.