

Reflux Nephropathy



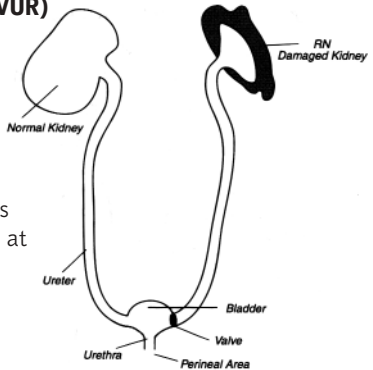
Introduction

This pamphlet was produced by Dr David Voss and the late Dr Ross Bailey for The New Zealand Kidney Foundation as an informative introduction to reflux nephropathy and to address commonly asked questions. If you have any queries that are not covered by this pamphlet please contact your doctor.

Definition

1. Vesicoureteric reflux (VUR)

VUR is the regurgitation of urine from the bladder into the ureter (the tube that joins the kidney to the bladder) and back up towards the kidney. This is due to a fault in the valve at the lower end of the ureter where it joins the bladder.



2. Reflux nephropathy (RN)

RN is the presence of damage to the kidney(s) which can occur from severe VUR. RN may present with urinary tract (bladder or kidney) infections, protein in the urine (laboratory test of urine sample), high blood pressure, or kidney failure. It may also be found as an incidental finding, particularly in pregnant women, when they have an ultrasound scan. RN was previously called chronic atrophic pyelonephritis.

What actually happens in VUR?

Normally when the bladder is emptied the urine is forced out by the action of the bladder wall muscle. The ureter is designed to shut off when the bladder wall contracts. In VUR this closing off valve does not work properly and urine may then flow backwards up the ureter towards the kidney. The severity of VUR depends upon the severity of the valve defect and the contraction strength of the bladder. This back flow of urine towards the kidney may be mild and only affect the ureter or may be more severe and reach the kidney. The more severe grades (Grade 3, 4 and 5) may result in RN.

Is the damage from RN permanent?

If you have RN affecting both kidneys, you are at a much greater risk of developing kidney failure. If you develop renal failure you may need dialysis or a kidney transplant. You should discuss this with your doctor. Referral to a kidney specialist (Nephrologist or Renal Physician) is likely.

What should I do about activity and diet?

Discuss with your doctor, but usually no limitation upon physical activity or diet is necessary unless reduced kidney function is present.

Do I need antibiotics?

Infections in the urine are common in patients with VUR and RN. Young children often need antibiotics for months or possibly years to prevent infections. Ask your doctor for sugar-free antibiotics wherever possible to reduce the risk of damage to young teeth.

Drink large amounts of water, regular washing the perineal area (area where bladder drains out) and being sure that the bladder empties completely of urine when going to the toilet (double voiding) all help reduce the risk of urinary tract infections. It is important for women with VUR or RN to empty their bladder after sexual intercourse to reduce the risk of infections.

Do I need an operation?

In some children with severe VUR there may be a need to do an operation on the lower end of the ureter to stop the VUR (make a valve). Sometimes a special injection into the bladder can stop VUR.

What can I do?

It is important that you reduce the risk of infections in your urine. Drinking plenty of fluid so that urine is passed 6-8 times every day is essential.

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