

# Information for women after ultrasound detection of fetal renal pelvic dilatation

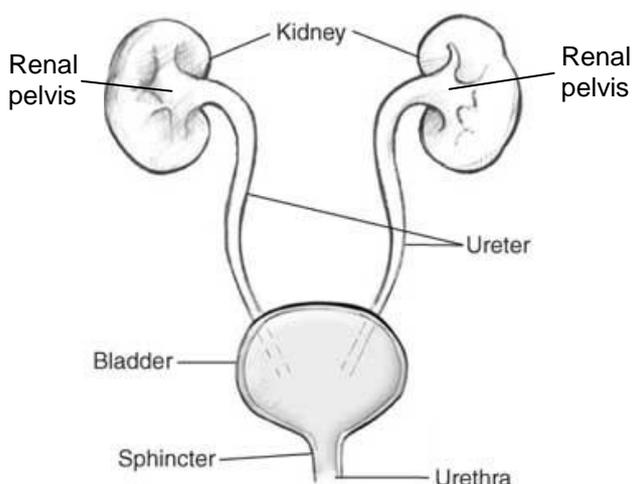
The aim of this leaflet is to answer your questions if you have had an ultrasound scan at 20 weeks and have been informed that your developing baby has renal pelvic dilatation.

If you have any further questions, please speak to a doctor or nurse caring for you.

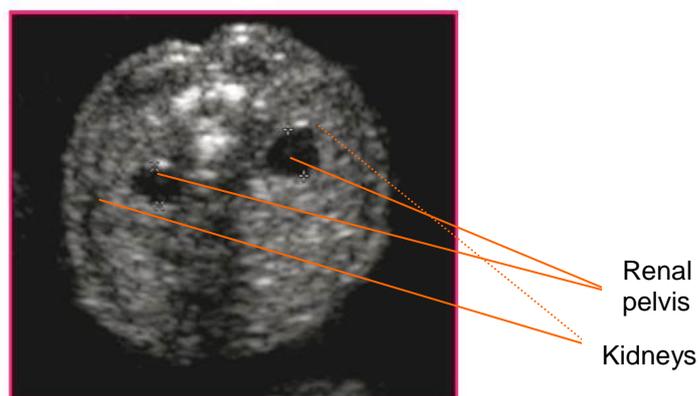
## What is renal pelvic dilatation?

The kidney has two areas: the first produces urine and the second transfers urine from the kidneys to the bladder – this is called the renal pelvis. Urine flows from the renal pelvis down the tube called the ureter into the urinary bladder (see the picture below). This system is found on both the right and left sides of the body. The measurement from 'front to back' of the renal pelvis is measured at your 20 week ultrasound scan. The normal measurement of the renal pelvis is 0-7mm before 24 weeks and less than 10mm after 28 weeks. If the measurement is more than this, it is called renal pelvic dilatation.

### The urinary system



### Ultrasound of a cross-section of a baby's abdomen (tummy) at the level of the kidneys



## Why does it happen?

In the most cases, there is no underlying problem and it may be a temporary finding when the baby's bladder is full. In a few cases, it could be due to the backward flow of urine from the bladder into the ureters, called vesico ureteric reflux. Rarely, a hold up to the flow of urine may be causing the dilatation (enlargement) seen in the kidneys.

## What will happen next?

1. You will have a follow-up scan in the fetal medicine unit at about 28-34 weeks of pregnancy, or earlier. The renal pelvic dilatation may have gone away by the time of this examination.
2. If the renal pelvic dilatation continues, you will be advised to have a repeat ultrasound scan at about 30-34 weeks into your pregnancy.
3. You may also see a paediatric urologist (a doctor who looks after children with urinary tract problems) who will explain to you what will happen after your baby is born.

## If the problem continues, what will happen?

**During pregnancy:** There is no need for any treatment before the baby is born.

### After your baby is born:

1. Your baby will be started on a small dose of antibiotics to prevent urinary tract infection.
2. Your baby may need further scans, the timing of which will be decided by the neonatologists (baby doctors).
3. If the scans are normal, the doctors will write to you or to your GP asking you to stop antibiotics.
4. If the scans show continuing or increasing dilatation, your baby may need further scans or treatment and an appointment will be made to see the paediatric urologist.

## Contact us

If you have any questions or concerns about the scan, please contact the fetal medicine midwives on 020 7188 2321 (Monday to Friday, 9am to 5pm).

### Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

**e:** 020 7188 8801 at St Thomas'      **t:** 020 7188 8803 at Guy's      **e:** pals@gstt.nhs.uk

### Knowledge & Information Centre (KIC)

For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital.

**t:** 020 7188 3416

### Language support services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

**t:** 020 7188 8815      **fax:** 020 7188 5953

### NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** www.nhs.uk

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