“He would only have the pain for an hour, and then it would go away,” Gonzales said. “I thought it might have been due to something he ate at school.” Working math problems in class one day, her son, Jaime Bazan, felt a discomfort he’d experienced more than a dozen times in his lower left abdomen. This time, however, when he tried to stand up and stretch to ease the soreness, the pain nearly paralyzed him. “I could barely walk, my side was hurting so bad,” he said.

Jaime was diagnosed with a serious kidney blockage, the real cause of those persistent “stomachaches.” An X-ray later revealed Jaime’s left kidney resembled a “blown-up flower,” his mom said. Gonzales feared that diagnosis came too late to correct the blockage without scarring Jaime for life.

Fortunately, a special, non-invasive procedure would quiet those fears and make Jaime the first Chicago pediatric patient to undergo robot-assisted urologic surgery. (See main story.) Instead of cutting into Jaime’s side, as is done in a conventional pyeloplasty, Gundeti used special instruments and a tiny camera to operate through four tiny slits made in the boy’s body.

With surgeon Gregory Zagaja’s help, Gundeti removed the part of Jaime’s ureter that had a kink, and then reattached it to his kidney and formed a new junction. A stent was put in to help the ureter remain open, allowing urine to flow to the kidney naturally.

At his age, Jaime was old enough to be operated on using 8 and 12 millimeter instruments—the same size used for adults. Younger patients typically would be unable to undergo a robot-assisted procedure because the adult tools are too big for their bodies.

That’s changing, Gundeti said. Smaller instruments came on the market this year.

Greater accessibility to minimally invasive surgeries is great news for pediatric patients, said Donald Liu, MD, surgeon-in-chief for Chicago’s Comer Children’s Hospital. “Besides having excellent cosmetic results where they look like they never had an operation,” he said, “we’re getting excellent operation results, and they go back to play much more quickly.”

LESS TIME RECUPERATING ALSO MEANS THAT PEDIATRIC PATIENTS MISS LESS SCHOOL AND THEIR PARENTS TAKE LESS TIME OFF WORK.

Eleven days after his surgery, Jaime was playing again. In the first few days following his surgery, there were traces of blood in his urine. But Jaime felt OK and recovered quickly. A few weeks later, Gundeti removed the stent holding his ureter open.

“You’d have to look hard to see [the scars],” Gonzales said, pointing to a tiny mark hidden by Jaime’s belly button.

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