

## Zis ntws nce hlab raum rov qab (Hmong)

### Dab tsi yog vesicoureteral reflux?

Zis yog ua los ntawm ob lub raum. Nws tawm los ntawm ob lub raum mus rau lub zais zis raws ob txoj hlab hu ua (ureters). Thaum cov zis nkag mus rau lub zais zis lawm, nws yuav tsum nyob hauv kom txog thaum tso tawm (lub zais zis nqig tas).

Vesicoureteral reflux (**ves-i-ko-you-ree-ter-al ree-fluks**) yog lub npe rau thaum muaj qhov cov zis ntws rov qab hauv lub zais zis raws txoj hlab mus rau saum ob lub raum. Qhov no yuav muaj rau ib sab los yog ob sab hlab tib si.

Txoj hlab raum nkag rau lub zais zis ntawm ib ceb kaum, ua ib lub qhov uas nws ua nws hauj lwm. Yog lub qhov mus rau ntawm lub zais zis luv heev, yuav ua muaj zis nce rov qab. Thaum koj tus minyuam loj, txoj hlab zis yuav ntev tuaj. Feem ntau qhov loj tuaj no daws qhov teeb meem zis ntws rov qab.

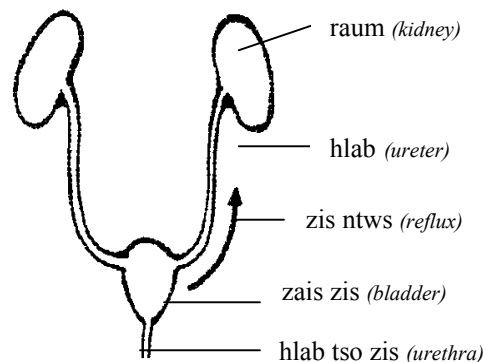
### Zis ntws rov qab puas txaus ntshai?

Feem ntau cov mob txeeb zig yuav nyob hauv lub zais zis xwb. Nrog rau qhov zis ntws rov qab, tab sis, kab mob yuav muaj peev xwm mus rau lub raum thiab ua paug rau lub raum hu ua pyelonephritis. Qhov no yuav ua lub raum puas uas yog qhov txaus ntshai heev li.

## Vesicoureteral reflux (English)

### What is vesicoureteral reflux?

Urine is produced in the kidneys. It travels from the kidneys to the bladder through tubes called ureters. Once the urine enters the bladder, it should remain there until voiding (emptying the bladder) takes place.



Vesicoureteral reflux (**ves-i-ko-you-ree-ter-al ree-fluks**) is the name of a condition in which urine backs up from the bladder into the ureter toward the kidney. This can involve one or both ureters.

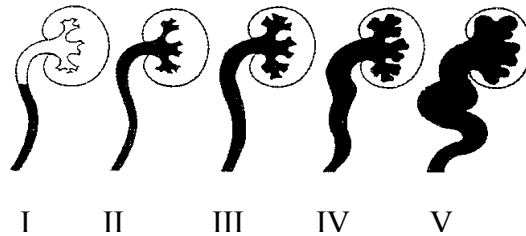
The ureters enter the bladder at an angle, forming a tunnel, which acts as a valve mechanism. If the tunnel through the bladder wall is too short, reflux of urine occurs. As your child grows, the length of the tunnel will grow. Most of the time this growth solves the reflux problem.

### Is reflux serious?

Most urinary tract infections stay in the bladder. With reflux, however, bacteria can get into the kidneys and cause a kidney infection called pyelonephritis. This can cause damage to the kidneys, which is very serious.

Qhov zis nce rov qab muab ntsuas ua them ib mus txog tsib. Them I nce txog ib nrab ntawm txoj hlab. Them II txog V ntwis thoob plaws txoj hlab thiab mus rau lub raum. Nrog rau qhov siab dua, txoj hlab raum hloov txawv.

**Cov them ntawm ntwis rov qab**  
(Grades of reflux)



Reflux is graded on a scale of one through five. Grade I flows part way up the ureter. Grades II through V flow all the way up the ureter and into the kidney. With higher grades the shape of the ureter changes.

### **Kuv tus minyuam yuav raug ntsuam xyuas li cas?**

Koj tus kws kho mob yuav txiav txim ntsuas rau ib qho los ob ntau dua rau cov kev kuaj xyuas nram no uas yuav tsum tau ua kom tiav los mus soj ntsuam txog tej them koj tus minyuam muaj zis ntwis nce rov qab mus saum lub raum.

Nyob ntawm lawv lub hnub nyoog, tej tij laug, thiab cov muam tau muaj mob txeeb zig yuav muaj qhov zis ntwis rov qab ntau dua rau nws. Koj tus kws kho mob mam li txiav txim seb txhua tus puas yuav tsim nyog raug kuaj.

### **Qhov kev ntsuam xyuas**

Qhov ntsuam xyuas no yuav ua kom tiav nyob hauv chav xoo fais fab (X-ray). Ib txoj raj yas me (small tube) ntxig mus rau lub zais zis raws ntawm txoj hlab zis. Cov dej tso ntwis mus raws txoj yas thiab yeas qhov duab fais faib X-ray thaum ntawd. Thaum lub zais zis puv lawm, koj tus minyuam yuav tso tawm los, thiab yuav yeas duab ntau ntawm lub zais zis, txoj hlab raum, thiab lub raum.

### **What tests will my child have?**

Your doctor will determine if one or more of the following tests need to be done to determine your child's grade of reflux. This sheet briefly explains each test. More information is available if a test is scheduled.

Depending on their age, brothers and sisters of children with vesicoureteral reflux may have an increased risk for reflux. Your doctor will decide if the siblings need any tests.

### **Voiding cystourethrogram (VCUG)**

This test is done in the radiology (X-ray) department. A catheter (small tube) is inserted into the bladder through the urethra. Contrast fluid is given through the catheter and X-ray pictures are taken. When the bladder is filled, your child will urinate, and more pictures will be taken of the bladder, ureters, and kidneys.

### **Qhov kev ntsuam xyuas**

Qhov ntsuam xyuas no ua kom tiav los xyuas ob lub raum, ob txoj hlab raum, thiab lub zais zis los mus txhom qhov teeb meem. Yuav tsis siv raj yas los yog koob. Ib tug kws (technician) yuav dov lub transducer (zoo li ib lub maivkosfoos) rau saum koj tus minyuam lub plab. Lub transducer ua cov suab sab ntas uas yuav mus rau hauv lub plab yam tsis ua mob thiab tsis ua qhov phem, mus raug rau ob lub raum thiab lub zais zis. Cov suab ntas tawm hauv ob lub raum thiab lub zais zis rov los mus rau ntawm lub transducer xa xov xwm rov los. Ib daim duab ntawm qhov xov swm no tshwm rau ntawm daim screen rau tus kws (technician) saib.

### **Qhov kev ntsuam xyuas**

Qhov ntsuam xyuas no siv cov tshuaj nuclear uas yuav xa cov sab fais fab qis tsawg tshaj cov X-rays ib txwm siv. Nws yog ib qho ua ntsuam taug qab ntxiv, yuav tau ua qhov nov sij hawm tom qab ua qhov VCUG. Zoo li qhov VCUG, nws yuav tau ntxig ib txoj raj yas me me mus rau hauv lub zais zis.

### **Qhov kev ntsuam xyuas**

Qhov tsom xyuas no qhia tau tia ib lub raum ua hauj lwm li cas thiab tej qhov to ntawm lub raum ua los ntawm qhov zis phwj rov qab. Nyob ntawm seb qhov tsom xyuas li cas, tej zaum yuav tau siv ib txoj yas. Yuav hno ib rab koob tso dej raws leeg rau qhov kuaj xyuas no.

### **Renal ultrasound**

This test is done to look at the kidneys, ureters, and bladder to detect any problems. No catheters or needles are used. A technician will move a transducer (looks like a small microphone) across your child's abdomen. The transducer produces ultra-high frequency sound waves, which pass painlessly and harmlessly through the lower abdomen, bouncing off the kidney and bladder. The sound that bounces off the kidney and bladder returns to the transducer with information. A picture of this information is displayed on a lighted screen for the technician to watch.

### **Radionuclide cystogram (RNC)**

This test uses nuclear medicine equipment that delivers a much lower dose of radiation than traditional X-rays. It is usually a follow-up test, done sometime after the first VCUG. Like the VCUG, it involves a small catheter that is inserted into the bladder.

### **Renal scan**

This scan shows how much each kidney is functioning and any scarring of the kidneys from the reflux. Depending on the type of renal scan, a catheter may be needed. An IV is used for the test.

## Yuav kho li cas?

Tiv thaiv kom txhob mob txeeb zig yog muab tshuaj tiv thaiv kab mob phaug ua yog tus kuab qis rau yog ib qho tseem ceeb tshaj plawm ntawm kev kho. Nws tseem ceeb heev uas yuav tau muab tshuaj rau koj tus minyuam **txhua txhua hnuv** (xav kom muab rau lub caij pw). Nws yuav tsum tau muab txhua hnuv kom txog thaum qhov zis ntws rov qab zoo los sis kho los ntawm ib tug kws phais.

Qhov kuaj ua tau tiav rau lub sij hawm puag ncig los txog koj los xyuas qhov ntws rov qab thiab lub raum loj tuaj. Raws li koj tus minyuam loj zuj zus tuaj, qhov zis ntws rov qab kuj yuav muaj tsawg zus los yog zoo hlo li lawm.

Txhua zaus koj tus me nyuam raug muab tshuaj tiv thaiv kab mob (antibiotic) kho rau qhov mob, ua ke rau qhov mob txeeb zig, tso tseg qhov ua ib hnuv siv ib zaug. Tom qab qhov kho nov dhau lawm, rov qab pib qhov ua ib hnuv ib zaug dua.

Yog koj tus minyuam muaj qhov zis nce rov qab nyob rau qib siab heev, los yog cov tshuaj siv ib hnuv ib zaug tsis zoo lawm, yuav tau raug phais. (Saib daim qhia, “Ureteral reimplant”.) Koj tus minyuam tus kws kho mob yuav sab laj qhov kev phais nrog koj.

## Lus nug?

Daim ntawv no tsis yog hais rau koj tus menyuam xwb, tab sis qhia rau thoob plaws. Yog koj muaj lus nug ab tsi, thov hu rau nej lub chaw khomob.

## What is the treatment?

Prevention of urinary tract infections with a low dose of an antibiotic is one of the most important parts of the treatment. It is very important to give your child the medicine **every day** (preferably at bedtime). It needs to be given daily until the reflux is resolved or corrected by surgery.

Tests are done at intervals to check on the status of the reflux and growth of the kidneys. As your child grows, the reflux may decrease in grade or go away completely.

Anytime your child is put on an antibiotic treatment for any infection, including a urinary tract infection, stop the once-a-day dose. After treatment is over, start the once-a-day dose again.

If your child has high-grade reflux, or the once-a-day antibiotic treatment does not prevent infections, surgery may be needed. (See the education sheet, “Ureteral reimplant”.) Your child’s doctor will discuss any surgery plans with you.

## Questions?

This sheet is not specific to your child, but provides general information. If you have any questions, please call your clinic.

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