

# Isolated renal pelvis dilatation

## Information for healthcare professionals

### Aim of leaflet

The aim of this document is to provide information for healthcare professionals about isolated increased renal pelvis dilatation (RPD) identified at the 18<sup>+0</sup> to 20<sup>+6</sup> weeks fetal anomaly scan.

### What is it?

If at the 18<sup>+0</sup> to 20<sup>+6</sup> weeks fetal anomaly scan the anterior–posterior diameter of the fetal renal pelvis measures greater than 7mm this is known as renal pelvis dilatation (RPD).

### What causes it?

RPD often resolves during pregnancy but may persist until later pregnancy and into childhood. Occasionally it can be due to structural abnormalities in the renal tract. Although RPD may persist in about a third of babies after birth, the vast majority of those babies are healthy. In those cases where it does persist, treatment is usually mild (for example, the baby may need to take antibiotics) with only the more severe cases requiring longer term follow-up or surgery.

### How common is it?

RPD is one of the commonest findings seen on ultrasound at the 18<sup>+0</sup> to 20<sup>+6</sup> weeks fetal anomaly scan and occurs in approximately 1% of fetuses in the UK.<sup>1</sup>

### Care following the ultrasound examination

It is important that the woman is given clear information about what has been found at the ultrasound examination. Initially, this explanation will be given by the sonographer who undertook the scan.

Information should be tailored to the individual and given in a staged, unhurried and sympathetic way. The woman may be shocked or upset and, for this reason, might not absorb what the sonographer says. She should be offered an information leaflet about the finding which she can take away and read in her own time.



The woman should be offered another appointment to see her obstetrician (or midwife) to discuss the findings. All cases should have at least one further scan in the third trimester. If the RPD persists at this stage a follow up scan at six weeks of life will be required. Antenatal cases with more complex findings will be referred to an obstetrician with ultrasound experience and, if necessary, referred to a fetal medicine service to see a specialist for a more detailed ultrasound examination.

Contact information about agencies that can provide external support such as Antenatal Results and Choices (ARC), should be offered to the woman.<sup>2</sup>

### **Antenatal Results and Choices (ARC)**

ARC provides impartial information and individual support to parents going through antenatal screening or whose unborn baby has been diagnosed with an abnormality.

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Website: [www.arc-uk.org](http://www.arc-uk.org)

### **References**

1. Hothi D, Wade A, Gilbert R, Winyard P. Fetal renal pelvis dilatation: much ado about nothing? *Clin J Am Soc Nephrol.* 2009;4:168–77.
2. Kirwan D, NHS Fetal Anomaly Screening Programme. *18<sup>+</sup> to 20<sup>+</sup> Weeks Fetal Anomaly Scan National Standards and Guidance for England.* Exeter: NHS Fetal Anomaly Screening Programme; 2010.

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