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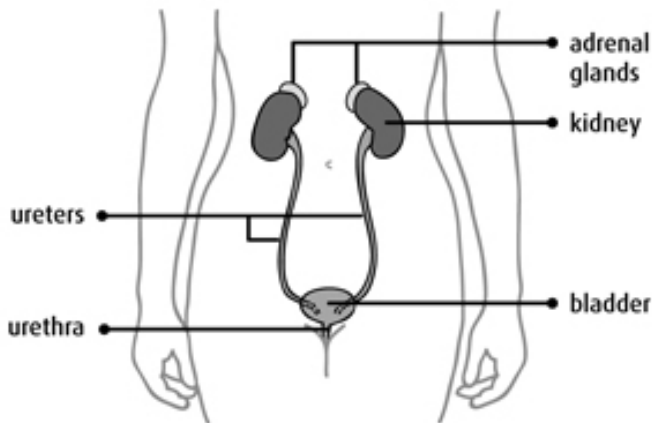
## What is a Nephrectomy?

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This leaflet has been written to provide information and answer questions that you may have regarding your proposed surgery.

If you have any further questions after reading this, do not hesitate to contact the Urology Outpatient Department for further advice.

You have been advised by your Consultant Urologist that you need an operation to remove your kidney; this procedure is called a nephrectomy.



This can be done in one of two ways, either as an open procedure involving a 15cm (approx.) incision (or cut) on your side or as a laparoscopic procedure (keyhole), this requires 4 very small (1cm) incisions plus a 4cm incision to remove the kidney.

The majority of these procedures are now done using the laparoscopic technique as these have been shown to have a quicker recovery time and fewer complications such as blood loss. However in some instances (2-3%) it may still be necessary to carry out an open procedure.

Providing your other kidney is functioning normally, you can manage perfectly well with only one kidney and you will not have to make any major changes to your lifestyle.

The average length of stay in hospital is between 3-5 days for laparoscopic surgery. Your stay will be longer (5-7 days) if you have an open procedure. The length of your hospital stay will also depend on your general level of fitness before surgery.

## Why do I need a nephrectomy?

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There are several reasons for removing a kidney

- The kidney may not be working or only partially working; if left in place it can be a source of infection or pain.
- Infection may have damaged the kidney and so that it requires removal.
- A cancer arising in the kidney may have been diagnosed; the usual treatment for this is to remove the kidney.

If a cancer has been found in the kidney, it is sometimes necessary to remove the adrenal gland which lies on top of the kidney at the same time.

In some kidney cancers there is a high risk of cancer recurrence in the ureter (tube which carries urine from the kidney to the bladder). If this has been found then the ureter will also have to be removed which would mean a small incision lower down on your abdominal wall as well as the other small incisions.

The reason for removing your kidney will be discussed with you.

## What are the risks and side effects of laparoscopic nephrectomy?

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Any operation and anaesthetic carries risk. These risks are generally small and not doing the operation may pose a greater risk. Before you sign the consent form allowing the surgeon to perform this operation he or she will outline the risks.

### Occasional risks

- Occasionally after this operation infection may occur in one or more of the incisions which requires further treatment. If your wounds are inflamed or very red you should see your GP for advice.

### Rare risks

- Bleeding can occur during the surgery that requires a blood transfusion or the surgeon may have to proceed to an open procedure if visibility using the keyhole technique is difficult.
- During the operation the lung cavity may be entered, but this can be repaired without any further incisions.

### Very Rare Risks

- Injury to surrounding organs or blood vessels that may mean the surgeon has to move to an open procedure.
- Problems with the anaesthetic, or heart and blood vessel complications may occur requiring admission to the Intensive Care Unit. Such complications may include a chest infection, stroke, blood clots or heart attack

## Before the operation

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You will need to attend for a pre-op assessment appointment approximately 7-10 days before your surgery, having already filled out a health screening questionnaire. This is to check that you are fit and well enough to have your operation. You may have blood tests as well as other investigations such as heart tracings (ECG) or chest x-ray at this appointment.

You will need to bring a list of your regular medications with you to this appointment.

If you take Warfarin, you may need to come into hospital a few days before your operation or change the Warfarin over to an injection for a few days before you are admitted. You will be advised about this.

## Day of your operation

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You will usually be admitted on the day of your operation. You will receive a letter telling you what time to come into hospital and where to go. This letter will also advise you when you need to stop eating and drinking prior to your operation.

You will be advised whether to take your regular medications. You will see the anaesthetist and the surgeon in the morning before your operation whilst waiting for a bed to become available.

The ward staff will show you round the ward so that you are familiar with the facilities. They will also prepare you for your operation. You will be asked to put on a theatre gown and wear special stockings to reduce the risk of developing blood clots (DVT) in your lower legs.

## How long will the operation take?

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The operation usually takes about 2-3 hours, but can vary depending on the individual case.

## After the operation

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You will wake up from your operation in the recovery room of theatres (although you may not remember this). The recovery room staff will look after you until you are ready to return to the ward.

You will have intravenous fluids (drip) into your arm which will give you fluid until you can drink normally. You can have some oral fluids fairly soon after the operation, but you should be drinking normally by the next day. You can have something light to eat usually by the next morning.

You will return from theatre with a small drainage tube (catheter), to drain urine from the bladder. This allows nursing staff to accurately measure your urine output over the first 24hrs. This is usually removed 24-48hrs post surgery. If you have had your ureter removed, the catheter will stay in for longer to allow healing to take place. You may also have a small wound drain which usually stays in for 24-48hrs after surgery.

Following the operation it is quite normal to experience wind-like pain in your abdomen. This is due to the surgeon using gas to inflate your abdominal cavity so that he can visualise your kidney more easily. You may also experience shoulder tip pain for the same reasons, this is usually relieved by simple painkillers.

The small wounds have dissolvable stitches and the nursing staff will carry out regular dressing checks, changing the dressings only if they are heavily soiled or become loose.

Most patients will also be given small injections post operatively on a daily basis to prevent blood clots (DVT). Some patients may be more at risk and therefore the injections are continued for up to 4 weeks post surgery.

The nursing staff will encourage you to sit out of bed for short periods the day following surgery and by day 2 you should be out of bed for most of the day and be able to walk short distances.

Once your catheter has been removed and you are passing urine satisfactorily you will be discharged home.

## Going home

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Before going home you will be informed of the follow up arrangements. This will depend on the reason for your nephrectomy. If you are unsure, please ask the nurse who is looking after you.

You will also receive a follow up phone call from one of our Nurse Specialists to check on your progress at home.

## At home

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You are advised to avoid heavy lifting or driving for 2-4 weeks following surgery, however light activity such as walking is advised.

You should eat a healthy diet with plenty of fresh fruit and vegetables to keep your bowels regular.

You can return to work when you feel fit and able, depending on what sort of work you do. Most people should be back to full physical activity 3-4 weeks post laparoscopic surgery. If you have open surgery this will take 8-10 weeks.

## Contacts

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Urology Outpatient Department: 01225 824819 (Mon-Fri 9AM-5PM)

**Robin Smith Ward:**           01225 824402  
  01225 824802 (out of hours and weekends)