

Information for Patients

This leaflet explains:

About Nephrectomy	2
Why do I need a nephrectomy?	2
What are the risks and side effects of open radical nephrectomy?	3
Occasional risks	3
Rare risks	3
Very Rare Risks	3
Before the operation	3
Day of your operation	4
How long will the operation take?	4
After the operation	4
At home	5
Contacts	5

About Nephrectomy

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 an abdominal incision (or cut) usually made across the abdomen under the ribs or as a laparoscopic procedure (keyhole), this requires 4 very small (1cm) incisions plus a larger incision to remove the kidney.

In your case because of the nature of the kidney tumour an open operation is required in preference to keyhole surgery. The average length of stay in hospital is between five and seven days. The length of your hospital stay will also depend on your general level of fitness before surgery.

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.

Why do I need a nephrectomy?

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 that lies on top of the kidney at the same time.

In some kidney cancers there is growth into the large vein (inferior vena cava) at the back of the abdomen. This tumour extension can be removed from the vein at the same time as the kidney itself but requires a more extensive operation.

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

What are the risks and side effects of open radical nephrectomy?

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 the incision which requires further treatment. If your wound is inflamed or very red you should see your GP for advice.
- In some cases further cancer treatment may be necessary after surgery.

Rare risks

- Bleeding can occur during the surgery that requires a blood transfusion. Rarely a return to the operating theatre may be required to deal with post operative bleeding.
- Injury to or involvement of surrounding organs such as the spleen, pancreas, liver or bowel.
- A tumour that was initially thought to be malignant may turn out to be benign when examined by the pathologist.

Very Rare Risks

- 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, heart attack and death.

Before the operation

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

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?

The operation usually takes about two to three hours, but can vary depending on the individual case.

After the operation

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 24 hours. This is usually removed 48-72 hours post surgery. You may also have a small wound drain which usually stays in for 24-48 hours after surgery.

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 four weeks post-surgery.

At home

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 8-10 weeks after open surgery.

Contacts

Urology Outpatient Dept 01225 824819 (Monday to Friday, 9am-5pm)

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