



LAPAROSCOPIC NEPHRECTOMY

Date of Surgery _____

Please bring this booklet the day of your surgery.

The kidneys are a pair of organs which remove excess fluid and waste material from the blood. They are important for the production of red blood cells, formation of bone and the control of blood pressure. The kidneys produce urine which drains through a long tube called the ureter, to the bladder where it is stored and then passed through the urethra out of your body. A kidney can be removed for various reasons including trauma and cancer. A healthy remaining kidney is capable of maintaining a normal life.

A nephrectomy is the removal of a kidney. In Laparoscopic nephrectomy, a laparoscope (tiny camera) along with surgical instruments are inserted into the abdomen through several small incisions. Using the laparoscope, the surgeon guides the instruments to free the kidney. There are two methods that can then be used: 1) the kidney is placed into a pouch, the pouch is brought up to the surface of the abdomen, the pouch is opened and the kidney is broken into smaller pieces and then the pouch is removed; 2) a slightly longer incision is made for the surgeon's hand to remove the freed kidney. The incisions are then closed with sutures or surgical tape.

This is a safe, effective way to remove a kidney. It provides patients with less discomfort, earlier return to work and daily activities, a more favorable incisional appearance with outcomes identical to that of the open surgery technique.

Before your Surgery

Your surgeon may want you to have a clear fluid diet the day before your surgery. Your surgeon may also want you to take a laxative prior to your surgery.

The average length of stay in the hospital is usually 2-3 days. Have assistance of family/friends to help you when you get home.

Day of Surgery

Arrive at the hospital at your scheduled time. After admission and preparation for surgery by the nursing staff, you will go to the Operating room. The anaesthetist will administer an anaesthetic (usually a general anaesthetic which puts you to sleep). The surgery usually takes 3-4 hours.

After Surgery

You will remain in the Recovery Room 1-2 hours while recovery from anaesthetic is monitored. You will then be taken to your hospital room. Your family will then be able to see you. You will have intravenous for fluid/medications, you may have an oxygen tube on your nose, a catheter in your bladder and possibly a drainage tube from the incision area.

Activity

Deep breathing and coughing is very important. To help prevent lung congestion or pneumonia, inhale deeply through your nose, then slowly exhale through your mouth. Repeat 2-3 times, then cough twice. Do this 10 times every hour while awake. Support your incision sites with your hands or a pillow when coughing. A breathing device called an incentive spirometer may also be taught and used.

Leg and foot exercises (i.e. moving your feet up and down) are encouraged 10 times per hour to promote good blood flow and decrease chance of blood clots. Your surgeon may want you to wear support stockings (anti-embolic or Teds) to aid circulation while in the hospital.



You will start, with help, by sitting up on the side of the bed, usually the evening of your surgery and then progress to short walks with assistance. As your strength returns, you will be able to get up on your own. Ask for help as needed.

Pain

Medication for pain may be given by PCA (Patient Controlled Analgesic – instructions will be given on its use), injection or pills. Please let your nurse know your level of pain /discomfort after surgery, so the nurse can give you the pain medication your surgeon has ordered.

Diet

You may experience nausea related to the anaesthetic. Medication is available to help with this. You will be given ice chips, small amounts of clear fluids and then your diet increased according to how you feel and as your doctor decides. The intravenous usually is stopped when you are tolerating fluids with no nausea or when no longer required for medication.

Wound

If a drainage tube is in the incision area, it is usually removed the day after your surgery.

The incisions are covered with pieces of tape. This tape usually falls off on its own (usually in 5-7 days). If they haven't fallen off in 1 week, then remove them yourself. Look at your incisions before you go home, so that you can report any changes to your surgeon.

Wound

Some bruising and clear drainage is normal. If the areas become red or swollen or drainage becomes foul smelling, notify your doctor.

The stitches under the skin will dissolve in 4-6 weeks.

Catheter

A urinary catheter is usually inserted into the bladder during surgery and generally removed the day after your surgery. Your urine may be blood tinged for a few days.

Guidelines at Home

You are encouraged to walk about as tolerated. Do not exert yourself. Allow yourself to increase your activity level slowly. It is expected that you may tire more easily for awhile after surgery, but gradually the periods of activity will get longer before you need to rest.

Climbing stairs is permitted, but it is usually recommended that you climb them slowly and pause after every few steps.

No heavy lifting (greater than 5-10 lbs.) or housework (vacuuming, etc.) should be done until your doctor grants permission, usually 2-4 weeks. Light housework is permitted.

Guidelines at Home

Absolutely no heavy lifting (greater than 20 pounds) or exercising (jogging, swimming, treadmill, biking) for 6 weeks or until instructed by your doctor. Most patients return to full activity at home on an average of 3 weeks after surgery. You can expect to return to work in approximately 4 weeks.

Driving is not recommended for the first week.

You may shower at home. Your wound sites can get wet, but must be patted dry. Tub baths can soak your incisions; therefore, are not recommended in the first 2 weeks after surgery.

Take any pain medication as needed and any other prescribed medications as directed.

You can usually resume sexual relations 2 weeks after surgery. Check this with your surgeon.

Drink extra water to help keep urine clear and to help keep bowels soft. You may require a mild stool softener to help prevent constipation. It is helpful to increase the amount of fruit, raw vegetables, whole grains and prune juice in your diet.



Call your doctor or go to the nearest Emergency Department if you:

- Are unable to void or have any burning, pain, bleeding or frequency when passing urine
- Fever
- Have abdominal pain not relieved by pain medication
- Have pain in your legs, particularly your calves and/or shortness of breath or difficulty breathing.

Appointment

Call your surgeon's office to make a follow-up appointment after discharge.

Special Instructions

Questions?

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