

**Laparoscopic  
Radical Nephrectomy  
Urology  
Patient Information Leaflet**

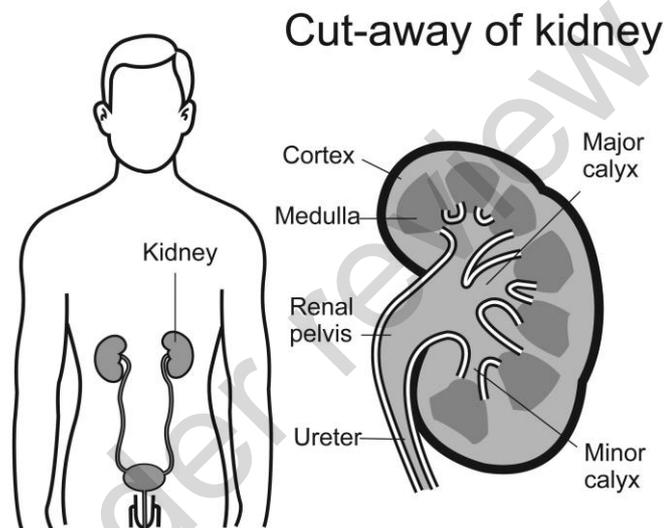
Under review

## Nephrectomy

Your surgeon has recommended that you have a nephrectomy (removal of your kidney). We hope that this leaflet answers any questions that you may have about your operation.

### What is a nephrectomy?

A nephrectomy is the surgical removal of a kidney. The kidneys are a pair of organs which lie in the posterior (back) part of the abdomen, one on either side of the vertebral (spinal) column. They are about 11cm in length and 5cm wide and weigh about 150 grams. The right kidney usually lies slightly lower than the left. They are described as being bean shaped and dark red in colour. Each kidney is enclosed in a capsule of fibrous tissue.



### Function of the kidney

The function of the kidney is to form urine by extracting the waste products from the blood, which then passes down the ureters into the bladder for excretion.

The kidneys are vital to a person's health because they are responsible for maintaining correct water content in the body, disposal of waste material and maintaining electrolyte balance (salt content in the body).

### What happens when one kidney is removed?

If one kidney is removed, the remaining kidney is able to do the work of two as long as it is healthy.

## What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

## What does the procedure involve?

It involves removal of the kidney through several keyhole (laparoscopic) incisions. It requires the placement of a telescope and operating instruments into your abdominal cavity using 4-5 small incisions. The adrenal gland may also be removed and one incision will need to be enlarged to remove the kidney.

## What are the alternatives to this procedure?

Observation, embolisation, radiofrequency ablation, cryotherapy (only for small tumours).

## What should I expect before the procedure?

You will be admitted on the morning of your surgery. Prior to your admission date, you will receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

After admission, you will be seen by members of the surgical team which may include the Consultant, Specialist Registrar, House Officer or Named Nurse. You will be asked not to eat for 6 hours before surgery. You will be able to drink clear fluids until up to 2 hours before your operation. The ward staff will give you more specific guidance on when you can eat and drink when you are admitted.

You will be given an injection under the skin of a drug (Clexane) which, along with the help of elasticated stockings provided by the ward, will help to prevent thrombosis (clots) in the veins of your legs during and after surgery. Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood vessel graft
- A neurosurgical shunt

- Any other implanted foreign body
- A regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix ®)
- A previous or current MRSA infection
- A high risk of variant-CJD ( if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Please ensure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the consent form.

### **What happens during the procedure?**

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. Your anaesthetist will discuss the anaesthetic options with you before your surgery.

The kidney is dissected free through several keyhole incisions and put into a bag which is then removed by extending one of the keyhole incisions. A bladder catheter is normally inserted during the operation to monitor urine output. Occasionally a drainage tube may be placed through the skin into the bed of the kidney, to drain fluid from the site of the operation.

### **What happens immediately after the procedure?**

In general terms, you should expect to be told how the procedure went and you should:

- Let the staff know if you are in any discomfort
- Be told what you can and cannot do
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- Ensure that you are clear about what has been done and what should happen next

You will be given fluids to drink from an early stage after the operation and you will be encouraged to mobilise as soon as you are comfortable to help to prevent blood clots forming in your legs. The catheter is normally removed early on the morning after your operation. Your expected length of stay in hospital is 1-2 days, i.e. you will be able to go home a day or two after your operation.

### **Are there any side effects?**

Most procedures have a potential for side effects. You should be reassured that, although these complications are well recognised, the majority of patients do not suffer any problems after such a procedure.

**Common (greater than 1 in 10)**

- Temporary shoulder tip pain
- Temporary abdominal bloating
- Temporary insertion of a bladder catheter and wound drain

**Occasional (between 1 in 10 and 1 in 50)**

- Bleeding, infection, pain or hernia of the incision requiring further treatment

**Rare (less than 1 in 50)**

- Bleeding requiring conversion to open surgery or requiring blood transfusion
- Entry into lung cavity requiring insertion of a temporary drain
- The histological abnormality may eventually turn out not to be cancer
- Recognised (or unrecognised) injury to organs/blood vessels requiring conversion to open surgery (or deferred open surgery)
- Involvement or injury to nearby local structures (blood vessels, spleen, liver, kidney, lung, pancreas, bowel) requiring more extensive surgery
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack)
- Dialysis may be required to stabilise your kidney function if your other kidney functions poorly.

**Hospital acquired infection**

- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

The rates for hospital acquired infection may be greater in high-risk patients e.g. with long term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

**What should I expect when I get home?**

By the time of your discharge from hospital, you should:

- Be given advice about your recovery at home, including when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- Be given a contact number if you have any concerns once you return home
- Be told when your follow-up will be and who will do this (the hospital or your GP)
- Ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed.

When you leave hospital, you will be given a draft discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

There may be some discomfort from the small incisions in your abdomen but this can normally be controlled with simple painkillers.

All wounds are closed with absorbable stitches which do not require removal. It will take 10-14 days to recover fully from the procedure, and most people can return to normal activities after 2-4 weeks.

### **What else should I look out for?**

If you develop a temperature, pain in your abdomen, increased redness, throbbing or drainage at the site of the operation, you should contact our helpline on **01384 244282**.

### **Are there any other important points?**

A follow-up outpatient appointment will normally be arranged for you 6-8 weeks after the operation. At this time, we will be able to inform you of the results of the pathology tests on the removed kidney.

It will be at least 14-21 days before the pathology results on the removed tissue are available. It is normal practice for the results of all biopsies to be discussed in detail at a multidisciplinary meeting before any further treatment decisions are discussed with you. You and your GP will be informed of the results after this discussion.

After removal of one kidney, there is no need for any dietary or fluid restrictions since your remaining kidney can manage fluids and waste products with no difficulty.

### **Driving after surgery**

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

### **Is there any research being carried out in this area?**

Before your operation, your surgeon or Specialist Nurse will inform you about any relevant research studies taking place and, in particular, if any surgically-

removed tissue may be stored for further study. If this is the case, you will be asked if you wish to participate and, if you agree, to sign a special form to consent to this.

All surgical procedures, even those not currently the subject of active research, are subjected to rigorous clinical audit so that we can analyse our results and compare them with those of other surgeons. In this way, we can learn how to improve our techniques and our results; this means that our patients will get the best treatment available.

## Medication

Please make sure before you come into hospital you have enough of your regular medication to take when you get home as it's unlikely that the medication prescribed by your GP or another hospital Consultant will be changed. Also please make sure you have a supply of painkillers to take when you get home. We recommend Paracetamol which can be purchased in pharmacies or supermarkets, alternatively whatever painkillers you normally take. Getting medication from the hospital pharmacy can sometimes take a long time as they are very busy and this will delay your discharge.

## Who can I contact for more help or information?

### Hospital Contact Numbers

If you have any questions or are unsure about any of the information provided in this booklet, please contact a member of our Urology team on one of the numbers listed below.

Urology Nurse Specialists:-  
Monday – Friday 08:00 – 16:00  
Tel: 01384 456111 Extension 2873 or Mobile 07787512834  
Out of Hours (16:00 – 08:00 Monday – Friday) and at weekends  
Ward C6 Tel: 01384 244282

Ask to speak to the nurse in charge. If the nursing staff are unable to address your questions, they will suggest alternative contacts.

For further information on the internet, here are some useful sites to explore:

[www.rcseng.ac.uk/patient\\_information](http://www.rcseng.ac.uk/patient_information)  
[www.patient.co.uk](http://www.patient.co.uk)  
[www.patientinformation.org.uk](http://www.patientinformation.org.uk)  
[www.rcoa.ac.uk](http://www.rcoa.ac.uk) (for information about anaesthetics)  
[www.prodigy.nhs.uk.PILS](http://www.prodigy.nhs.uk.PILS)  
[www.besttreatments.co.uk](http://www.besttreatments.co.uk)

**This Information can be made available in large print, audio version and in other languages, please call 0800 0730510.**

ਜੇਕਰ ਇਹ ਲੀਫਲੈੱਟ (ਛੋਟਾ ਇਸਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ਟ ਇੰਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ अपनी भाषा में चाहिये तो पेशन्ट इनफरमेशन को-आरडीनेटर को टैलीਫ਼ोन ਨੰਬਰ **0800 0730510** पर फ़ोन करें।

જો તમને આ પત્રિકા તમારી પોતાની ભાષા (ગુજરાતી)માં જોઈતી હોય, તો કૃપા કરીને પેશન્ટ ઈન્ફોર્મેશન કો-ઓર્ડિનેટરનો **0800 0730510** પર સંપર્ક કરો.

আপনি যদি এই প্রচারপত্রটি আপনার নিজের ভাষায় পেতে চান, তাহলে দয়া করে পেশেন্ট ইনফরমেশন কো-অর্ডিনেটরের সাথে **0800 0730510** এই নম্বরে যোগাযোগ করুন।

إذا كنت ترغب هذه الوريقة مترجمة بلغتك الاصلية ( اللغة العربية ) ، فرجاء ا اتصل بمنسق المعلومات للمريض **0800 0730510** على التلفون **Information Co-ordinator**

حسب ضرورت اس ایف ایٹ کوٹنڈا زبان (اوردو) میں حاصل کرنے کے لئے برہم پرائی ٹیلیفون نمبر **0800 0730510** پر ویڈیٹ انٹرنیشنل کو اور ایمل (مریٹوں کے لئے معلومات کی فراہمی کے سلسلے میں اس کے ساتھ رابطہ تم کریں۔

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