



Laparoscopic Nephrectomy

WHAT IS A NEPHRECTOMY

A nephrectomy is an operation to remove the whole kidney and generally the adrenal glands as well. There are two types of nephrectomy 1) simple nephrectomy to remove the kidney only and 2) radical nephrectomy to remove the kidney, adrenal gland and surrounding subcutaneous tissue. The remaining kidney will take over the role of the kidney that has been removed. A kidney may need to be removed for a number of reasons. These are outlined below:

- The kidney may be only partially working, or not working at all. If left in place it can be a source of repeated infections and pain.
- Infection may have damaged the kidney so that it requires removal.
- A cancer arising within the kidney may have been diagnosed. The usual treatment for this is to remove the affected kidney.
- If a cancer has been found in the kidney, it is occasionally necessary to remove the adrenal gland which lies on top of the kidney and the ureter (the tube which carries urine from the kidney to the bladder). If this type of cancer has been found, you will need a small incision low down on your ureter (the tube which carries urine from the kidney to the bladder). If this type of cancer has been found, you will need a small incision low down on your abdominal wall as well as the kidney operation described.

PREPARATION

You will have a general anaesthetic for the operation where you are put to sleep. Routine blood tests, urine tests, x-rays and an ECG may be done 1-2 weeks prior to the operation or in hospital before the surgery to check your general health. You must have nothing to eat or drink for 8 hours before your operation, you will be advised of the time to start fasting when you are booked in. you will also be given TED stockings-these are compression stockings that prevent blood pooling in the lower extremities. You are required to wear these for 2 weeks following your operation.

CONTACT DETAILS

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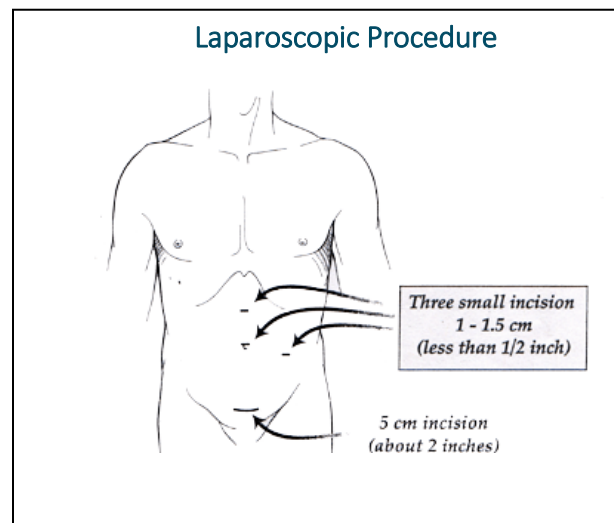
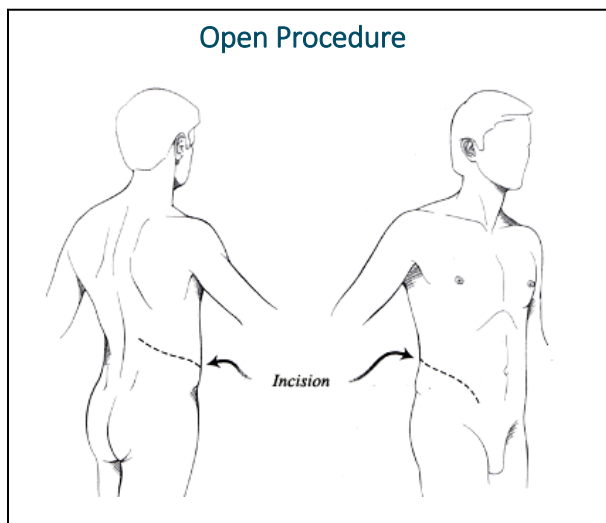
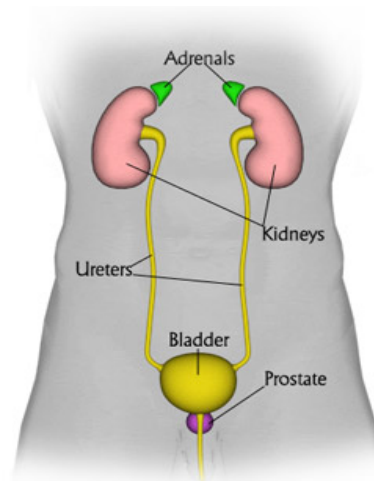
OUR LOCATION

Suite 103, First Floor Freemasons Hospital Medical Centre
320 Victoria Parade East Melbourne 3002 Victoria Australia



THE OPERATION

The operation takes about 1.5-3 hours laparoscopic or 1-2 hours open approach. The surgeon will make 3-4 stab wounds on your abdomen, these wounds allow a camera, so the surgeon can see inside, and other instruments to be inserted to perform the operation. The open procedure results in an incision done on the side or the front of the body. During the operation a catheter will also be inserted into the bladder and drain the urine outside to body through a tube and into a catheter bag. A wound drain may also be inserted in the side of the abdomen to drain off any excess fluid accumulating and help reduce bruising.



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POSSIBLE COMPLICATIONS

Your surgeon will discuss all the complications with you; these are rare but may occur in a small number of cases and can include:

- bleeding and possible blood transfusion due to the large amount of blood vessels in the kidney
- having to proceed to an open repair instead of key-hole due to complications, or bleeding.
- Damage to surrounding organs which is rare
- Wound or urine infection while in hospital which may lengthen your hospital stay but is usually successfully treated with antibiotics
- The operation may have to progress to an open approach to remove the kidney due to complications such as bleeding (laparoscopic approach only).

AFTER THE OPERATION

After the operation you will be moved from the recovery area to the ward or you may spend a night in CCU for observation depending on your general health. You will be in hospital for about 3-5 days (open) or 2-4 (laparoscopic approach). You will be able to have sips of fluid and ice when you have woken up and may commence a light diet on the day after your operation depending on the orders of your surgeon. You will have a drip in your arm to keep you hydrated in the meantime.

There will be a pain control machine attached to your drip that you can press to administer pain relief when you need it (PCA: Patient controlled analgesia). You should let nurses know if this is not covering your pain. You may experience pain in the shoulder or have a bloating feeling in the abdomen. These are both temporary and should resolve over the first couple of days.

You will be encouraged to do deep breathing and coughing exercises and a physiotherapist will discuss breathing exercises with you. This will help prevent pneumonia and other chest complications. If your pain is stopping you from breathing deeply please let the nurses know so they can give you other painkillers.

You also need to be able to walk around and should be getting out of bed at meal times as well as going on short walks during the day around the ward.

The wound drain will be removed when there is minimal drainage, usually day 1 or 2. The catheter tube will be removed when you are up and mobile usually on day 2 or 3. Passing urine may be initially slightly uncomfortable but this should resolve after a day or so. If you experience burning or frequency when passing your urine you should report it to the nurses as this may be a sign of a urinary tract infection. The wound sites will have waterproof dressings on them and can be removed about 4 days after discharge, there may be steri-strips under the waterproof dressing these can remain on and you may shower with them, they will peel off when ready. The stitches will dissolve under the skin in about 10-14 days, these should not bother you. Avoid baths and public pools until the wounds have completely healed.

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WHAT TO EXPECT AFTER THE OPERATION AND AT HOME

It may take up to 6 weeks to recover fully from the surgery. During this time you should:

- Avoid any heavy lifting or strenuous exercise for 4-6 weeks, however walking is advised and prolonged sitting or lying once at home should be avoided.
- We recommend that you avoid driving for at least 1-2 weeks and only resume when you can move fully and are able to break safely.
- Keep your bowels regular, you may need to take some medication like coloxyl with senna available at the pharmacy, especially if you are taking medication containing codeine (e.g. panadeine).
- Drink 1.5 to 2 L of water a day.

Points of contact:

Urology nurse: Angela 8415 1915 (Monday to Thursday and alternate Fridays 9-5)

Your surgeon: (contact details on card)

Ward 1 East: 9483 3602

Epworth Richmond Emergency Department located at 89 Bridge Road in Richmond.

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