



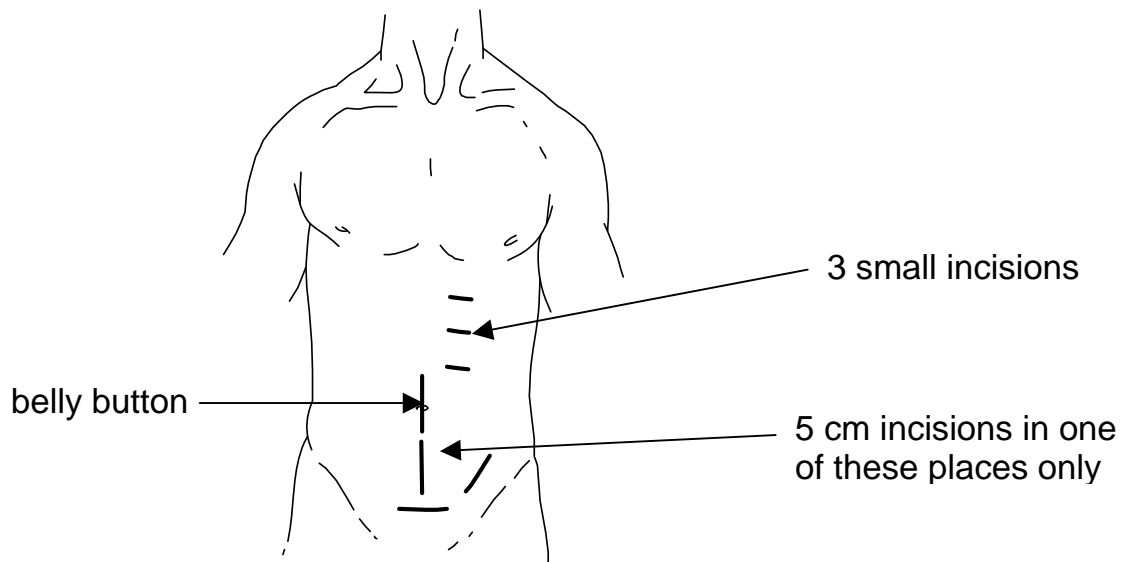
Laparoscopic nephrectomy surgery

What is a laparoscopic nephrectomy?

A nephrectomy is surgery to remove all or part of a kidney. The adrenal gland may also be removed at the same time. This surgery is done for many reasons, such as an infected kidney, cancer or to donate a kidney for transplantation.

A laparoscopic nephrectomy describes the method the surgeon uses to remove the kidney. During laparoscopic surgery, the surgeon makes 4 or more small incisions (cuts) 1 to 2 cm long. The surgeon inserts a small tube with a camera at the end into the first incision. The other incisions are used for instruments to remove the kidney. The kidney is taken out, through a 5 to 6 cm cut above your pubic bone or near the belly button or lower abdomen.

Your incisions may not be in exactly the same spots.



The operation is done under general anesthetic. This means you will be asleep. The larger incision is closed with staples or clips. The small incisions are closed with stitches or staples, and covered with special tape.

If you have staples or clips in the incision, your surgeon will take them out about 7 days after the operation. Sometimes stitches dissolve and are not taken out.

What do I need to do before surgery?

You must come to the Pre-op Clinic 1 to 2 weeks before surgery to have any blood work, x-rays and tests your surgeon ordered. Bring a record of all of your medications to this visit. Include any herbal or natural products you take.

You can have clear fluids the day before surgery and nothing after midnight. If you take medication each morning, the nurse will tell you if you can take it the morning of your surgery.

You will also do a bowel preparation during the afternoon and evening before surgery. The nurse or your surgeon will tell you how to do this and give you a prescription and written instructions to follow at home.

When you are getting ready for surgery in the hospital, a nurse will put a small tube in a vein in your arm. This is called an intravenous or IV. The IV gives you fluid and medication before, during and after surgery.

How long is the surgery?

The surgery takes 2 to 4 hours.

How will I feel after surgery?

After surgery, you will go to the Post-Anesthetic Care Unit (PACU). You will be watched closely until you are fully awake. If you feel pain or have an upset stomach, the nurse will give you medication to help you.

You will then go to the ward. On the ward, the nurses will monitor your blood pressure, breathing, heart rate, incisions, pain and general recovery from surgery.

The nurses will check you IV often. It is taken out when you are drinking fluids without problems.

Catheter

After surgery, you will have a thin, plastic tube put in your bladder called a catheter. This drains urine into a drainage bag. The nurses will teach you how to keep clean while the catheter is in. They will also empty the drainage bag and measure the urine you make.

You may feel a burning feeling while the catheter is in and after the tube comes out. When the tube comes out, you may also feel like you have to urinate quickly. This feeling will go away as you recovery.

What activities can I do?

After surgery, you need to move around to prevent breathing and circulation problems, and help you bowels move. Moving also helps you build up your strength and recover faster. Do deep breathing, coughing and circulation exercises each hour you are awake.

Your nurses will teach you how to look after yourself and help you do your care.

Bathing and showering – incision care

You may shower the day after surgery. If you have an IV, your nurse will protect it from getting wet before your surgery. You can have a tub bath after your incisions have healed.

You may have strips of tape on your small incisions. Try not to get the incisions too wet. Do not use soap on your abdomen. Pat your incisions dry. The tape will fall of by itself over time. The larger incision may have staples in it. You can gently wash over this and pat dry.

What can I eat and drink?

You will usually begin drinking clear fluids the first day after surgery. This includes water, broth, ginger ale, cranberry juice, apple juice and jello. Your diet will be adjusted based on the amount of gas you are passing and your normal diet. Walking will help you pass gas sooner.

When you do not have any trouble drinking and the nurses can hear bowel sounds, you may eat soft food. The food you can eat depends on the type of diet you are on. You will then progress to your normal diet as you recover. You do not have to have a bowel movement before you go home, but you do need to be passing gas and eating soft foods without feeling sick to your stomach.

While in hospital, you will need to record all of the fluids and food you drink and eat. You will also need to measure and record the amount of urine you void. Your nurse will show you how to do this and tell you when you can stop recording.

How is pain controlled?

Each person feels pain in his or her own way. The amount of pain control medication each person needs varies. Your nurse will monitor your pain and help you control it.

Most of the pain is caused by gas left in the abdomen after surgery and slow moving bowels. Some people feel this pain in the tip of the shoulders. Walking is one of the best ways to relieve this type of pain. Walking also helps get the bowels moving.

You may have a PCA (patient controlled analgesia) pump to control pain and discomfort. The machine is attached to the IV in your arm. When you have pain, you push a button on the machine. The machine sends a dose of pain control medication into your body. You have a PCA pump for about 2 days.

After the first few days, most patients control pain with medication such as Tylenol[®]. Try to avoid using Tylenol[®] medication that also contains codeine for long periods of time, as it causes constipation.

How long will I be in hospital?

You should plan to be in the hospital 2 to 4 days.

When do I see my surgeon again?

The nurse may give you a follow-up appointment with your surgeon before you leave the hospital. If you do not get a follow-up appointment, the surgeon's office will call you. Your surgeon will want to see you in 2 to 4 weeks after you go home.

Home care after your laparoscopic nephrectomy surgery

Pain control

Before you go home, you will be given a prescription for pain control medication. Take this as directed by your physician. Your pain and discomfort should be less each day.

Incision care

Look at the incision each day. Each incision should be a dry closed line. Your incision may be covered with tape.

Try to keep the tape clean and dry. If the tape falls off, you can leave it off.

If you have staples in the incision, you will need to have the surgeon take them out 7 to 10 days after surgery.

Diet

You can slowly move to your normal diet after you have had a good bowel movement.

To avoid constipation, have fluids and high fibre foods such as whole wheat products, bran, fresh fruit and vegetables if these are allowed. If you have problems return to your normal bowel movement routines, contact your surgeon for advice.

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Activity

- You can do moderate exercise like walking. Avoid contact sports.
- You can slowly resume your normal activities. If you have any questions or concerns about activity, talk to your surgeon.
- ✗ Do not do any strenuous activities like shovelling snow, raking leaves, vacuuming or mowing the lawn until your surgeon tells you these are all right to do.
- ✗ Do not do any heavy lifting for 2 weeks. Heavy lifting is lifting more than 10 pounds or 4 kilograms. This weight is like a full grocery bag, a small suitcase or a small baby.

Return to work

When you return to work depends on the type of work you do. Talk to your surgeon about this. Most people return to work in 2 to 4 weeks.

Sexual activity

You can resume sexual activity when you feel comfortable.

Call your surgeon if you have any signs of infection:

- increased swelling, redness or discharge from any incision
- fever
- pain that does not get better
- feeling unwell

For questions or concerns

Call your surgeon if you have any questions or concerns.
