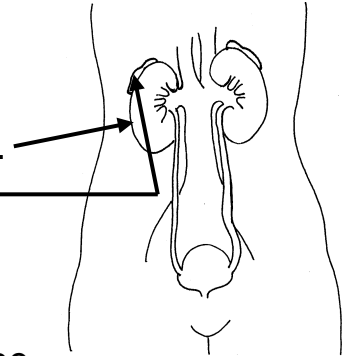

Laparoscopic Nephrectomy Surgery

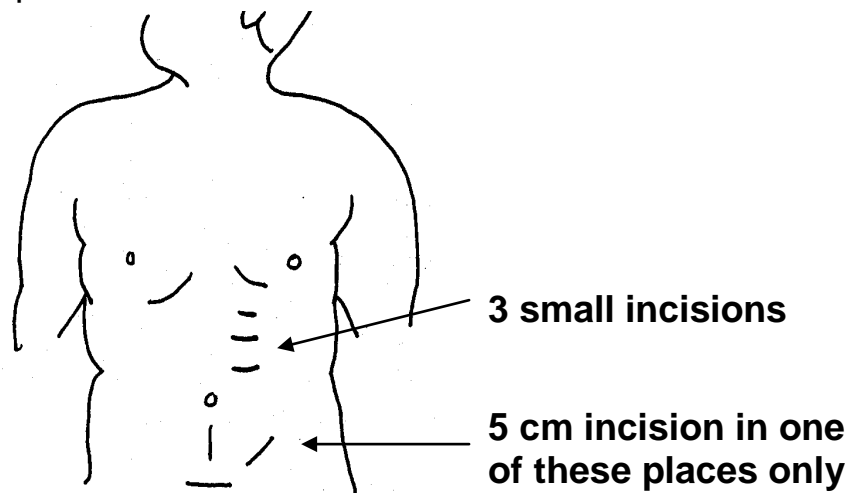
What is a laparoscopic nephrectomy?

Nephrectomy surgery removes all or part of a kidney. The adrenal gland may also be removed. This is done for many reasons such as an infection, cancer or to donate a kidney.



A laparoscopic nephrectomy describes the method the surgeon uses to remove the kidney. During laparoscopic surgery, the surgeon makes 4 small incisions, 1 to 2 cms 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 incision above your pubic bone.

Here is a picture where the incisions may be. 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 and covered with special tape.

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

What do I need to do before surgery?

You must come to the Pre-Admission Assessment Unit 1 to 2 weeks before surgery to have any blood work, x-rays and tests your doctor orders. Bring a record of all of your medications to this visit. Include any herbal or natural products you take. An accurate record will help the health care team know how to take care of you before and after surgery.



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 surgery.

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

You will come to the hospital 2 to 3 hours before surgery. 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 recovery room. You will be watched closely until you are fully awake. If you feel pain or have an upset stomach, ask your nurse to give you some medication to help. There are no visitors allowed in this area.

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

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



Urinary Catheter

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

You may have 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 recover.

What activity can I do?

After surgery, you need to move around to prevent breathing and circulation problems and help your bowels move. Moving also helps you build up your strength and recover faster. Do your 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. You will be able to wear your own clothes around the unit when your tubes come out.

Bathing, showering and incision care

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



You will have strips of tape on your small incisions. Try not to get the incisions too wet. Do not use soap on your abdomen for the first few days. Pat your incisions dry. The tape will fall off 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 begin drinking clear fluids the first day after surgery. This includes water, broth, gingerale, cranberry juice, apple juice and jello. The nurse will listen to your abdomen with a stethoscope to hear bowel sounds. Your diet will change based on the amount of gas you are passing out of your rectum. Walking will help you pass gas sooner.



When you do not have any trouble drinking and you are passing gas, you may eat soft food. The food you can eat depends on the type of diet you follow normally. You will progress to your normal diet as you recover.

Before you can go home

You do not have to have a bowel movement before you go home, but you do need to be passing gas and eating soft food without feeling sick to your stomach.

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 nurses 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. Most 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 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 may 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 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 3 days.

Remember:

- **Before you leave the hospital, have your support person pick up a wheelchair in the lobby and bring it to the unit if you feel you will not be able to walk on your own.**

At Home

Pain Control

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



Incision care

Look at the incisions each day. Each incision should be a dry closed line. Your incisions 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 doctor 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 returning to your normal bowel movement routine, contact your doctor for advice.

Activity

You can do moderate exercise like walking. Avoid contact sports.

Do not do any strenuous activities like shovelling snow, raking leaves, vacuuming or mowing the lawn until your doctor tells you these are alright 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.

You can slowly resume your normal activities. If you have any questions or concerns about activity, talk to your doctor.



Return to work

When you return to work depends on the type of work you do. Talk to your doctor 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 doctor if you have:

- increased swelling, redness or discharge from any incision
- temperature greater than 38°C or 100°F
- pain that does not get better
- nausea, vomiting or diarrhea that does not go away in 2 days
- questions or concerns



When do I see my surgeon again?

The nurse will give you a follow-up appointment with your doctor before you leave the hospital.

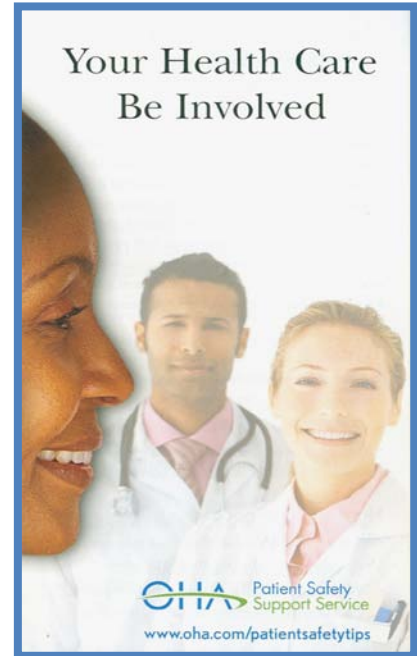
If you do not get an appointment, call your doctor to arrange this after you go home. Your doctor will want to see you in 2 to 4 weeks after you go home.

Your Health Care – Be Involved

Patient safety is our concern. In order to have the best health care, you can be an active member of your health care team.

Here is how you can be involved:

- Ask questions and talk about your concerns
- Know the medications you take and why you take them
- Carry a current list of medications and herbal products you take to share with all health care providers
- Carry a list of your current medical conditions, allergies, past problems and surgeries
- Make sure you know what to do when you leave the hospital, clinic, program or doctor's office



For more information there is a booklet called "Your Health Care – Be Involved" published by the Ontario Hospital Association. You can download this book in many languages from www.oha.com

