

## Information and Instructions

### What is a Nephrectomy/ Partial Nephrectomy?

The kidneys filter wastes and fluid from the bloodstream and excrete this waste as urine. They maintain the amount of water and electrolytes in the body.

**A Partial Nephrectomy removes only the diseased or affected portion of the kidney.**

**A Radical Nephrectomy involves removing the entire kidney, a section of the tube leading to the bladder (ureter), the gland that sits atop the kidney (adrenal gland), and the fatty tissue and surrounding the kidney and nearby lymph nodes. This may be performed by an open or laparoscopic procedure. Your doctor will determine the most appropriate type of surgery for your condition.**

### What type of Anaesthetic?

The most common anaesthetic for this operation is a *general anaesthetic*, which means you are put to sleep for the whole operation.

The anaesthetist will discuss this with you before surgery.

### What does the Surgeon do?

**The surgeon makes an incision on the side or front of the abdomen, depending on the type of nephrectomy procedure being performed..** The kidney is removed and the vessels and ureter are then tied off and the incision is sutured (sewn up). The surgical procedure can take up to three hours, depending on the type of nephrectomy being performed.

Nephrectomy  
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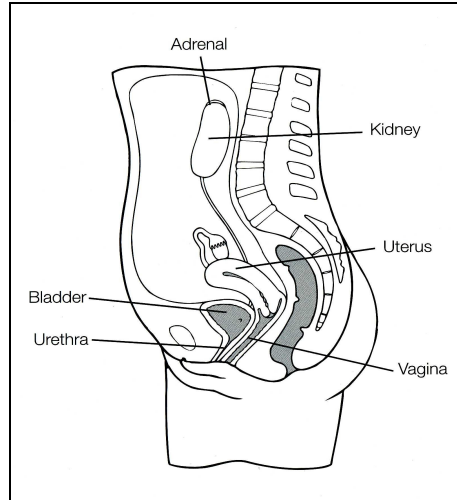


Figure 1 Female Anatomy

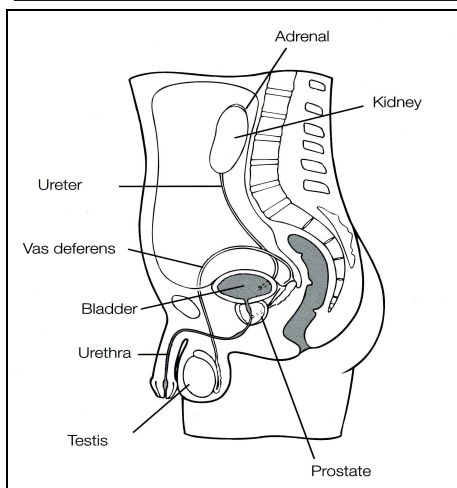


Figure 2 Male Anatomy

## Are there any Complications?

As with any surgical procedure complications may occur. The major potential problems are post-operative pain, infection and bleeding. Intra-operative complications include bleeding. Other early complications include breathing difficulties, allergies, cardiac problems, deep vein thrombosis and infection of urine or wound.

## What to expect after the Operation

- Hospital stay is generally 5-7 days.
- Some pain immediately post-operatively. This will be controlled with an infusion and later with tablets
- An Intravenous drip will be in your arm for 1-2 days for hydration as your diet will be restricted for 1-2 days
- To decrease the risk of blood clots you will wear special stockings, be given injections to thin your blood and be encouraged to walk as soon as possible after surgery.
- A drain tube will be in place draining fluid from the operation site.
- Your urine output and renal function will be monitored carefully, initially by an indwelling urinary catheter and then by fluid balance chart, to ensure your remaining kidney is working well.
- Walking soon after surgery encourages early return bowel function, **promotes effective breathing, mobilizes secretions, improves circulation, prevents stiffness of joints and relieves pressure.**

## Recovery at Home

### Diet and Fluids

- Drink plenty of fluid
- Avoid constipation and straining, you may need to increase fibre in diet

### Activity

- Avoid lifting and straining for 4 weeks as this may cause bleeding. Do not do activities such as gardening, lawn-mowing, golf and tennis for 4 weeks
- Continue walking when you return home
- You can drive a car 3-4 weeks after surgery
- Date to return to work will be discussed at first post-op review

### Medication

- Check with doctor before recommencing aspirin/warfarin
- Take other medications as prescribed

### Wound Dressing

- You will be given instructions about wound management on discharge. Staples /sutures from the incision site are generally removed prior to discharge from the hospital.

### Personal Hygiene

- Gently clean the incision site with warm water, and pat dry. Do not apply any soaps, creams or talcs to the site. Do not have a bath until the incision is completely healed.

You should contact your doctor if you:-

- Have fever, shivers, shakes
- Your incision becomes red or swollen
- The skin around your incision is warmer than elsewhere and is slightly red
- There is drainage from your incision
- There is an opening in your incision
- You are having difficulty passing urine or your urine output becomes less than it normally has been
- Severe pain that is not relieved by pain medication

### Admission Details:

\* Hospital \_\_\_\_\_

\* Date \_\_\_\_\_

\* Time \_\_\_\_\_

**DO NOT TAKE  
ASPIRIN/WARFARIN/PERSANTIN  
ONE WEEK PRIOR TO SURGERY**

**FASTING FOR AT LEAST 6 HOURS BEFORE  
SURGERY**

**TAKE USUAL MEDIACATION ON MORNING  
OF SURGERY (except aspirin/warfarin)**

*Patient Information Leaflet*

## **PARTIAL NEPHRECTOMY/ NEPHRECTOMY**



Mr. Scott Donnellan-Urology Surgeon 9563 7899  
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