

## Renal Services

# Laparoscopic Donor Nephrectomy: Discharge Information

This leaflet aims to answer questions that you, as a living kidney donor, may have about what you should or should not do after your operation. If you have further questions after reading this information, please speak to your surgeon; ward nurse or living donor coordinator.

### What happens after the operation?

You may feel nauseated for 24 hours following the operation but medication can be given to control this.

In hospital you will be encouraged to sit out of bed and move about from the day after the operation. It is important that you should walk short distances the day after the operation. You may be discharged from the hospital at anytime from the day after the operation depending on your clinical condition.

- Following the operation it is usual to have mild shoulder or stomach pain for a couple of days. This pain is often described as a wind like pain, and is due to the surgeon using gas to inflate your abdominal cavity so that he can see the kidney better. Most patients only need mild painkillers but, as in any surgery, there may be more discomfort requiring stronger painkillers.
- Many patients find a degree of difficulty in opening the bowels for the first time after the operation. If necessary you may be given suppositories or a laxative to help you.
- The small wounds are normally closed using glue, and should not need any attention other than keeping them clean. There may



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sometimes be a little oozing from one or more of the wounds, in which case they can be covered with a sterile dressing until this stops. You can shower as normal and bathe once the wounds have fully healed.

- You may eat and drink normally as soon as you feel able. There is no need to change your diet or fluid intake, but we do advise you keep well hydrated.
- When the surgical drain and urinary catheter are removed and you are passing urine satisfactorily and you are able to move about comfortably, you may be discharged home.

### **What happens when I go home?**

Before going home you will be given appointments to return to the clinic for a check up, three to four weeks after the operation to see the transplant nurse, and six to eight weeks after the operation to see the surgeon. You will be given painkillers to take home and a note for your GP listing your treatment and medicines.

### **What should I do when I get home?**

- It is sensible to avoid heavy lifting i.e. any weight training or gym work outs and you should not drive for 4 to 6 weeks, usually after you have been seen by the surgeon, it is important to avoid these activities since any sudden increase in abdominal pressure can cause pain in the wound, Exercise should be increased gradually, start with short walks and gentle exercise.
- Eat a healthy diet with plenty of fluids. Fresh fruit and vegetables are important to keep your bowels regular as your bowel can be lazy for several days after the operation.
- Chest infections and constipation are relatively common immediately after the operation but exercise, laxatives and keeping well hydrated will help your body to settle down.
- You can return to work when you feel fit. Usually three months off work are needed though this will depend on your job. Sexual intercourse can be resumed three to four weeks after the operation.
- After any surgery may feel tired and rather emotional for a number of weeks. This is quite normal, but if you feel depressed it is important to tell your GP/transplant coordinator.

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- You should wear your anti-embolism stockings for four to six weeks until seen by the surgeon at your six week follow up or until fully mobile.

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

Serious problems after this operation are relatively rare, but you should be aware of the following points:

- Any operation inside the tummy (abdomen) will cause scar tissue and internal adhesions within the tummy, which normally do not cause any problems. Very occasionally this may result in chronic abdominal pain or obstruction, which might require surgery.
- Surgical wounds can become infected and not heal as quickly as normal.
- Any surgical wound in the tummy may increase the slight risk, two to five per cent, of developing a hernia, but if this occurs it can be repaired.
- Patients who donate one kidney during their life have been shown to have an increased tendency to lose a small amount of protein in their urine and have an increased chance of developing high blood pressure later in life. The implications of these tendencies are not fully known. Therefore it is important that you have a regular check up each year to have your blood pressure checked and treated if necessary.
- Kidneys are responsible for filtering and getting rid of waste products. One of these is called creatinine. By taking a blood sample we can tell how much creatinine is left in your blood stream after the kidneys have done their work. When you donate a kidney, the single kidney you are left with has more work to do, and initially your creatinine level may rise slightly in response. This is not unusual, and when you come for repeat clinic visits we will take a blood sample which will measure your creatinine levels.
- Occasionally other complications can occur. These include: long term wound pain, urinary infection, swelling of testicles, drug/dressing allergies, pneumothorax, collapsed lung, pleural effusion, fluid around the lungs, fluid collections in the abdomen requiring drainage, leak from the pancreas and leg paraesthesia (pins and needles or numbness in the leg). DVT (deep vein thrombosis).

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If you feel unwell, or have any concerns following discharge, your GP can advise if you need to be seen at the hospital. You are also always welcome to telephone the living donor coordinators or the transplant ward for advice.

For all donors, arrangements will be made for you to have yearly checks of your kidney function and blood pressure, either at University Hospital, your local hospital or GP.

### **Drugs to avoid in the future**

Some painkillers, which belong to a group of drugs called NSAIDs, (non steroidal anti inflammatory drugs,) may be harmful to renal function with prolonged use. After your nephrectomy it is recommended that you avoid these drugs and seek an alternative form of pain relief in the future. Your GP will be able to advise you.

Drugs to avoid include some that are taken by mouth, for example:

**Ibuprofen**

**Diclofenac**

**Naproxen**

**Body building supplements**

**Some cold remedies (check with pharmacist)**

And some that can be applied to the skin, for example:

**Ibuprofen gel**

**Ketoprofen gel**

**Piroxicam gel**

**Diclofenac gel**

**Felbinac gel**

You should also avoid **Protein shakes** for example **whey supplements** used in Gym work or for use in bulking up muscle as these can have an adverse affect on kidney function

**If unsure about taking any medications or supplements, please speak to your pharmacist or contact the transplant team.**

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### Who can I contact if I have any questions?

Ward 10 024 7696 5636

#### Living kidney donor coordinators:

Jane Reid 024 7696 7790

Laura Fraser 024 7696 7828

#### Post -Transplant Nurses:

Cheryl Paczynski / Nora Skinner 024 7696 7745

### Additional advice

If you require advice or reassurance please do not hesitate to contact us on the above telephone numbers between the hours of 8.00am and 4.00pm Monday to Friday.

If you require emergency care after this time, please contact either:

- G.P. Surgery
- Walk-in Centre
- Accident and Emergency Department

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7745 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email [feedback@uhcw.nhs.uk](mailto:feedback@uhcw.nhs.uk)

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