

## Urology

# Radical Nephrectomy

It is important that you read this information leaflet before your operation. It is essential that you understand the operation and how it affects you. If there are areas that are not clear, or there are any questions you need answering you can contact the Urology Nurse Specialists (contact numbers are at the end of the leaflet). They are available even after you are discharged and are there to help you through the whole process.

### What is a Radical Nephrectomy?

You and your Consultant will have discussed the reasons for removing your kidney. A nephrectomy means the surgical removal of the kidney. In some cases the Consultant may want to remove the whole of the kidney (radical nephrectomy), part of the kidney (partial nephrectomy), or the whole of the kidney and ureter (the tube that urine passes down from the kidney to the bladder), known as a nephroureterectomy. The operation is performed under a general anaesthetic.

### The operation

In most cases your Consultant will perform a laparoscopic (keyhole) nephrectomy where you will have 3-5 small incision (cuts) sites in your abdomen. This method of removal can reduce the length of time you spend in hospital and can allow you to resume your normal life in a shorter period of time when compared with the open surgery. You should expect to stay in hospital for about 1-3 days. This operation may not be suitable for all patients. Occasionally there is a small risk that your Consultant will have to perform an open operation if the kidney cannot be removed through the small cuts in your abdomen. Open surgery means you will have a larger incision (cut) on your upper abdomen.



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The kidney will then be removed and often the surrounding fat and glands. This will then be sent to the laboratory to be examined under the microscope. You should expect to stay in hospital for about 5-7 days.

The operation requires a full general anaesthetic to be used and you will be asleep throughout the procedure. You may also be given an epidural anaesthetic if you have open surgery which helps to minimise pain post-operatively.

### **Admittance to hospital**

You will attend a pre-admission appointment where we will have taken all your details, blood tests and heart tracings in preparation for your surgery. Here you will have an opportunity to discuss any concerns with the medical staff.

When you are admitted to the ward, usually on the morning of your surgery, the nursing staff are fully aware of your pending surgery and can answer any last minute questions that you may have. You will be asked not to eat for 6 hours before surgery and only drink clear fluids up to 2 hours before surgery; immediately before the operation, you may be given a pre-medication. An anaesthetist will visit you before you go to theatre to discuss the anaesthetic you will receive.

Just before your operation you will be asked to put on a hospital gown and support stockings. The stockings are to reduce the chance of clots or Deep Vein Thrombosis (DVT) forming in your legs. Someone will come and collect you and escort you to theatre.

### **After your operation**

Following your surgery you will be monitored closely in recovery before moving to the ward. The nursing staff will record your blood pressure, pulse and temperature at regular intervals.

You may have an intravenous infusion (drip) to provide you with the fluids that you require. On some occasions it may be necessary to give a blood transfusion during or after the operation.

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- A catheter is sometimes in place when you wake up, to drain the urine from the bladder. The amount of urine you are passing will be monitored regularly. The catheter will normally be removed after 24-48 hours.
- You may also wake up with a wound drain. This is used to drain any excess fluid away from the wound area. Once the drainage is minimal the doctor will ask the nursing staff to remove it.
- You will probably be encouraged to eat and drink normally after the operation. Sometimes this can make people feel sick, so in those cases you will have an intravenous infusion (drip), and not have to eat or drink initially.
- You will be encouraged to mobilise as much as possible following the surgery to reduce the risk of breathing complications and DVTs. The nursing staff will assist you where required until you are able to do things for yourself.
- You will normally be given an injection into the skin on your tummy on the evening after your operation to thin your blood and reduce the risk of DVTs. You will normally have daily injections for as long as you remain in hospital, and some patients are given a supply to use at home for 28 days as well.

When you first leave hospital you will need to rest. You may experience aches and twinges for up to 3 months during the recovery period. These are normal and are due to the tissue and muscle inside healing together. As the wound heals a few patients may develop scar tissue along the wound. This can sometimes feel like a lump. If you are concerned either see your GP or speak to your Nurse Specialist or Consultant at your next consultation.

You can exercise gently, but if it hurts, you should avoid doing that exercise initially. Take gentle walks and avoid vigorous exercise for at least 4 weeks. More strenuous activities such as heavy lifting, digging and decorating should be avoided until you are confident that it will not hurt you. Avoid travelling abroad for 6 weeks after surgery. You should speak to your GP or Consultant if you are planning a trip.

**Driving** - you should not drive for 2-3 weeks after laparoscopic surgery and 3-4 weeks after open surgery. It is your responsibility to ensure that you are fit to drive after surgery. You should however check with your insurance company before returning to driving.

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**Eating and drinking** - when you go home you can eat and drink normally, although you should avoid constipation by eating fresh fruit, vegetables, wholemeal bread and cereals.

**Work** - as a general guide if you have an inactive job you may feel well enough to return to work after 3-4 weeks and if you have a heavy manual job, you may not feel fit enough to return to work before 6-8 weeks. If you are unsure please consult with your GP.

After any operation it is natural to feel frightened and concerned during the initial recovery. If you are concerned please do ring the Nurse Specialists who are there to help you during this time.

### **Complications following a radical nephrectomy**

- **Chest infection**

This may occur as a complication of the general anaesthetic. You can try to help prevent this by deep breathing and early mobilisation.

- **Blood clots in the legs**

There is a risk that you may develop blood clots in the deep veins in the legs after this operation. While you are in hospital you may be given special stockings (TED tights) and or blood thinning injections to help prevent this problem. If you have pain, tenderness or swelling in your legs, or have chest pain, shortness of breath or you are coughing up blood, you should contact your GP immediately as clots can rarely break off and lodge in the lungs (pulmonary emboli/PEs). If diagnosed early, problems with blood clots can usually be effectively treated.

- **Wound infection**

There is a possibility of a wound infection with any operation. If the wound area becomes red and warm to the touch it could mean you have a wound infection. If this does happen you will need a course of antibiotics to clear the infection. This may be in the form of tablets or injections. Please see your GP.

Occasionally the wound may produce a discharge; although this may be unpleasant it is better for the infection to drain away as it will clear up

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quicker. If you are in any doubt please contact your GP or Nurse Specialist for advice.

- **Bleeding**

Bleeding during surgery or post-operatively may require further surgery or transfusion.

- **Urine infection**

The risk of developing a urine infection is increased if a urinary catheter is present. If your urine becomes offensive smelling or cloudy in colour this could mean that you have a urine infection. Please speak to your GP as they may need to prescribe you some antibiotics.

- **Hospital acquired infection**

There are measures in place to minimise patient risk from hospital-acquired infections such as MRSA or clostridium difficile. If you have any concerns regarding this please speak to the nurse in charge on your admission.

## Follow up

Once you have recovered sufficiently enough to be discharged, your Consultant will arrange an appointment for you to be reviewed in the Out Patient Department in 3-4 weeks. It is normal practice for the results of all biopsies showing cancer to be discussed at a Multidisciplinary Meeting before any further treatment decisions are made; you and your GP will be informed of the results. Please be aware that histological abnormality of the kidney may subsequently be shown not to be a cancer.

You should have the contact number for your Nurse Specialist who is available to support you through the process of diagnosis, surgery and recovery. If you need any help, support or advice anywhere along your journey please do not hesitate to contact them.

## Clinical Trials

Some treatments are offered as part of a clinical trial and you may be invited to take part. These are research studies that look at different aspects of patient care, the results of which will help the doctors and

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nurses who care for you, and others like you, offer the most appropriate treatment.

### **For further information please contact:**

#### **Macmillan Clinical Nurse Specialists in Urology**

**Margo Reynolds**

024 7696 5372

**Lorraine Taylor**

024 7696 5149

**Mandinika Muzondo**

024 7696 5149

Or alternatively contact your Consultant's Secretary via the hospital switchboard:

Telephone 024 7696 4000.

## **Hospital Information Contacts**

### **Cancer Information Centre**

024 7696 6052 Main Entrance

Open Monday to Friday 9.00am to 4.00pm

**Macmillan Services Coventry – Citizens Advice Bureau** (For cancer patients and carers)

Telephone 024 7625 2050 for appointment

### **Hospital car parking**

All patients and family members: please ask a member of staff if you are entitled to free or concessionary car parking rates.

## Patient Information

### National information sources:

**Cancer Research U.K** Free phone 0808 800 4040 /  
[www.cancerhelp.org.uk](http://www.cancerhelp.org.uk)

**Macmillan Cancer Support** Free phone 0808 808 00 00 /  
[www.macmillan.org.uk](http://www.macmillan.org.uk)

Lines open Monday to Friday: 9.00am - 8.00pm

Offers information and support on all aspects of cancer

**Benefits Line** Free phone 0800 88 22 00

Lines open Monday to Friday 8.30am – 6.30pm and Saturday 9.00am - 1.00pm

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5149 and we will do our best to meet your needs.

The Trust operates a smoke free policy

#### Document History

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