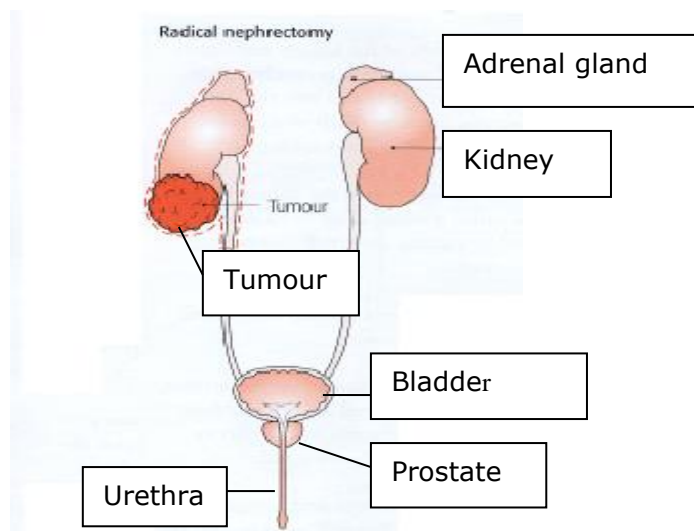


## What is a radical nephrectomy?

Removal of the kidney. Sometimes it is necessary to remove the adjoining adrenal gland and surrounding tissue, this is known as a radical nephrectomy – **see diagram below.**



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## What does the kidney do?

The two kidneys filter all blood. They take out waste products and balance fluids, producing urine as a result. They also help to keep blood pressure within normal limits.

## Can you live with only one kidney?

Yes. It is important to look after the remaining kidney and you should ensure that you drink about two litres of fluid a day, have your blood pressure checked regularly and look out for signs of urine infection (cloudy, smelly urine, burning when urinating, high temperature). Report any blood in your urine urgently to your GP.

## What are the benefits of having this operation?

Treatment of a diseased kidney including kidney cancer.

## What are the risks?

- Common** Infection due to insertion of temporary bladder catheter and wound drain
- Occasional** Bleeding requiring further surgery or transfusions  
Cancer may not be cured with removal of kidney alone  
Further therapy for cancer may be needed  
Infection, pain or bulging of incision site requiring further treatment
- Rare** Anaesthetic or heart problems possibly requiring admission to intensive care (including chest infection, clot in the lung or leg, stroke, heart attack, death)  
Involvement or injury to nearby local structures – blood vessels, spleen, liver, lung, pancreas and bowel requiring more extensive surgery

## Are there any alternatives?

Observation, Embolisation (cutting off the blood supply to the cancer to try to kill it), Immunotherapy (a treatment which uses the body's natural defence system - the [immune system](#) - to attack cancer cells) and Laproscopic (keyhole) surgery to remove the kidney

## What happens before the operation?

Before your operation you will be asked to attend the Pre-Admission Clinic. This is to check that you are fit for your operation. You will be asked questions about your general health. You will have some or all of the following tests: blood tests, chest x-ray and ECG (heart tracing). These are routine tests before an operation. It also gives you a chance to ask any questions you have. The doctor will ask you to sign your consent form.

You will usually be admitted onto the ward the day of or the day before your operation. The anaesthetist will see you and will discuss your anaesthetic and how your pain will be controlled after your operation. The doctor will go through the operation with you, answer any questions you may have and ask you to sign your consent form.

## **The day of your operation**

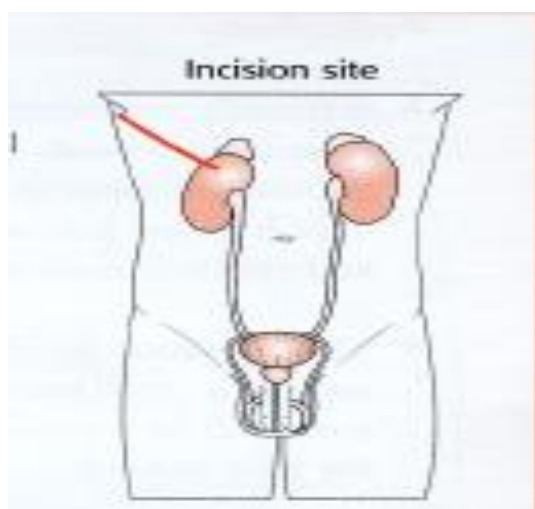
You will be asked not to eat or drink (non clear fluids - soup, milk etc) for 6 hours before your operation. You can drink clear fluids (water/squash) up until 2 hours before your operation. After this you will be asked not to eat or drink anything.

**If you are an insulin dependent diabetic, you will need special instruction, please discuss this with your nurse.**

You will be asked to have a shower, put on a theatre gown and special stockings, these help reduce your risk of getting clots in your legs. A nurse will then accompany you to the anaesthetic room in theatre where you will be given your anaesthetic. If you are feeling anxious, you may have been prescribed some medication to help you relax, this is known as a pre-medication. This will be given to you on the ward before you go to theatre. A nurse will accompany you to theatre where you will be taken to the anaesthetic room where you will be given your anaesthetic.

## **What does the operation involve?**

An incision (cut) is made on your right side if your right kidney is being removed or the left if it is your left kidney – **see diagram below**. One of your ribs at the bottom of your rib cage on that side may also be removed. This makes it easier for the doctor to get to your kidney. Removing this rib should not cause you any problems in the future. The operation takes about 2-4 hours. After the operation you will go to the recovery area. You will stay here for about 1- 2 hours or until you stable and well enough to return to the ward.



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## What will happen after the operation?

The nurses will make regular checks of your blood pressure, pulse, breathing, wound, pain and urine output. As you get better, these checks will be done less often.

The tubes and drains you may have been listed below. Do not worry about them, they are there to give you fluids or to drain fluids away. They will gradually be removed, as you get better.

- **Intravenous infusion** – (IVI or drip) – A cannula (thin plastic tube) will be put into a vein in your arm and/or your neck and fluid will be given through this to make sure you do not get dehydrated. It can also be used to give you intravenous antibiotics, blood etc. When you are drinking and do not feel sick the IVI will be removed.
- **Drains** - You may have a drain (tube) coming from the side your kidney was removed. This drains away blood or fluid, which can collect after your kidney is taken out. It is normally removed after 2-3 days. If it is still draining large amounts, it will be left in a little longer.
- **Catheter** – A thin tube which is passed into the bladder through the urethra (waterpipe) to drain urine out. This allows your urine to be measured. It is usual for your urine to be blood stained, do not worry about this it will clear. The catheter is normally removed after 3-4 days.
- **Wound** - you will have a dressing over the wound for a few days after the operation. Where your doctor made the cut, clips will have been used to keep the two edges of the skin together. These look just like staples. Sometimes stitches may be used. They are normally removed about 10 days after your operation. The wound will heal and over time the scar will fade.
- **PCA** (Patient Controlled Analgesia) or an **Epidural** to control your pain. These will have been discussed with you before the operation. When you are able to take painkillers by mouth, the PCA/Epidural can be removed. It is important that your pain is controlled, if not, you should let the nurse know.

You will be encouraged to get up and about as soon as possible. This is to avoid complications such as chest infections, pressure sores or a clot in the leg (Deep Vein Thrombosis - DVT). You will be taught deep breathing and coughing exercises by the physiotherapist, who will see you before and after your operation.

### **When will I be able to go home?**

About 5-7 days after your operation.

### **Will I have any follow up?**

An outpatient appointment will be made for you to come back to clinic 4-6 weeks after you are discharged home.

## **Discharge Information**

### **Care of your wound**

Your stitches/clips are normally removed after 10 days. The ward nurses will arrange a District Nurse or GP Practice Nurse to remove them if you are discharged before this. Your wound should have healed well on the outside and a dressing may not be needed.

If your wound becomes red, tender/hot to touch or is discharging fluid/pus you should inform your district nurse/hospital or GP for advice as you may have developed a wound infection.

### **Medicines to take home**

You may be given painkillers to take home, you should use them as you need to but no more than the recommended dose. Your nurse will discuss this with you before you go home. You should continue to take your normal medicines unless advised otherwise.

### **Washing**

You can have a bath or shower once you are home, gently pat dry around your wound rather than rubbing dry.

### **Driving**

You should wait at least 4-6 weeks and avoid long journeys during this time. You can then drive when you feel comfortable to carry out an emergency stop. Check with your Insurance Company, some companies have guidelines on when you should drive again.

## **Sex**

You will be able to resume sexual activity when you feel comfortable to do so but you may wish to wait 4-6 weeks before sexual intercourse to allow healing.

## **Work**

You can normally return to work after about 4-8 weeks. This does depend on what you do. Manual workers or where work involves heavy lifting may need 8-12 weeks off work. You should discuss this with your doctor before you leave hospital. If you need a sick certificate, you should ask the ward nurses for this. You may need to get an additional certificate from your GP once the hospital certificate runs out.

## **General advice**

You will be able to eat and drink normally

You should take it easy for about 6 weeks but take gentle exercise like walking gradually increasing what you do, as you feel able.

Avoid strenuous exercise for 6-8 weeks.

Avoid lifting heavy objects for 6-8 weeks.

If you live alone or are elderly you may want a friend or relative to stay for the first few days.

If you will need help at home after you are discharged, you should discuss this at your pre-admission visit.

**If you have any questions or concerns, please find below contact numbers for the Urology wards and Urology nurses:-**

### **Urology Ward D2 East**

Tel. No:- 01633 - 234043 / 234044

24 hours

### **Urology Outpatients Department**

Tel. No:- 01633 - 234979

Monday – Friday office hours

### **Urology Day Ward**

Tel. No:- 01633 – 656378 / 656377

Monday – Friday office hours

## **Uro-Oncology Clinical Nurse Specialists**

Julie Simpson

Sian Lewis

Louise Broadway

Kathleen Connor-Middleton

Tel. No: 01633 – 238976 (will return voicemails when not on clinical duties)

Monday – Friday office hours

## **Urology Nurse Practitioner**

Laura Reynolds

Leanne Denning

Tel. No:- 01633 – 234758

Monday – Friday office hours

## **Surgery/Pre-admission queries**

Tel. No:- 01633 – 238568

Monday – Friday office hours

## **Further Information**

The following charities provide further written information and support for patients diagnosed with cancer.

### **Kidney Cancer UK**

KCUK, PO Box 2473, Uttoxeter, ST14 8WZ

Telephone: 07837 347 269

Monday 9am - 3pm, Tuesday 9am - 3pm, Wednesday 9am - 12pm

E-mail: [admin@kcuk.org](mailto:admin@kcuk.org)

### **Macmillan Cancer Support**

89 Albert Embankment, London SE1 7UQ

Tel: 0808 808 0000 (Mon-Fri 0900-2000)

Web Address: [www.macmillan.org.uk](http://www.macmillan.org.uk)

## **Cancer Research UK**

Angel Building, 407 St John Street, London EC1V 4AD

Tel: (Supporter Services) 0300 123 1861

(Switchboard) 020 7242 0200

Web Address: [www.cancerresearchuk.org](http://www.cancerresearchuk.org)

## **St David's Foundation**

Cambrian House, St John's Road, Newport NP19 8GR

Tel: 01633 270980

Email: [enquiries@stdavidsfoundation.co.uk](mailto:enquiries@stdavidsfoundation.co.uk)

Web Address: [www.stdavidsfoundation.co.uk](http://www.stdavidsfoundation.co.uk)

## **Age Concern - Help and support for the over 60s**

Age Cymru, Ty John Pathy, 13/14 Neptune Court, Vanguard Way,  
Cardiff CF 24 5PJ

Tel: 02920 - 431555/0800 169 6565

Web address: [www.ageuk.org.uk/cymru](http://www.ageuk.org.uk/cymru)

## **Smoking Cessation Service**

Tel: 0800 085 2219

## **References:**

British Association of Urological Surgeons (2004) Procedure Specific Consent Forms for Urological Surgery

Tanagho EA, McAninch JW (2003) Smiths General Urology

**"This document is available in Welsh /  
Mae'r ddogfen hon ar gael yn Gymraeg".**