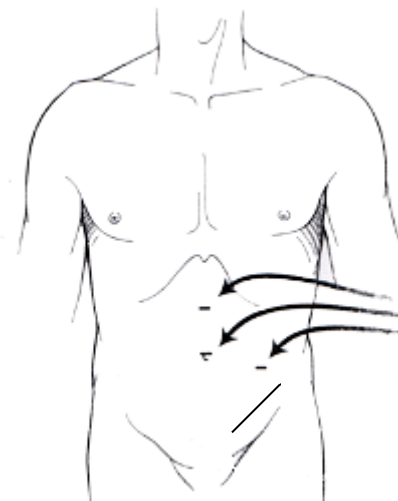
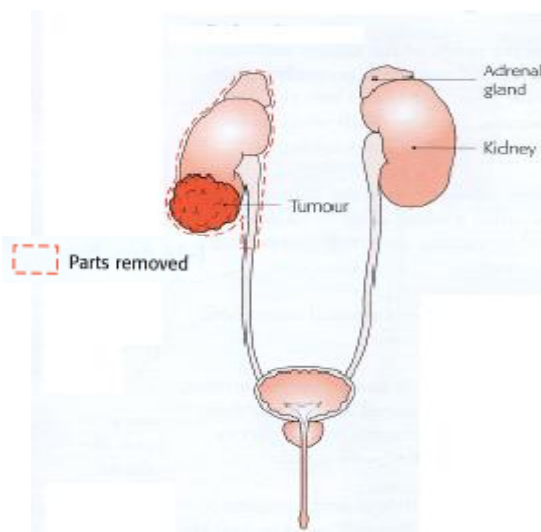


Laparoscopic (keyhole) Nephrectomy for Renal Cancer

Department of Urology

What is a Laparoscopic Nephrectomy?

Removal of the kidney and adrenal gland (**see diagram below**) using a modern, minimally -invasive surgical technique. Small incisions (cuts) are made (**see diagram below**) and your doctor is able to remove your kidney through one of the small incisions using special equipment. This means that a large incision normally used in the traditional operation is not needed. The benefits of this approach are a reduction in pain, less noticeable scar and earlier discharge from hospital and return to normal activities.



Incision Sites

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What does the kidney do?

The two kidneys filter the blood. They take out waste products and excess water that the body does not need, 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 noted 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	Temporary shoulder tip pain. Temporary abdominal bloating Infection due to insertion of temporary bladder catheter and wound drain
Occasional	Infection, pain or bulging of incision site requiring further treatment
Rare	Bleeding requiring conversion to open surgery or transfusions Entry into lung cavity requiring insertion of temporary drainage tube May be a histological abnormality other than cancer
Very Rare	Recognised (and unrecognised) injury to organs/blood vessels requiring conversion to open surgery (or deferred open surgery) Involvement or injury to nearby local structures – blood vessels, spleen, liver, lung, pancreas and bowel requiring more extensive surgery Anaesthetic or heart problems possibly requiring admission to intensive care (including chest infection, clot in the lung or leg, stroke, heart attack, death)

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 open surgery to remove the kidney. Your doctor will discuss all these alternatives with you.

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 and will have some or all of the following tests: blood and urine tests, chest x-ray and ECG (heart tracing). These are routine tests before an operation. You will also have the opportunity to ask any questions.

Your operation

You will be admitted onto the ward the day before or the morning of your operation, you will be informed of this at pre-admission clinic. An anaesthetist will see you at this time to discuss your anaesthetic and pain control. A doctor will again discuss the operation and possible complications, answer any questions you may have and ask you to sign your consent form again.

You will be asked not to eat or drink any non clear fluids, such as soup, milk etc, for 6 hours before your operation. You can have clear fluids (water/squash) up to 2 hours before your operation. After this you will be asked not to drink anything further. **If you are an insulin dependent diabetic, you will need special instruction, please discuss this with your nurse.**

Before going to theatre you will be asked to have a shower and put on a hospital gown and special stockings. These stockings help reduce your risk of getting clots in your legs. If you are feeling anxious and it is appropriate, you may have been prescribed some relaxing medication (pre-med), 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 have your anaesthetic.

What does the operation involve?

Normally 3 small incisions about 1-2cms long are made on your right side if your right kidney is being removed or the left if it is your left kidney. A larger cut is made lower down on your abdomen (see diagram), this allows your kidney to be taken out. Air is used to inflate the cavity in which the doctor is working to allow better vision. This can lead to some discomfort afterwards. The operation takes about 2-3 hours. There is a 2% risk that laproscopic removal of the kidney cannot be done in which case your doctor will have to make a large incision on your side in order to remove the kidney.

After the operation you will go to the recovery area. You will stay here for about 1-2 hours or until you are stable and well enough to return to the ward.

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 are 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.

- **Oxygen** You may be given oxygen for a short time after your operation until you are more alert and awake.
- **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 1-2 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 (water pipe) 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 2-3 days.
- **Wound** - you will have dressings over the wound for a few days after the operation. The small incision sites will have stitches to keep the two edges of the skin together. The larger cut will have stitches or clips (these look like staples), they are normally removed 7-10 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. This 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, let your nurse know.
- You will be encouraged to get up and about as soon as possible. This is to help reduce complications such as chest infections, pressure sores or a clot in the leg (Deep Vein Thrombosis - DVT).

When will I be able to go home?

About 2-4 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 your operation to be given your histology results.

Discharge Information

Care of your wound

Your stitches or clips are normally removed after 7-10 days. The ward nurses will arrange a District Nurse or GP Practice Nurse to remove them if you are discharged before this. Your wounds should have healed well on the outside by this time and a dressing is usually not needed. If your wound becomes red, tender/hot to touch or is discharging fluid/pus you should inform your district nurse or GP for advice, you may have developed a wound infection.

Medicines to take home

You may be given painkillers to take home, 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.

Bowels

Constipation can be a problem after your operation you may need a laxative until things return to normal. Ask your nurse or doctor for advice if this is a problem.

Washing

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

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 work which involves heavy lifting, may require 6-8 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.

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 strict guidelines on when you should drive again.

General advice

You will be able to eat and drink normally

You should take it easy for about 4 weeks but take gentle exercise like walking, gradually increase 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 Wards:-

D 5 West on:- 01633 – 234040 / 234041 (24 hours)

Urology Outpatients Department on:-

Tel. No:- 01633 – 234979

Monday – Friday office hours

Janet Marty, Uro-oncology Specialist Nurse on:-

Tel. No:- 01633 – 656143

Monday – Friday office hours

Julie Simpson, Uro-oncology Specialist Nurse on:-

Tel. No:- 01633 – 238976

Monday – Friday office hours

Sian Lewis, Uro-oncology Specialist Nurse on:-

Tel. No:- 01633 – 238976

Monday – Friday office hours

Maureen Hunter/ Laura Reynolds Urology Nurse Practitioner on:-

Tel. No:- 01633 – 234758

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

Macmillan Cancer Support

89 Albert Embankment, London SE1 7UQ
Tel: 0808 808 2020 (Mon-Fri 0900-2000)
Web Address: 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

St David's Foundation

Cambrian House, St John's Road, Newport NP19 8GR
Tel: 01633 270980
Email: enquiries@stdavidsfoundation.co.uk
Web Address: www.stdavidsfoundation.co.uk

Age Concern - Help and support for the over 60s

Ty John Pathy, 13/14 Neptune Court, Vanguard Way, Cardiff CF 24 5PJ
Tel: 02920-431555
Email: enquiries@accymru.org.uk

Smoking Cessation Service

Tel: 0800 085 2219

References:

British Association of Urological Surgeons (2004) Procedure Specific Consent Forms for Urological Surgery
Tanagho E A McAninch J W 2003 Smiths General Urology

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