

Edith Cavell Hospital Department of Urology



Nephrectomy (Removal of the Kidney)

What is the problem?

You have two kidneys, which make urine and lie deep in your back in front of the lowest ribs.

One of your kidneys has a serious problem and needs to be removed. Your Surgeon will carefully explain the nature of the problem, and why the kidney needs to be removed. After your operation, the remaining kidney will be able to cope on its own.

What does the operation consist of?

A cut is made in your skin either in your abdomen or back, depending on your particular kidney disease. The surgeon will discuss the details with you.

The kidney is taken out after tying off blood vessels and the tube connecting the kidney to the bladder (ureter). The skin wound is then closed using clips or stitches.

Are there any alternatives?

Leaving things as they are will mean that your kidney problem will just get worse, and is not recommended.

What happens before the operation ?

You may be requested to attend the ward before your admission date to have blood tests and examinations performed to ensure you are fit for the operation. On admission to the ward you will be welcomed and shown to your bed. You should plan to be in hospital for approximately 7-10 days. The nursing staff will discuss your discharge with you.

You will be seen by the House Officer and Surgeon who will explain the operation to you and ask you to sign the consent for surgery. If you are unsure about any aspect of the operation, please ask for more details from the medical or nursing staff. You will be advised of the approximate time of your operation.

You may be asked to shave around the area to be operation, to remove excess hair from where the cut is to be made. Your nurse will explain this to you.

You will be seen by an anaesthetist who will discuss the type of anaesthetic you will be given. They will be interested in chest troubles, dental treatment and any previous anaesthetics you have had. The anaesthetist will discuss with you the different types of pain relief.

The physiotherapist will visit you and show you exercises to help clear your chest after the operation. You should try to avoid smoking as this increases your risk of a chest infection, which will delay your discharge.

You can have your usual diet until approximately 6 hours before the operation. This will let your stomach empty to prevent vomiting. You will be advised on what time to stop drinking fluids.

You may be given a sedative about one hour before the operation to help relax you; if so you will be taken to theatre on a trolley. If no sedation has been prescribed, you may choose to walk to theatre, accompanied by a nurse. You will be asked to wear a cotton gown and remove all jewellery. You will be asked to wear elastic stockings to prevent blood clots and aid circulation. Your details will be checked before your anaesthetic begins

What happens after the operation?

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed. You may experience some sickness for up to 24 hours after the operation, but you will be given some anti sickness medication. You will have an intravenous drip containing a salt solution or blood until you are eating and drinking normally.

You will have a tube called a catheter draining the urine from your bladder. You may have a tube coming out of the wound known as a drain to collect any leakage. You may also be given oxygen from a facemask for a few hours if you have had any chest problems.

Initially you will have painkillers given to you either through a small tube into your spine called an epidural, or by regular injections into the skin.

You will have small injections once or twice a day into your skin to help circulation. You should still wear your elastic stockings to help prevent blood clots.

You will be assisted to get out of bed the day after the operation. You will not do the wound any harm and it is important to start moving to avoid complications. The second day after the operation you should be able to spend more time out of bed and will be encouraged to walk around with assistance (if necessary) You are then on the road to recovery.

You will be encouraged to start drinking at the earliest opportunity, as long as you are not feeling sick. The intravenous drip will be removed once you are drinking normally. Once you have passed wind you should be able to take a light diet, this is usually within 48 hours. You should be eating and drinking normally after 2 or 3 days.

Warning after a General anaesthetic

The drugs we give you will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite all right. Therefore **do not make any important decisions** at this time.

It is quite normal for your bowels not to open for a day or so after the operation. If you have not opened your bowels after 2 days or you feel uncomfortable, ask the nursing staff for advice.

Your catheter may drain bloodstained urine for a day or two, this is normal. This tube will be taken out once your mobility returns and the urine is clear. The nurses will monitor your urine output.

The wound will be covered with a dressing, which may show some blood staining. This is normal and the dressing will be changed by the nursing staff as required.

The drain is removed when leakage stops - usually after 48 hours. There may be some purple bruising and swelling around the wound which settles after 2-3 days. Your clips or sutures will be removed, if they are not self dissolving after 7 days.

After you leave hospital.

You are likely to feel very tired and need to rest 2 - 3 times a day for up to 3 weeks or more. You will gradually improve so that by the time 2-3 months have passed you will be able to return to your usual level of activity.

Driving

After approximately 6 weeks you may drive as soon as you can make an emergency stop without discomfort to your wound.

Sexual intercourse

You can restart sexual relations within 4 weeks or **when** the wound is comfortable enough.

Work

You should be able to return to a light job after about 8 weeks and a heavy job within 12 weeks, please discuss this with the nursing or medical staff.

Complications

Complications are unusual but are rapidly recognised and dealt with. If you think that all is not well, please tell the team straightaway.

Bruising or even some bleeding can be troublesome. The drainage tube near the wound may drain old blood for up to a week. This drainage settles down. Wound infection is a rare problem and settles down with antibiotics in a week or two. Aches and twinges may be felt in the wound for up to 6 months. Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months.

Chest infections may arise, particularly if you are a smoker. Co-operation with the physiotherapist to clear the air passages is important in preventing the condition. You should try not to smoke before or after surgery.

Any questions?

This leaflet has been written by the nursing and medical staff who work in the Urology Unit.

If you have any questions, jot them down here and ask the nursing or medical staff for answers.

Urology Department , Ward 11 - Telephone (01733) 875311

Please do not hesitate to ask the nursing staff

If you have any further questions

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