

HAVING A RADICAL NEPHRECTOMY (KIDNEY REMOVAL)

What are the kidneys?

The kidneys are located in the back part of the abdomen on either side of the spine. The kidneys remove some of the body's waste substances from the blood and help regulate the body fluids and blood pressure. In most cases, one kidney can function adequately on its own. Therefore removing the other kidney has no effect on overall kidney function.

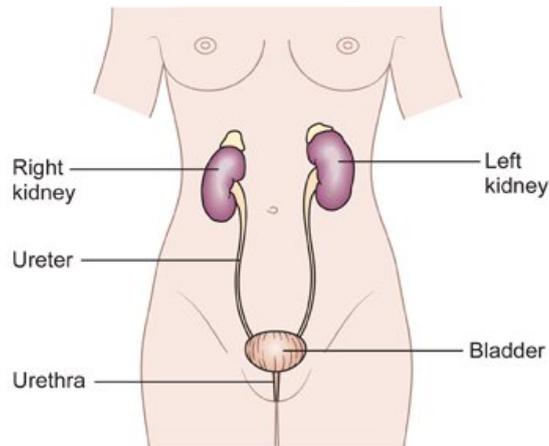
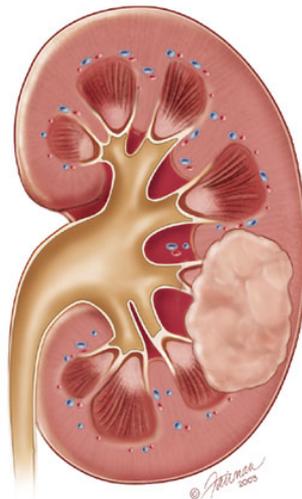


Diagram showing the female urinary system
Copyright © CancerHelp UK

What is a radical nephrectomy?

We have recently found out that you have a cancer in the kidney, and an operation called a radical nephrectomy has been recommended. This means that your kidney will be removed in order to remove the cancer.



Radical nephrectomy means removing the entire kidney and the tissues that cover it. It can usually be done as a keyhole operation. Sometimes it is performed through an incision either at the front of the abdomen or through a loin incision, depending on the site and size of the growth.

What are the benefits of having a radical nephrectomy?

If left alone kidney cancer can grow and invade surrounding structures or even spread to other parts of the body e.g. chest, lymph glands, liver and bones. By removing the cancer, this might be prevented.

What are the risks, consequences and alternatives associated with having a radical nephrectomy?

Most operations are straightforward; however as with any major surgical procedure there is a chance of side effects or complications.

Common

- Temporary insertion of a bladder catheter and a wound drain

Occasional

- If a keyhole (laparoscopic) operation is planned, sometimes it becomes necessary to change to an open operation part way through (ie a full-size cut on the body).
- Blood loss requiring blood transfusion or repeat surgery
- Entry into the lung cavity requiring insertion of a temporary chest drain tube
- Need of further therapy for cancer
- Infection, pain or bulging of incision site requiring further treatment

Rare

- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
- Involvement or injury to nearby local structures – blood vessels, adrenal gland, spleen, liver, lung, pancreas, bowel requiring more extensive surgery
- Microscopic analysis reveals an abnormality other than cancer

The alternatives to having a radical nephrectomy are:

- Observation
- Embolisation
- Immunotherapy
- Laparoscopic removal

If you have not been informed of these alternatives and wish to discuss them please speak to your surgeon before your admission.

Getting ready for the operation

If you smoke, try and cut down or preferably stop, as this reduces the risks of heart and chest complications during and after the operations. If you do not exercise regularly, try and do so for at least half an hour per day e.g. brisk walk or swimming.

You will be sent an appointment to visit the pre-assessment clinic a few days before your operation date. This is a general health check to ensure you are fit for surgery. The pre-assessment nurse will organise for you to have bloods taken and have an ECG (heart tracing), and answer any questions that you may have.

You will meet the anaesthetist and discuss your anaesthetic and pain relief.

At the pre operative clinic you will be asked to sign the consent form. It is important that you read the consent form before signing. It is also important that you be aware of any potential side effects of the operation before you sign the consent form.

The day before your admission you can eat and drink as normal. You should not eat or drink anything after midnight on the night / morning before your operation.

You will be admitted on the morning of your operation. Precautions will be taken to stop you developing a blood clot; you will be asked to wear elasticated support stockings and will be given injections of blood thinning drugs after your operation.

What sort of anaesthetic will I have?

The anaesthetist will visit you before the operation to discuss this with you. This operation is performed under a general anaesthetic. This means that you will be fully asleep during the operation. You may also have an epidural anaesthetic (an injection in the back) to help with pain relief afterwards. The anaesthetist will discuss this with you.

What should I expect after the operation?

After your operation you will normally go back to the urology ward. Occasionally patients go to the High Dependency Unit for 24 hours for closer monitoring. You will be given oxygen through a mask or nasal tube

Pain

If you have a keyhole (laparoscopic) operation, the pain is usually fairly minimal and most patients go home after 1 or 2 days.

If needed, there are different methods of pain control available including epidural analgesia and patient controlled analgesia. Your anaesthetist will explain the advantages and disadvantages of these to you. If you are experiencing any pain it is important to tell the nurses so that they can adjust your medication to control this. Usually after a couple of days the pain has lessened so it can be controlled using tablets alone.

Eating and drinking

You can usually start drinking immediately after your surgery. You will also have a drip that will give you any extra fluids that you need. If you feel sick you are advised not to drink until this feeling has passed. You will be offered medication if the feeling doesn't go away. You should be able to start eating almost straight away, but your surgeon will advise you when this is safe.

Wound drains

You may have a flexible tube coming out of your abdomen, near to the wound; its purpose is to drain away any blood collecting underneath your wound. The tube is connected to a bag or bottle. When the amount of blood coming from the tube has slowed down it can be removed.

Catheter

A urinary catheter is a tube that runs from the bladder and drains into a bag. This helps monitor the urine output from your remaining kidney, and usually stays in until you are fully mobile.

How long will it take to recover?

For keyhole surgery, most patients stay in hospital for approximately 2 days. It takes longer to get going after an open operation (ie a full-size cut on the body) and most patients stay in for 5-7 days. Before you are allowed home:

- You must be eating and drinking normally
- You must have had your bowels open
- Mild painkillers such as paracetamol must adequately control any pain
- Your temperature must be normal
- Your wound must be healing

Discharge information and at home advice

Pain

Mild painkillers such as Paracetamol should be enough to deal with any pain

Stitches

Your stitches will usually be removed by the District Nurses or your GP Practice Nurse. This will happen at between 10 and 14 days after your operation.

Exercise

You should take it easy for a month, although it is important to take some gentle exercise like walking, as you will be at a slight risk of developing a blood clot in your legs.

During the first 4 weeks you should not:

- Lift or move heavy objects
- Dig the garden
- Housework
- Carry shopping

Work

Recovery takes 8-12 weeks from your operation date; your surgeon will be able to advise you when it will be safe to return to work as this depends on your occupation. The nurse can provide a sick note for your hospital stay, once home they should be obtained from your GP.

Driving

You should not attempt to drive a car for 6 weeks after your operation. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.

Follow-up

You will be seen in the outpatient's clinic 6 weeks following your operation. At this appointment, your pathology results will be discussed with you, and plans for further follow-up will be outlined.