

Procedure Information Sheet – Nephrectomy

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

1. Introduction

- 1.1. A nephrectomy is an operation to remove one of the kidney or part of the kidney. The kidneys make urine by filtering waste products and excess fluid from the blood. A nephrectomy involves removing an entire kidney through open approach via an incision in the flank or key-hole approach.
- 1.2. A nephrectomy is usually done for cancer of the kidney or because of a non-functioning kidney .For Kidney cancer. A radical nephrectomy removing the entire kidney, adrenal gland, with its surrounding fat and attached vessels. If a person has a small tumor, poor kidney function or single kidney, a partial nephrectomy may be done which means only part of the kidney is removed.
- 1.3. For non-functioning kidneys, which are either caused by large stones, a lack of blood supply or abnormal kidney structure, a **simple nephrectomy** is done. With a simple nephrectomy only the kidney itself is taken. A simple nephrectomy is usually done to avoid recurrent infection and the possibility of severe illness because of infection.

2. Before the procedure

- 2.1. A written consent is necessary
- 2.2. Patient will be asked not to eat or drink for 6-8 hours (or instructed by Doctor) before operation. Preparation such as antibiotic prophylaxis or cross match will be prescribed. Patient should realize that medical co-morbidity, abnormal body habitus prior abdominal surgery can all contribute to greater technical difficulty of the procedure. Prophylaxis against deep vein thrombosis may be indicated for patients at risk.

3. The procedure

- 3.1. Nephrectomy is a relatively common operation that takes approximately 2-3 hours to perform. General anesthesia with muscle relaxation is usually required. After the incision is made, the kidney is freed from surrounding structures.
- 3.2. The blood supply to the kidney is isolated and tied off and the kidney is removed with its surrounding fat and attached vessels. Once confirmed haemostasis achieved, the wound is then closed with stitches. A wound drain may be inserted to drain any wound ooze. This is usually stitched in place and stays in for few days.
- 3.3. A catheter (drainage tube which drains urine from the bladder) is also put in to monitor the urine output from the remaining kidney. The catheter usually stays in for 1-2 days, or until you are up and about. If you have had a partial nephrectomy, you may have a stent which is a plastic tube that runs from the kidney to the bladder. This helps the kidney to heal. It will be removed under anaesthetis about 4-6 weeks after your surgery.

4. Risk and complications

In addition to complication associated with standard laparoscopic or open operation, nephrectomy has additional potential risks:

- 4.1. During operation:
 - 4.1.1. Anaesthetic complications and complication caused by pre-existing diseases.
 - 4.1.2. Significant bleeding requiring blood transfusion and haematoma formation
 - 4.1.3. Injury to adjacent organs including major blood vessel, gastrointestinal tract, pancreas, liver and spleen, requiring intervention including operation
 - 4.1.4. Entry into the lung cavity requiring insertion of a temporary drainage tube
- 4.2. Post-operative
 - 4.2.1. Systemic life threatening complication including myocardial infarction, cerebral vascular accident, deep vein thrombosis and pulmonary embolism.

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- 4.2.2. Secondary haemorrhage.
- 4.2.3. Wound infection, pneumonia, urinary tract infection.
- 4.2.4. Urinary fistula, pancreatic fistula.
- 4.2.5. Intestinal obstruction or paralytic ileus.
- 4.2.6. Loss of renal function, dialysis may be required to improve your kidney function.
- 4.2.7. Bulging of the wound due to damage to the nerves serving the abdominal wall muscles.
- 4.2.8. Need of further therapy for cancer.
- 4.2.9. The histological abnormality of the kidney may subsequently be shown not to be cancer.
- 4.2.10. Mortality. (1 -2%)

This list is not exhaustive and rare complications cannot be listed.

5. After the procedure

- 5.1. Postoperative care such as need for fasting, monitoring, analgesics and sedation, catheterization, drainage, antibiotics cover, blood transfusion and fluid replacement will be prescribed. There may be slight bleeding at wound. In general, you can drink on first day and eat on second day after surgery. Usually by the second or third day after surgery, the drains and tubes have been removed. You may need to stay in hospital for 4 to 7 days after surgery. All the sutures usually stay in for 7 to 10 days. Patient will be given instruction for removal of skin sutures if required.

6. Follow up

- 6.1. You will be discharged when considered appropriate. You should follow instruction for follow up given upon your discharge. Full recovery from surgery usually takes around 6 weeks. Keep active, gentle exercise such as walking is recommended. You will be able to eat and drink normally at home. No heavy lifting, straining, gardening for up to six weeks or until advised by your doctor.
- 6.2. You will have an appointment arranged for you to come back to see the surgeon in 2 to 4 weeks to discuss your management plan.
- 6.3. If serious events develop after discharge, you should seek medical advice at the nearest Accident and Emergency Department. For examples:
 - 6.3.1. Signs of infection, such as fever, increase in redness or heat around the wound.
 - 6.3.2. Excessive bleeding.
 - 6.3.3. Severe pain.

7. Remark

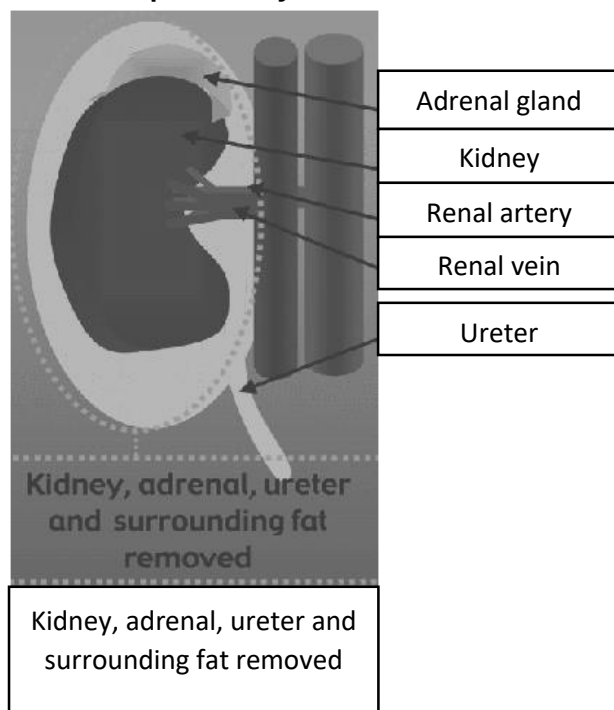
- 7.1 Nephrectomy can also be done with laparoscopic or robotic assisted laparoscopic surgical technique. You can obtain further information from the information sheet for laparoscopic urology surgery.
- 7.2 This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.



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Radical nephrectomy



Partial nephrectomy



(Picture from Hospital Authority Smart Patient Website Information sheet Nephrectomy)

8. References

- 8.1. Hospital Authority. Smart Patient Website.
- 8.2 The British Association of Urological Surgeons (BAUS) Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

