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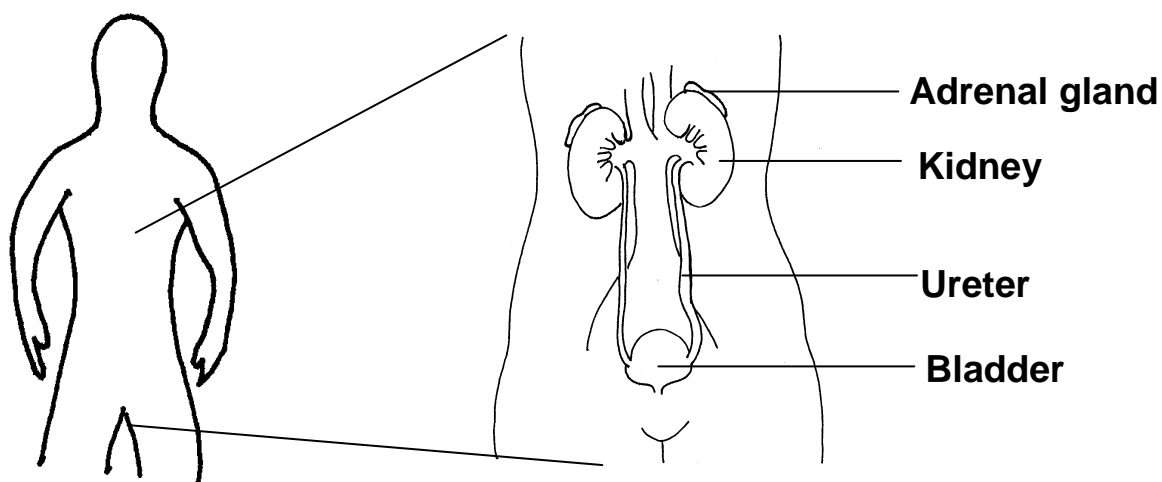
## Nephrectomy Surgery (Open Method)

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### What is a nephrectomy?

Nephrectomy surgery removes all or part of a kidney. The adrenal gland may also be removed.

This is done for many reasons such as kidney damage after an accident, a medical problem such as cancer or a blocked kidney from infection. You will have a whole kidney removed if you are a kidney donor.



Nephrectomy surgery is done under general anaesthesia. This means you will be asleep during surgery. During surgery, the surgeon makes a long incision along your side or across your abdomen. The surgery takes 1 to 4 hours to do. This will depend on why you are having this surgery. You can ask your surgeon how long your surgery will take. The incision is closed with staples.

### What do I need to do before surgery?

You must come to the Pre-Admission Assessment Clinic 1 to 2 weeks before surgery to have any blood work, x-rays and other tests your doctor orders. Bring all your medications, in the right containers, to the clinic so the nurses and doctor can see what you are taking.

You cannot eat or drink anything after midnight on the day before your surgery. If you take medication each morning, the nurse or anaesthetist will tell you if you should take it the morning of surgery.

## **How will I feel after surgery?**

After surgery, you will go to the recovery room. The nurses will watch you closely until you are fully awake. If you feel pain or have an upset stomach, the nurse will give you medication to help.

After recovery, you will go to the Urology Unit. On this unit, the nurses will monitor your blood pressure, breathing, heart rate, incision, pain and general recovery from surgery.

### **Intravenous**

After surgery, you will have an intravenous called an IV in your arm. The IV is used to give you fluids until you are feeling better. Medication can also be given through the IV. The nurses make sure the IV is working well. The IV is taken out when you can drink a lot of fluids without any problems.

### **Catheter**

A catheter is a long, thin tube placed in your bladder during surgery to drain urine into a bag. The catheter stays in your bladder 2 or 3 days. This will allow the health care team to monitor your kidney function.

### **Drain**

You may have a drain in your incision. This is a small tube used to drain old blood after surgery. The drain stays in 2 to 3 days and is removed when the drainage is less than 15 millilitres or 1 tablespoon in 12 hours.

### **Incision**

The nurses will check your incision and dressing each day and teach you how to look after your incision at home. They will also teach you how to check for signs of infection. These include fever and increased redness, swelling, discharge and pain around the incision.

## **What activity can I do?**

After surgery, you need to move around to prevent breathing and circulation problems. Moving also helps you build up your strength and recover faster. Within 8 to 12 hours after surgery, you will be helped to sit and walk at the side of your bed. You will also be encouraged to do deep breathing and circulation exercises.

Over the next few days, you will be helped to wash and move around. You need help because you have some tubes that need to move with you. Moving gets easier as the tubes come out. Wear shoes with non-slip soles and full backs and toes for your safety.

When the tubes come out, you will be able to wear your own clothes and walk around the unit. Your doctor may want you to wear special pressure stockings. These stockings keep blood moving and help prevent blood clots after surgery.

## **What can I eat?**

You will begin drinking clear fluids your first day after surgery. This includes water, broth and apple juice. When you do not have any trouble drinking and the nurses can hear bowel sounds, you may eat soft food such as ice cream, applesauce and custard. You will then progress to your normal diet as you recover.

You will need to record all of the fluids and food you drink and eat. You will also need to measure and record the amount of urine you void. Your nurse will show you how to do this and tell you when you can stop recording.

## **How is my pain and discomfort controlled?**

You may have a Patient Controlled Analgesia or PCA pump to control pain and discomfort. The machine is attached to an IV tube that goes into a vein in your arm. When you have pain, you can push a button on the machine. The machine sends a dose of pain medication into your body. You may use a PCA pump for about 2 days. Then, you can have pain medication by mouth.

You may have an epidural pump to control pain and discomfort. An epidural means the doctor puts a small tube called a catheter in your back during your operation. A machine is attached to the tube and you receive doses of pain medication constantly in controlled amounts. You may use this pump for about 2 days and then begin pain medication by mouth.

**When you are using a PCA or epidural pump, you cannot leave the Unit without telling your nurse.**

## **How long will I be in the hospital?**

You should plan to be in the hospital about 3 to 5 days.

## **When do I see my doctor again?**

The nurse will give you a follow up appointment with your doctor before you leave the hospital. If you do not get an appointment, you can call your doctor to arrange this after you go home. Your doctor will want to see you 1 to 2 weeks after you go home.

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# At Home

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## Managing pain and discomfort

Before you go home you will be given a prescription for pain control. Take this as directed by your doctor. Your pain or discomfort should be less each day.



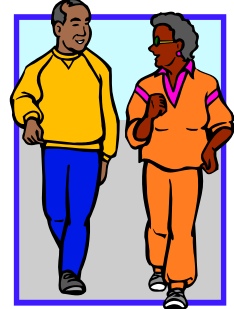
## Diet

You can eat your normal diet when you go home.

## Activity

You can do moderate exercise like walking.  
Avoid contact sports.

Do not do any strenuous activities like shovelling snow, raking leaves, vacuuming or mowing the lawn. Do not do any heavy lifting for 6 to 8 weeks. Heavy lifting is lifting more than 10 pounds or 4 kilograms. This weight is like a full grocery bag, a small suitcase or a small baby.



You can slowly resume your normal activities. If you have questions or concerns about your activity, ask your surgeon.

## Incision care

Look at the incisions each day. Each incision should be a dry closed line. Your incisions may be covered with tape.

Try to keep the tape clean and dry. If the tape falls off, you can leave it off.

If you have staples in the incision, you will need to have the doctor take them out 7 to 10 days after surgery.

## Return to work

When you return to work will depend on the type of work you do. Talk about this with your surgeon. Most people return to work in 6 to 8 weeks.

## Sexual activity

You can resume sexual activity when you feel comfortable.

## Call your surgeon if you have:

- increased swelling, redness or discharge from incision
- increased temperature
- pain that does not get better
- nausea, vomiting or diarrhea that does not go away in 2 days

