Patient Information Leaflet

THE
MEDICAL
SPECIALIST
GROUP
LLP

What does the procedure involve?

This involves removal of the kidney (and surrounding fat) for suspected cancer of the kidney. It requires the placement of operating instruments into your abdominal cavity using 4-5 small incisions. The lower ureter is removed at the same procedure

What are the alternatives to this procedure?

Observation, radiotherapy, chemotherapy, open surgery

What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be given an injection under the skin of a drug (Clexane), that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body

- a regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)

- a previous or current MRSA infection

- a high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone).

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.

The kidney and most of the ureter are usually dissected free through several keyhole incisions. The lower ureter is disconnected either using a telescope through the bladder or with a separate incision into the lower abdomen.

A bladder catheter is normally inserted post-operatively, to monitor urine output, and a drainage tube is usually placed through the skin into the bed of the kidney.

What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- ask if what was planned to be done was achieved

- let the medical staff know if you are in any discomfort

- ask what you can and cannot do

- feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team

- ensure that you are clear about what has been done and what is the next move

You will be given fluids to drink from an early stage after the operation and you will be encouraged to mobilise early to prevent blood clots in the veins of your legs. The wound drain will need to remain in place for up to 1 week in case urine leaks from the cut surface of the bladder. The average hospital stay is 7 days.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.