

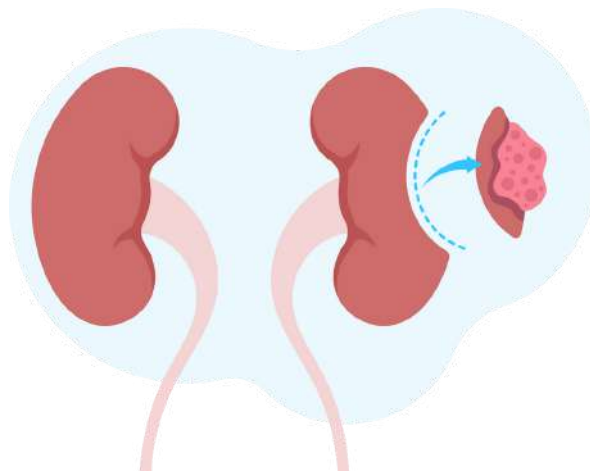
Laparoscopic Nephrectomy

What is Nephrectomy?

Nephrectomy involves surgically removing part or whole of the kidney and is a prevalent method for treating kidney cancer.

Various types of nephrectomy exist, and the choice is linked to the tumour's stage. Your doctor will explain each surgical type and discuss the most suitable procedure for your specific case.

- **Partial Nephrectomy:** This surgery involves removing only the part of the kidney containing the tumour, and is the prioritised option for the treatment of early kidney cancer.
- **Radical Nephrectomy:** In this procedure, the entire kidney, along with surrounding tissues and structures, is removed. Some fatty tissue and lymph nodes in the vicinity may be removed as well.



What to expect before the surgery?

Your urologist will coordinate various investigations to ensure your readiness for anesthesia and surgery. These assessments encompass blood samples, an electrocardiogram, and a chest x-ray. Depending on your existing medical conditions, additional specialized tests may be necessary. These tests are conducted in advance of your scheduled operation date. It is noteworthy that the majority of patients typically do not require a blood transfusion because they experience minimal blood loss, on average less than 500mls, during the surgery.

Before the surgery:

Before your surgery date, please adhere to a low residue diet for 24 hours. Refrain from consuming any food or beverages after midnight on the night preceding the surgery. However, certain medications can be taken with small sips of water on the morning of the surgery.

Avoid blood thinning medications and certain traditional Chinese medications for 1 to 2 weeks leading up to surgery, as they can cause bleeding. Let your doctor know if you are taking any blood thinning medications. Your doctor will decide exactly how long these medications should be stopped before the surgery.



During the surgery:

Nephrectomy is conducted through three to four small 1-cm keyhole incisions across the abdomen. Fine instruments are introduced through these keyholes to facilitate the dissection of the kidney.

A team of specially trained urologists adeptly manages these instruments, exercising precise control over the renal artery, vein (the blood vessels of the kidney), and ureter (the tube conveying urine from the kidney to the bladder) to execute the removal of the kidney.

In selected cases, a small drain is placed in the area where the kidney was removed, and it remains in place for one to two days.

What are the possible risks/ complications?

- **Bleeding:**

Some patients may necessitate a blood transfusion either during or after the surgery.

- **Conversion to Open surgery:**

In certain situations, it is necessary to switch to the traditional open surgical technique instead of keyhole surgery, particularly when challenges such as scars or bleeding arise during the procedure. This entails a longer abdominal incision and might extend the recovery period.

- **Infection:**

To minimize the likelihood of the wound infection, all our patients are administered intravenous antibiotics before the operation.

After the surgery:

- Post-operative pain: Patients encountering mild wound pain are offered relief through either an intravenous patient-controlled analgesia (PCA) pump or injections administered by the the nurse.
- Patients may also experience the following temporary symptoms right after surgery:
 1. Mild abdominal distension
 2. Mild nausea
 3. Fatigue
 4. Constipation
- Urinary catheter: A urinary catheter, draining your bladder, will be inserted and it will be removed before your discharge.
- Diet: For the first day, you will have an intravenous drip. Typically, most patients can tolerate clear liquids on the day after.
- Ambulation: We encourage our patients to get out of the bed the day after surgery to help prevent the formation of blood clots in their legs.
- Hospital stay: Most patients remain in the hospital for about 3 days after surgery.

What to expect after discharge from hospital?

- Pain control: You may experience some abdominal wound discomfort and may need oral pain medications for a few days after discharge.
- Personal hygiene: Showers are permitted without restriction, but tub baths are not recommended within the first two weeks after surgery to prevent soaking the wounds. While showering, you can wet the wound sites, but remember to pat the areas dry after showering. Adhesive strips across the wounds, if any, will either naturally fall off or can be removed in approximately five days.

- **Activity:** We strongly encourage our patients to engage in daily walks. Prolonged periods of sitting or lying in bed should be avoided, as this can elevate the risk of blood clot formation in the legs and the development of chest infections.
- **Driving and Physical Activities:** Refrain from driving for at least two weeks post-surgery. Avoid heavy lifting or strenuous exercises like jogging, treadmill workouts, and biking for six weeks. Typically, most patients can resume fairly simple daily activities within three weeks after surgery.
- **Diet:** While there are no specific restriction, we encourage our patients to stay well-hydrated by drinking plenty of fluids.
- **Medication:** You can resume your usual medications after surgery, excluding aspirin or other blood thinners, as they can increase the risk of bleeding. If you are on blood thinning medications, ask doctor when they should be restarted after surgery.
- **Pathology Results:** Pathology results are usually available within two weeks after your surgery.
- **Long-term Follow-up:** Patients undergo evaluations every three to six months for follow-up appointments with doctor.

Contributed by Urology

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