

For Appointments Call: 08 8267 1424

## Laparoscopic Nephrectomy

### What is a laparoscopic nephrectomy?

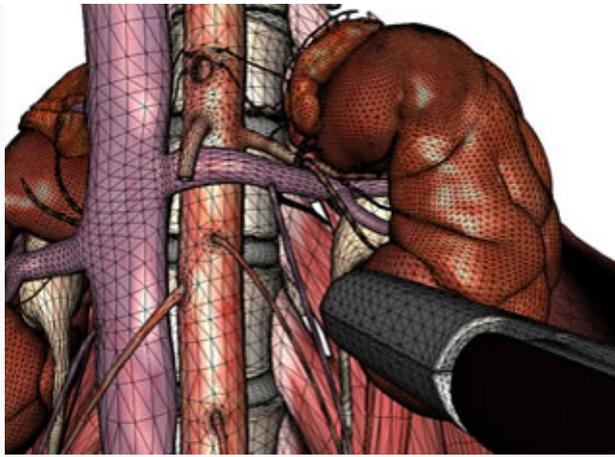
Nephrectomy means removal of a kidney. A kidney can be removed either using an open surgical approach or using 'keyhole' (laparoscopic) surgery. Open surgery to remove a kidney involves making a large cut on the side and front of the abdomen. The wound is more painful with open surgery, and hospital stay and time off work is longer.

The laparoscopic method uses 4 small cuts, through which a camera and surgical instruments can be passed. The camera sends pictures to a TV screen so the surgeon can see the kidney and surrounding tissue. One of the incisions will be enlarged to enable the kidney to be removed once it has been disconnected from the surrounding tissues and blood vessels.



A laparoscopic nephrectomy is performed under a general anaesthetic. You will meet the Anaesthetist on the day of your operation and he or she will discuss the anaesthetic with you. You should expect to stay in hospital for 2-4 nights.

The laparoscopic method of kidney removal has been shown to cause less blood loss and fewer complications than the open method, and also has a shorter recovery time. The open surgical approach to kidney removal is used for more complex cases or large tumours.



## Why do I need a nephrectomy?

A kidney may need to be removed for a number of reasons:

- The kidney may be only partially working, or not working at all. In some people these kidneys can be a source of repeated infections and pain.
- A cancer arising within the kidney may have been diagnosed. If technical reasons mean it would not be wise to perform a partial nephrectomy, the whole kidney will need to be removed.
- For some kidney cancers (transitional cell cancers, TCC), there is a high risk of cancer recurrence in the ureter (the tube which carries urine from the kidney to the bladder). If this type of cancer has been found, you will need this tube removed through a small incision low down on your abdominal wall, as well as the kidney operation described. Your doctor will tell you if this needs to be done.

The reason for removing your kidney will be discussed with you. Before the operation is carried out it is usual to perform various scans and blood tests so that the surgeon has as much information about the diseased kidney as possible.

## What are the alternatives?

Your surgeon will have discussed these alternatives with you, if they apply to your case.

- An open operation
- A partial nephrectomy (removal of part of the kidney)
- No operation
- Active surveillance of the kidney

## Potential side effects and complications

All procedures have the potential for side effects. Although these complications are well recognised, the majority of patients do not have problems after a procedure.

Risks of the anaesthetic need be discussed with the anaesthetist who will be looking after you during the operation, and who will visit you beforehand.

There are specific risks with this surgical procedure, and these will be discussed with you before your procedure. As a guide to complement that one-on-one discussion with your surgeon, these include:

### Common

- Some patients experience temporary shoulder tip pain and abdominal bloating for 24 hours after the operation. Mild painkillers are usually adequate to control the pain.

## Occasional

- Occasionally after this operation, infection, or a hernia, may occur in one or more of the incisions requiring further treatment.

## Rare

- Bleeding can occur during the surgery such that the surgeon has to abandon the keyhole approach and use the conventional open method of kidney removal. If this occurs a blood transfusion may be required.
- During the operation the lung cavity may be entered and this is repaired during the procedure.

## Very rare

- Recognised (and unrecognised) injury to surrounding organs or blood vessels may occur, requiring conversion to the open surgical approach, or deferred major open surgery.
- Problems with the anaesthetic, or heart or blood vessel complications may occur requiring admission to the Intensive Care Unit. Such complications include a chest infection, clot/s on the lungs or in the legs, a stroke or a heart attack. These are not specific to laparoscopic procedures.

## After the operation

You will have intravenous fluids (a drip) going into an arm vein. This will remain in place until you are drinking normally. You can start having some oral fluids immediately after the operation, and the drip can usually be removed the following day. Food can usually be started the day after the operation.

A urinary catheter) will be inserted whilst you are under anaesthetic, which is usually removed the following day. Occasionally during the operation a wound drain is placed at the site of the kidney to drain away any blood. This will be removed when there is little or no drainage from it (usually the following day).

Following the operation it is usual to have mild shoulder or stomach pain for a couple of days. Most patients only need mild painkillers, but as in any surgery there may be more discomfort requiring stronger painkillers.

You may feel nauseated for 24 hours following the operation but medication can be administered to control this.

You will be encouraged to sit out of bed for the day following the operation and to walk a short distance. On the second day after the operation you should be able to be out of bed most of the day and walking longer distances.

Once the catheter is removed and you are passing urine satisfactorily and mobilising well, you will be discharged home.

## At home

It is sensible to avoid driving for 2-3 weeks and heavy lifting for 6 weeks after the operation. Exercise should be increased gradually. Start with short walks and gentle exercise. Eat a healthy diet with plenty of fluids. Fresh fruit and vegetables are important to keep your bowels regular.

You can return to work when you feel fit and depending on your job. Usually 2-3 weeks off work are needed.

Sexual intercourse can be resumed 3-4 weeks after the operation.

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### **Disclaimer**

This information is intended as an educational guide only, and is here to help you as an additional source of information, along with a consultation from your urologist. The information does not apply to all patients.

Not all potential complications are listed, and you must talk to your urologist about the complications specific to your situation.

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