

For Appointments Call: 08 8267 1424

Open Nephroureterectomy

Why open nephroureterectomy?

Nephrectomy means removal of a kidney, and ureterectomy is removal of the ureter. The most common reason for having a nephroureterectomy is a tumour of the inner lining of the kidney, or the ureter, called a transitional cell cancer.

The kidney and ureter can be removed using either an open surgical approach or 'keyhole' (laparoscopic) surgery. If a kidney needs to be removed, most urologists perform laparoscopic surgery if possible because open surgery 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.

However, there may be circumstances in which open surgery is needed instead, such as:

- A large tumour of the kidney
- Repeated infections of the kidney
- Complicated anatomy of the kidney
- Previous operations on the abdomen

The specific reason you need an open nephroureterectomy will be discussed with you.

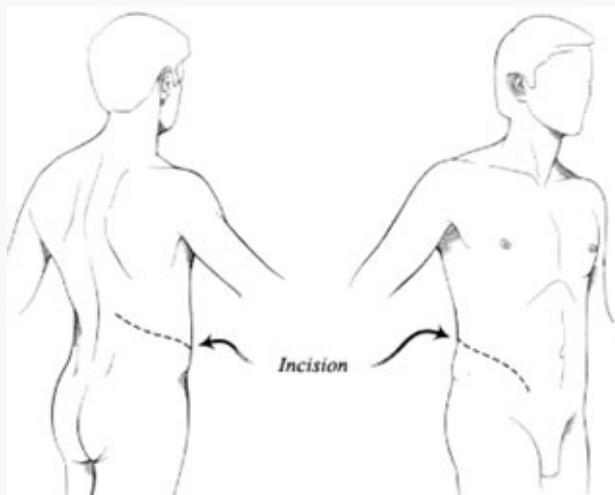
How is this operation performed?

Open nephroureterectomy is performed under general anaesthetic, and often also with an epidural to help with pain relief afterwards. A urinary catheter is always inserted and stays in place until you are mobile after the operation. The diagram below shows one of the possible incisions, but there are different ones used that will be discussed with you; the best approach is determined by a number of factors including your body size and size of the tumour.

Typically, a further incision is necessary lower down in the abdomen, so that the entire length of the ureter can be removed. Most often, a cut needs to be made in the bladder to ensure the whole ureter is removed.

Operative time depends on the complexity of the operation but typically runs from 3 to 4 hours.

A urinary catheter will be left in place for 7 to 10 days after the operation, to allow the bladder to heal.



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 to 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

- Insertion of a drain

Occasional

- Bleeding requiring further surgery or blood transfusion
- Inability to clear the cancer
- Infection, pain or hernia requiring further treatment.

Rare

- Entry into the lung cavity requiring insertion of temporary drainage tube
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, deep vein thrombosis pulmonary embolus, stroke, heart attack and death).
- If the cancer has spread to other organs (rare) this will need to be dealt with, if possible, at the time of your surgery, and may require extensive additional procedures at the time.
- Injury to organs nearby – blood vessels, spleen, liver, lung, pancreas and bowel, requiring more extensive surgery. Very occasionally such injury is not recognised at the time of surgery, and is picked up in the days

following your operation.

- The pathology report may cancer on microscopic analysis

Long-term complications

Most people can live entirely unaffected with only one kidney. However, there is a risk of abnormal renal function, and in very rare circumstances, the need for dialysis.

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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