

Laparoscopic Nephrectomy (keyhole removal of Kidney)

The procedure

The kidney is removed by keyhole surgery using four to five incisions, one of which is enlarged to remove the kidney. A gas called carbon dioxide is put in the abdomen to help us get a better view. This gas is removed at the end of the procedure but can cause some pain into your shoulders which generally settles over the next 48 hours.

The adrenal gland is sometimes removed at the same time. The adrenal glands are small glands located on the top of each kidney, they produce hormones.

What are the reasons for doing this?

To remove the kidney for suspected cancer or if it is poorly functioning and causing symptoms.

Are there any alternatives?

You and your doctor will probably have discussed any other suitable treatments before now. However please ask if you want any further advice about any alternatives that might be suitable for you, including the option of no treatment.

What are the risks?

Risks of the operation are:

- Bleeding, occasionally requiring a blood transfusion or further procedure.
- Infection possibly requiring antibiotics.
- Pain in your shoulder tip and at the site of surgery, from the gas used during the surgery.
- Laboratory results revealing benign growth. (That it is not cancer).
- Conversion to open procedure if keyhole surgery is not possible.
- Damage to surrounding structures (bowel, liver, spleen, pancreas)
- Anaesthetic or cardiovascular problems (chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack, death)

There is some information about anaesthetics and there is additional patient information from the Royal College of Anaesthetists available.

What anaesthetic will be used?

You will meet the anaesthetist before your operation and will have a chance to ask any questions you might have about your anaesthetic.

Blood clot prevention

Without preventative measures, there is a risk of blood clot in the leg (deep vein thrombosis or DVT) in all surgical patients of around 15% - 25%. Please discuss the risks of this

particular operation with your surgeon. You will be given additional information about the measures we take to reduce this risk.

If your surgery is for suspected cancer, a blood thinning injection that is normally given whilst in hospital is continued for 28 days. This can either be self-administered at home (you will be shown how to do this prior to discharge) or administered by your district nurse.

Consent

You will be asked to give your consent to this treatment following further discussion with medical or nursing staff. It is important that you understand what is involved and you will have an opportunity then to ask any questions that you might have. A sample of the consent form can be provided for you to read so that you are familiar with the form. Please do not sign this sample – it is for your information only.

What should I expect after the procedure?

You will be able to eat and drink as tolerated after the operation. Early mobilisation is important to prevent blood clots, and you will be encouraged to sit out in your chair on the evening after the operation. A urinary catheter is not normally required. Once you are mobilising satisfactorily and your pain is controlled with tablet painkillers you will be allowed home, which is normally after 1-2 days. You will have either dissolving stitches or special glue. This needs to be kept dry for 24 hrs.

Once at home, it is important to continue mobilising and gradually increase light activities as tolerated. You should not do anything strenuous, and not drive until you have seen your consultant which is normally 4 weeks following surgery.

If you think you may have any difficulties, please discuss these at your pre-operative assessment appointment.

Contact your GP if

- You have severe pain, pain when passing urine or are unable to pass urine.
- You develop a fever
- Your wound appears red and lumpy or starts to leak fluid
- You develop leg pain and swelling, difficulty walking, or if your leg becomes warmer than usual, or reddish / purplish in colour.
- You develop unexplained shortness of breath, chest pain and / or coughing up blood.

Further Information

If you require further information or advice please contact the ward you have been on

Ward phone number

Other sources of useful information can be found at:

NHS Direct 0845 4647

NHS Choices <http://www.nhs.uk/Pages/HomePage.aspx>

Harrogate and District NHS Foundation Trust website www.hdft.nhs.uk

Patient Experience helpline 01423 555499 (Monday – Friday 9.30am – 4pm). E-mail:

thepatientexperienceteam@hdft.nhs.uk

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.