Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

NHS
St Helens and Knowsley
Teaching Hospitals
NHS Trust

Laparoscopic Simple Removal of the Kidney

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式

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Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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What is the evidence base for this information?

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources.

It is, therefore, a reflection of best urological practice in the UK.

It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals.

Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

This involves removal of the kidney through several keyhole incisions.

It requires the placement of a telescope and operating instruments into your abdominal cavity using 3-5 small incisions.

One incision will need to be enlarged to remove the kidney.

What are the alternatives to this procedure?

Observation, open surgery.

Who can I contact if I have a problem when I get home?

If you experience any problems related to your surgery or admission once you have been discharged home.

Please feel free to contact 4A, 4B or 4C ward for advice from the nurse in charge.

They will assist you via the telephone, advise you return to your GP or ask you to make your way to the ED department at Whiston Hospital depending upon the nature of your concern.

4A Ward – 0151 430 1420

4B Ward – 0151 430 1637

4C Ward – 0151 430 1643

Who can I contact for more help or information?

Best Health (prepared by the British Medical Association)

NHS Clinical Knowledge Summaries (formerly known as Prodigy)

NHS Direct

Patient UK

Royal College of Anaesthetists (for information about anaesthetics)

Royal College of Surgeons (patient information section)

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery.

You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive.

You should, however, check with your insurance company before returning to driving.

Your doctors will be happy to provide you with advice on request.

Students

There may be students present during your consultation as part of their on-going training.

Please let the staff know if you wish to be seen by a doctor only.

Are there any other important points?

This publication provides input from specialists, the British Association of Urological Surgeons, the Department of Health and evidence-based sources as a supplement to any advice you may already have been given by your GP.

Alternative treatments can be discussed in more detail with your urologist or Specialist Nurse.

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.

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 is dissected free through several keyhole incisions and put into a bag which is then removed by extending one of the keyhole incisions.

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

What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP immediately.

Any other post-operative problems should also be reported to your GP, especially if they involve chest symptoms.

Are there any other important points?

A follow-up outpatient appointment will normally be arranged for you 6-12 weeks after the operation.

At this time, we will be able to inform you of the results of pathology tests on the removed kidney.

It is normal practice for the results of all biopsies to be discussed in detail at a multi-disciplinary meeting before any additional treatment or monitoring decisions are made.

You and your GP will be informed of the results after this discussion.

After removal of one kidney, there is no need for any dietary or fluid restrictions since your remaining kidney can handle fluids and waste products with no difficulty.

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- Be given advice about your recovery at home
- Ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- Ask for a contact number if you have any concerns once you return home
- Ask when your follow-up will be and who will do this (the hospital or your GP)
- Ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed

When you leave hospital, you will be given a ‘draft’ discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

There may be some discomfort from the small incisions in your abdomen but this can normally be controlled with simple painkillers.

All the wounds are closed with absorbable stitches which do not require removal.

It will take 10-14 days to fully recover from the procedure and most people can return to normal activities after 2-4 weeks.

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 and catheter are normally removed after 24-48 hours.

The average hospital stay is 3 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.

Common (greater than 1 in 10)

- Temporary insertion of a bladder catheter and wound drain
- Temporary shoulder tip pain
- Temporary abdominal bloating

Occasional (between 1 in 10 and 1 in 50)

- Bleeding, infection, pain or hernia of the incision site requiring further surgery

Rare (less than 1 in 50)

- Bleeding requiring conversion to open surgery or requiring blood transfusion
- Entry into lung cavity requiring insertion of a temporary drainage tube
- The histological abnormality of the kidney may subsequently be shown not to be cancer
- Recognised (or unrecognised) injury to organs/blood vessels requiring conversion to open surgery (or deferred open surgery)
- Involvement or injury to nearby local structures (blood vessels, spleen, liver, kidney, lung, pancreas, bowel) requiring more extensive surgery
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack, death)
- Dialysis may be required to stabilise your kidney function if your other kidney functions poorly

Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 10)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.