

Open Radical Removal of the Kidney

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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, adrenal, surrounding fat and lymph nodes for suspected cancer of the kidney, using an incision either in the abdomen or in the side.

What are the alternatives to this procedure?

Observation alone, embolisation (cutting off the blood supply by coils inserted by the radiologists), immunotherapy, partial nephrectomy and laparoscopic (telescopic or minimally invasive) approaches to radical or partial nephrectomy.

What should I expect before the procedure?

You will usually be admitted the day before your surgery although some hospitals now prefer to admit patients on the day of 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.

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)

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.

After surgery through the loin, the wall of the abdomen around the scar will bulge due to nerve damage. This is not a hernia but can be helped by strengthening up the muscles of the abdominal wall by exercises.

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.

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 and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be given an injection under the skin of a drug (Clexane). That, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.

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.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

The kidney is usually removed through an incision in your abdomen although, on occasions, the incision is made in the side (loin) or extended into the chest area.

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

Occasionally, it may be necessary to insert a stomach tube through your nose, if the operation was particularly difficult, to prevent distension of your stomach and bowel with air.

It is advisable that you continue to wear your elasticated stockings for 14 days after you are discharged from hospital.

Many patients have persistent twinges of discomfort in the loin wound which can go on for several months.

After surgery through the loin, the wall of the abdomen around the scar will bulge due to nerve damage. This is not a hernia but can be helped by strengthening up the muscles of the abdominal wall by exercises.

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.

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

Are there any other important points?

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.

An outpatient appointment will be made for you 4-6 weeks after the operation when we will be able to inform you of the pathology results and give you a plan for follow-up.

Once the results have been discussed, it may be necessary for further treatment but this will be discussed with you by your Consultant or Specialist Nurse.

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.

It will be at least 6 weeks before healing of the wound occurs but it may take up to 2 months before you feel fully recovered from the surgery.

You may return to work when you are comfortable enough and your GP is satisfied with your progress.

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

After the operation, you may remain in the Special Recovery area of the operating theatres before returning to the ward; visiting times in these areas are flexible and will depend on when you return from the operating theatre.

You will normally have a drip in your arm and, occasionally, a further drip into a larger vein in your neck.

You will be able to drink clear fluids immediately after your operation and start a light diet within 3-4 days.

We will encourage you to mobilise as early as possible and to take fluids or food as soon as you are able.

The average hospital stay is 5-7 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
- Bulging of the wound due to damage to the nerves serving the abdominal wall muscles

Occasional (between 1 in 10 and 1 in 50)

- Bleeding requiring further surgery or transfusions
- Infection, pain or bulging of the incision site requiring further treatment
- Entry into the lung cavity requiring insertion of a temporary drainage tube
- Need of further therapy for cancer
- The histological abnormality of the kidney may subsequently be shown not to be cancer

Rare (less than 1 in 50)

- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
- Dialysis may be required to improve your kidney function if your other kidney functions poorly
- Involvement or injury to nearby local structures (blood vessels, spleen, liver, lung, pancreas and bowel) requiring more extensive surgery

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.