



Procedure Information – Open Nephrectomy

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Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

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*Please fill in /
affix patient's label*

Introduction

A nephrectomy is an operation to remove one of the two kidneys that sit at the back of the abdominal cavity. The kidneys make urine by filtering waste products and excess fluid from the blood. A nephrectomy involves removing an entire kidney through an incision in the flank, the side of the body between the ribs and the hip. It is relatively common operation that takes approximately 2-3 hours perform.

Indications

- **Radical nephrectomy:** It is usually done for cancer of the kidney or because of a non-functioning kidney. It is done in an attempt to gerrid of cancer by removing the entire kidney, adrenal gland, protective shell with its surrounding fat and attached vessels.
- **Simple nephrectomy:** For non-functioning kidneys which are either caused by large stones, a lack of blood supply or abnormal kidney structure. With a simple nephrectomy only the kidney itself is taken. It usually done to avoid recurrent infection and the possibility of severe illness because of infection.
- **Partial nephrectomy:** In a small number of case if a person has poor kidney function or if they only have one kidney, this may be done which means only part of the kidney is removed.

The Procedure

A. For simple or radical nephrectomy

1. The operation is performed under general anaesthesia.
2. For simple nephrectomy, it is usually done through a flank incision. However, a few cases when cancer is suspected, depending on where the tumor is, a higher or lower incision may be needed or an incision in the abdomen may be necessary for radical nephrectomy.
3. After the incision is made, the blood supply to the kidneys is isolated and tied off; the kidney is removed either with or without its surrounding structures.
4. The wound is closed with staples or stitches.
5. A wound drain may be inserted to drain any wound ooze; this is usually stitched in place and stays in for few days.
6. A catheter (drainage tube which drains urine from the bladder) is also put into monitor the urine output from the remaining kidney.
7. The catheter usually stays in for 1-2 days or until you are up and about.

B. For partial nephrectomy

1. You may have a stent which is a plastic tube that runs from the kidney to the bladder. This helps the kidney to heal.
2. The stent will be removed about 4-6 weeks after the operation under local anaesthesia.

Possible risks and complications

A. Peri-operative complications

- Anaesthetic complications and complication caused by pre-existing diseases.
- Significant bleeding requiring blood transfusion and haematoma formation.
- Injury to adjacent organs including major blood vessel, gastrointestinal tract, pancreas, liver and spleen, requiring intervention including operation.
- Entry into the lung cavity requiring insertion of a temporary drainage tube.

B. Post-operative complications

- Secondary haemorrhage.
- Wound infection, pneumonia, urinary tract infection.
- Need of further therapy for cancer.
- Loss of renal function, dialysis may be required to improve your kidney function.
- Bulging of the wound due to damage to the nerves serving the abdominal wall muscles.
- Urinary fistula, pancreatic fistula.
- Mortality (1-2%)
- Intestinal obstruction or paralytic ileus.



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- Systemic life-threatening complication including myocardial infarction. Cerebral vascular accident, deep vein thrombosis and pulmonary embolism.
- The histological abnormality of the kidney may subsequently be shown not to be cancer.

Before the Procedure

1. Your doctor will explain to you the reason, procedure and possible complications. You will need to sign a consent form.
2. Pulmonary and cardiac condition need to be optimized before the operation to avoid adverse effect from carbon dioxide adsorption.
3. You may be given a pre-medication or prophylactic antibiotics as prescribed antibiotic before the operation.
4. Preparation for cross match may be prescribed by your doctor.
5. Fasting for 6-8 hours before operation.

After the procedure

A. Hospital care

1. Close monitoring of vital signs, catheterization, drainage, pain control and the bleeding condition of your wound.
2. You may drink on first day and eat on second day after surgery. For transperitoneal cases, it takes longer time to resume diet.
3. The drain and tubes may be removed on the second or third day after surgery.
4. You may need to stay in hospital for 4-7 days after surgery.
5. Suture or wound staples will be removed after 7-10 days and as instructed by your doctor.

B. Home care

1. You will be able to eat and drink normally at home.
2. No heavy lifting, straining and gardening for up to 6 weeks or until advised by your doctor.
3. Keep active, gentle exercise such as walking is recommended.
4. Full recovery from surgery usually takes around 6 weeks.
5. Please contact your doctor or go back to hospital if excessive bleeding, collapse, severe pain or fever (body temperature above 38°C or 100°F) occurs.
6. Attend follow up appointment as scheduled by your doctor.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. Should a complication occur, another life-saving procedure or treatment may be required immediately. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Patient / Relative Name

Signature

Relationship (if any)

Date