Risks

- Minimal Blood loss
- Wound Infection.
- Post-operative hernia formations especially associated in the elderly with atrophic abdominal muscles
- Prolonged hospital stay due to impaired renal function recovery.
- Dialysis as discussed by your Nephrologist, if pre-operatively indicated
- NB! Each person is unique and for this reason symptoms vary!

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PATIENT INFORMATION BROCHURE

LAPAROSCOPIC (RADICAL) NEPHRECTOMY

Patient well-being is my first priority!

Laparoscopic (Radical) Nephrectomy

For renal cancers contained in the kidney. This is a intended curative procedure, depending on staging.

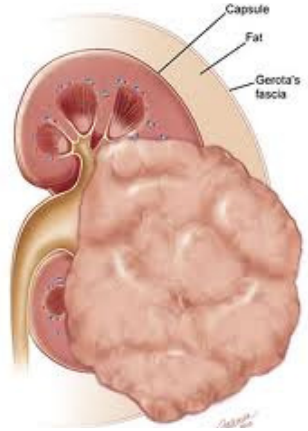
Also for symptomatic, non-functional kidneys. Least invasive procedure with quick recovery.

Why is it done?

- Incidental finding of a solid renal mass larger than 3cm suspicious of a renal cancer
- A symptomatic non-functioning kidney
- Usually asymptomatic
- Late symptoms include:
  - Hematuria
  - Palpable Mass
  - Flank pain
- Curative process for Renal Cell Carcinoma
- Staging should be negative ie. No spread of tumour
- Staging with
  - CT abdomen and chest
  - Bonescan
  - MRI if in Renal Failure or Contrast Allergy
- Risk for post-operative dialysis will have been discussed prior to your surgery by means a referral; to a Nephrologist.

Very Important!!

The correct side for surgery should be checked :
- CT scan present
- Your approval
- Prior to anaesthesia being commennced



How is it done?

- Patients will receive a general anaesthesia, unless contra-indicated.
- Prophylactic anti-biotics is given.
- An indwelling catheter is placed.
- The correct kidney is identified and marked while you are a
- Depending on the side of the tumour 3-4 incisions will be made:
  - 1 for the hand-port of approximately 8cm depending on the amount of sub-cutaneous fat present
  - 1 for the camera-port
  - 1 for the working-port
  - (1 for the liver retractor on the right)
- The colon is reflected to reveal the retro-peritoneal space
- The ureter is identified and cleared up to the hilum
- The arteries are identified and tied off and cut first. More than 1 can be present
- Then the vein/ viens are tied and cut.
- The rest of the kidney is mobilized with its surrounding fat and removed.
- The adrenal gland is also removed in large tumours and upper pole tumours.
- Lymphnodes surrounding the blood supply to the kidney will be removed if the tumour is larger than 4 cm

What next?

- You will spend up to 3-5 nights in hospital.
- You will have a catheter for that time.
- A drain for 2-3 days.
- You will a trial without the catheter on the 3rd day
- Renal functions will be checked daily.
- You may enter a phase of poly-uria. High production of urine as the remaining kidney adjusts to the higher work-load.
- You will be discharged as soon as your renal function has stabilised and you can function independantly..
- Allow for 6 weeks for stabilization of symptoms.
- Restrict fluid intake to less than 3 L per day.
- A ward prescription will be issued on your discharge, for your own collection at any pharmacy
- A follow-up appointment will be scheduled for 6 weeks. Remember there is no pathology due to vaporization.
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**