

LAPAROSCOPIC REMOVAL OF THE KIDNEY. INFORMATION FOR PATIENTS.

What does the procedure involve?

This involves removal of the kidney (and surrounding fat) through several keyhole incisions. It requires placement of a telescope and operating instruments into your abdominal cavity or loin using 4-5 small incisions. One incision may need to be enlarged to remove the specimen. The nature of the lesion will be confirmed in the specimen report. The adrenal gland may also be removed.

What are the alternatives to this procedure?

Observation, embolization, immunotherapy, open surgery.

What should I expect before the procedure?

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. You will be admitted to Hospital on the day and assessed by the team. You will receive the type of anaesthetic previously planned. Vein clot prevention will be done via elasticated compression stockings, intermittent pneumatic calf compression, injections or a combination of these.

What happens during the procedure?

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

A catheter is inserted into the bladder at the start of the operation. The treatment is usually carried out using telescopes inserted into the abdomen or loin. Several small puncture wounds are made to allow the telescopes to be inserted.

After insertion of the telescopes, the kidney is identified. The kidney is usually dissected free and put into a bag which is then removed by extending one of the keyhole incisions.

A drainage tube may be placed through the skin into the bed of the kidney.

What happens immediately after the procedure?

Ensure that you are clear about what has been done and what is the next move.

You may experience some discomfort for a few days after the procedure but it usually responds to paracetamol or ibuprofen.

A bladder catheter is inserted; this is usually removed a few hours after surgery, as is the drain. You will be able to go home once you eating and walking normally.

The average hospital stay is 2 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.

Common (greater than 1 in 10) >10%.

- Temporary shoulder tip pain (if done through the abdomen)
- Temporary abdominal bloating

Occasional (between 1 in 10 and 1 in 50) 2-10%.

- Bleeding, infection, pain or hernia of the incision requiring treatment
- Conversion to open surgery.
- Need for additional treatment for cancer after surgery.
- Reduction of your kidney function if your other kidney functions poorly.

Rare (less than 1 in 50) <2%.

- Entry into the lung cavity requiring treatment.
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack or death).
- Involvement or injury to nearby local structures (blood vessels, spleen, liver, lung, pancreas and bowel) requiring treatment.

Are there any other important points?

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.
- have an outpatient appointment.

You may experience pain in the loin over the first 24-72 hours, due to the incisions. Anti-inflammatory painkillers will help this pain.

It will take at least 5 days to recover fully from the operation. You should not expect to return to work within 15 days.

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

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