

Department of Urology

Patient Information Sheet

Laparoscopic Removal of the Kidney and Ureter (Nephroureterectomy)

This involves the removal of the kidney and ureter, sometimes with the adrenal gland, surrounding fat & lymph nodes using keyhole surgery

This operation involves using several small incisions (surgical cuts) in the abdomen to allow a telescope and other keyhole instruments to be passed into the abdomen to remove the kidney and ureter. This procedure usually requires a hospital stay of 2-3 nights

This information sheet was developed and agreed by our Urology Team. Information within this sheet was obtained from various sources including; the Urology Team, the British Association of Urological Surgeons, other NHS Trusts and Department of Health Websites.

What are the intended benefits of this procedure?

To remove the kidney and ureter, usually when there is a suspicion of cancer.

What are the alternatives to this procedure?

Where appropriate; Observation alone, embolisation (cutting off the blood supply by inserting coils into the blood vessels that supply the kidney), laser ablation of the tumour and open nephroureterectomy.

What are the most frequently occurring events or serious risks of this procedure?

Common (greater than 1 in 10)

- Temporary insertion of a urinary catheter (a tube passed up the urethra and into the bladder) to monitor urine output.
- Wound drainage tube
- Temporary shoulder tip pain and abdominal bloating

Occasional (between 1 in 10 and 1 in 50)

- Bleeding requiring further surgery or blood transfusions
- Conversion to open operation
- Entry into the lung cavity requiring insertion of a temporary lung drainage tube
- Infection, pain or bulging of the incision site, requiring further treatment
- Recurrence of disease elsewhere in the system requiring regular check ups

Rare (less than 1 in 50)

- Anaesthetic or cardiovascular problems possibly requiring a period of time in the Intensive Care Unit (including chest infection, pulmonary embolism, stroke, deep vein thrombosis, heart attack and death)
- Involvement or injury to nearby structures - blood vessels, spleen, liver, lung, pancreas and bowel - requiring more extensive surgery

- Persistent urine leak from the bladder requiring prolonged catheterisation

What sort of anaesthetic is used?

Usually a general anaesthetic will be used. Your Consultant or Specialist Nurse will be able to give you further information on which anaesthetic you are likely to require.

As this is being performed under a general anaesthetic, you will be assessed for your general health before the procedure at a 'Pre-Assessment' clinic and given all the information required to prepare you for an anaesthetic.

What does the procedure involve?

You will be admitted to the hospital on the day of your operation and given instructions when to stop eating and drinking (usually 6 hours before your operation for food and 2 for water). You will be asked to put on elastic compression stockings (to help reduce leg blood clots from lack of movement) with your hospital gown to go to theatre. The operating surgeon will talk to you before surgery and under your supervision make a mark on your skin to indicate which kidney and ureter is to be removed.

Whilst in the operating theatre the anaesthetist will set up a pain killing infusion. This may either be an epidural into your back or a pump attached to your intravenous infusion. He or she may put a drip in the side of your neck, to enable more fluids to be given.

A urinary catheter will be put into the bladder once the procedure is completed, to enable us to assess the amount of urine your remaining kidney is producing, along with possibly a wound drain to collect remaining blood from where the kidney was removed.

Occasionally it is may also be necessary to insert a tube down your nose into your stomach, to reduce possible sickness or over distension of your stomach. This is required if your bowel has been

moved around a reasonable amount as it will stop working normally for a few days.

What happens after the procedure?

After the operation you may spend a day on the High Dependency Unit, where it is easier to monitor your condition. Once in the unit or back on the ward, you will be monitored closely and the amount urine produced assessed. You will be allowed to drink freely after the operation but you will keep your intravenous infusion until you are able to drink normally. The drainage tube and intravenous infusion are removed over the course of the next day or two. You will be allowed to eat once you are drinking normal fluids without any problems.

Your wounds will probably have stitches under the skin, which dissolve of their own accord in a couple of week's time. When you leave hospital you should not require any wound dressings at all. The catheter will need to stay for 10 days to allow the bladder to heal and you will be taught how to look after it before you go home.

As soon as possible, you will be encouraged to start mobilising and moving about, beginning the day after your operation. You will also be given injections of a blood-thinning drug, to help prevent risks from blood clots.

What happens when I go home?

When you leave hospital, you will be walking about and eating and drinking normally - you will not need to change your fluid or diet habits as your remaining kidney will manage perfectly well in the absence of your other kidney.

You should refrain from lifting or strenuous activities for up to 3-4 weeks to allow the wounds to adequately heal (longer if your procedure was converted to open). This also includes driving.

You may return to work after this time, if you feel able to and your GP is satisfied with your recovery.

Some people experience discomfort or twinges in the area of their wounds for several months.

What else should I look out for?

If you develop a fever, increased pain, redness or any oozing from your wounds you should contact your GP.

Further Appointments or Treatments

When you leave hospital you will be given an appointment to have your catheter removed. You will also be asked to return to our Outpatient Clinic several weeks later for a check up and the results of the laboratory examination of your removed kidney. If you require other treatments/investigations or procedures you will be given this information when you come for your check up.

You also be asked to return as an outpatient for regular check ups, which will include further kidney scans and telescopic examinations of the bladder.

Who should I contact for more information?

- **The Specialist Urology Nurses:**

Sue Sill & Chris Backhouse
020 8934 3547

Yvonne Haffenden, Lin Williams & Suzy Waight
Urodynamics - 020 8934 3038

- **The Urology Ward – Alexandra 020 8934 3152**

- If you have a known cancer condition and would like further information regarding this, please contact

Olga Champ – 020 8934 2729

- Your Urology Consultant.

