

Nephrectomy


Partial or radical

Date of surgery: _____ Planned date of discharge: _____

Surgeon : _____ Telephone #: _____

Table des matières

Partial or radical	1
Introduction	4
About Hôpital Montfort	4
Play a role in your health care!.....	4
Your interprofessional care plan.....	4
1. Nephrectomy	5
1.1 Kidneys	5
2. Preparing for surgery	6
2.1 Appointment at the Pre-Admission Clinic	6
3.1 List of items to bring on the day of your surgery	7
3.2 At home, the day before surgery	7
3.3 The day of the surgery.....	8
3.4 In the Pre-Operative Unit , on the day of your surgery	8
3.5 During the surgery	8
3.6 In the recovery room after the surgery	8
3.7 At the care unit after surgery.....	8
Post-operative care	8
4.1 General instructions after the surgery	8
4.2 Your activities	8
4.3 Ankle exercises and deep breathing	9
4.4 Pain control	9
4.5 Mobilization	10
4.6 Wound	10
4.7 Urinary catheter	10
4.8 Beverages and food	10
Your return home	11



5.1 Activities not permitted	11
5.2 Activities permitted.....	11
5.3 Signs and symptoms to watch for	11

Introduction

This guide will help you understand what is involved in a nephrectomy. We hope that the information provided will help you to be well prepared for your surgery.

About Hôpital Montfort

Hôpital Montfort is Ontario's francophone academic hospital, offering exemplary, person-centred care. Montfort serves more than 1.2 million people in Eastern Ontario, in both official languages.

Our daily actions are guided by mutual support, compassion, respect, excellence and equity.

Play a role in your health care!

- If you have questions or concerns, talk about them.
- List your previous illnesses and explain your current health condition to a member of your care team.
- If you have allergies to foods or medications, advise your care team.
- Make sure you know the preventive measures you must take after being discharged from the hospital. This may include restrictions in terms of your movements, instructions for personal care, etc.

Your interprofessional care plan

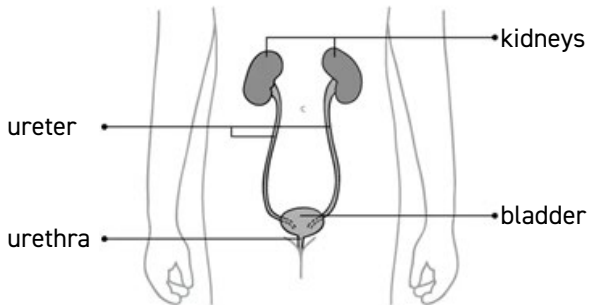
During your hospital stay for your nephrectomy, we will follow an “interprofessional care plan.”

- Your clinical trajectory is described in this interactive guide. When discussing it with your nurse, take notes if needed.
- We have prepared this guide so that you, your family and your care team are informed of your care plan. It provides an overview of the examinations you will undergo and the treatment you will receive.
- Read the information presented in this guide and ask a family member to do the same. After reading it, do not hesitate to ask your care team any questions you have.

1. Nephrectomy

1.1 Kidneys

You have two kidneys, and each one is as big as your fist, about 4 inches (10 cm). They are situated on either side of the spine, above your waist, and are protected by your ribs. Kidneys filter excess fluids and wastes from the blood. They produce red blood cells, ensure bone development and control blood pressure.



Their primary role is to produce urine. Urine collects inside the kidneys, in what is called the renal pelvis. The urine then passes from the kidneys to the bladder through a long tube, called the ureter, and is then stored in the bladder.

A nephrectomy is the removal of one or both kidneys. This is done for several reasons, particularly due to injury or cancer. One kidney is sufficient to continue producing urine normally.

1.2 Types of nephrectomy

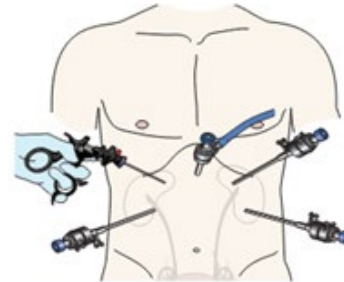
There are three types of nephrectomy:

- Simple: removal of the entire kidney
- Partial: removal of part of the kidney
- Radical: removal of the entire kidney, the adrenal gland (which produces hormones and releases them into the blood), fat surrounding the kidney and the lymph nodes

A nephrectomy can be performed in two ways:

1. Laparoscopic nephrectomy (mini-surgery)

A laparoscopic nephrectomy consists of removing the kidney using tiny instruments to avoid having to perform a large incision in the abdomen.

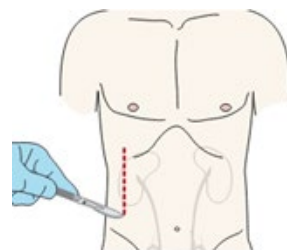


The surgeon uses special glasses, a video camera and instruments called laparoscopes. Since laparoscopes are very small, the surgeon only has to make three or four small incisions in the lower abdomen in order to remove one or both kidneys.

To close the incisions, skin closures that resemble staples are generally used. The surgery is performed under general anesthesia and can last up to four hours. After the surgery, you will wake up in the Post-Anesthesia Care Unit. A little later, you will be taken to your hospital room.

2. Open nephrectomy

The surgeon removes the kidney by making an incision measuring 20 to 30 cm (8 to 12 inches) on the side of the abdomen (flank area) in order to reach the kidney without affecting the other internal organs.



3. Ureterectomy (sometimes required)

Sometimes the surgeon will also perform a ureterectomy. This consists of removing the tube that connects the kidney to the bladder. If you have had this procedure, you will have to go home with a urinary catheter (a tube inserted in the urethra to empty urine from the bladder). Your nurse will show you how to care for your catheter.

2. Preparing for surgery

2.1 Appointment at the Pre-Admission Clinic

The visit to the Pre-Admission Clinic will be scheduled about 2 weeks before the planned date of your surgery. This visit is mandatory in order to prepare for your surgery. The meeting with the pre-admission nurse may be by phone or via telemedicine.

Bring these items with you to your appointment:

- Your health card
- A list of your current medications, provided by your pharmacy, with the name of the medication and the daily dose in mg (including natural products and over-the-counter medications)
- If you are taking anticoagulants or aspirin, make sure to inform the surgeon and tell the nurse at the Pre-Admission Clinic
- Any information regarding your health insurance plan
- The name and contact information of the person you have designated to be responsible for all decisions concerning you (if you choose not to sign the power of attorney for personal care form)
- This information guide
- Your weight, height and neck circumference

The visit to the Pre-Admission Clinic generally takes a few hours. If possible, ask a family member or friend to come with you. If you need an interpreter, ask a family member to come with you. Bring a water bottle, a snack and something to pass the time (book, headphones, etc.).

During your visit to the Pre-Admission Clinic, you may have diagnostic examinations (X-rays) or laboratory examinations (blood tests), depending on your surgeon's recommendations.

To be well prepared for your surgery, you will speak with several members of your care team:

- The pharmacy technician or the pharmacist will meet with you to keep a record of the medications you are taking at home. For this meeting, bring a recent list of your medications provided by your pharmacy.
- The nurse will meet with you to complete your health assessment and specific questionnaires about your lifestyle and health needs. She will review the clinical trajectory and certain sections of the information guide with you.

You may meet other healthcare professionals during your appointment, including:

- An anesthesiologist (you can ask questions about the anesthesia)
- An internist (cardiologist, respirologist, thrombosis clinic, etc.)
- A social worker

Hôpital Montfort's Reception Services will call you at home to schedule your appointment.

My appointment at the Pre-Admission Clinic is on:

If you have questions, call Hôpital Montfort at 613-746-4621, ext. 4919

After your visit to the Pre-Admission Clinic, you will know:

- what type of surgery you're having;
- what you have to do to prepare your home before your surgery;
- that you must not smoke (tobacco or cannabis) or drink alcohol at least 24 hours before your surgery;
- what you have to do on the morning of your surgery;
- when to stop drinking and eating before your surgery, and where to present yourself;
- which medications you must take on the morning of your surgery and which ones you must stop taking before your surgery;
- what to do to prepare your skin before your surgery to prevent infection;
- the type of care you will need after your surgery.

Notify your surgeon's office as soon as possible to report a fever, flu, cold or sore throat, or if you have to cancel or postpone your surgery.

It's possible that the meeting with the pre-admission nurse or one of the above-mentioned health professionals will take place by phone or via telemedicine.

A nephrectomy is an elective surgery (planned in advance). It is therefore your responsibility to organize your return home and your convalescence according to your needs. You may need assistance. Please inform your family and friends, if necessary, to help facilitate your recovery. The surgery

3.1 List of items to bring on the day of your surgery

Pack a bag or small suitcase with the following items:

- This guide (important)
- If you are admitted, toiletries (toothbrush, hairbrush, etc.)
- Loose fitting clothes to wear home
- Comfortable closed shoes/slippers with non-slip soles
- Your reading glasses or items to help pass the time
- Hearing aids, if you wear them
- Your medications, according to the instructions you were given at the Pre-Admission Clinic
- A credit card number if you are admitted and plan to stay overnight and rent a TV
- Your smart devices for entertainment, if needed
- A light snack if you are having day surgery (there are no meals for day-surgery patients)

Hôpital Montfort is not responsible for the breakage, loss or theft of personal effects. It is important not to keep valuable items and large sums of money with you during your stay.

3.2 At home, the day before surgery

- Do not eat anything after midnight. You may only sip water or apple juice, up to 2 hours before the surgery, and up to a maximum of one cup (250 mL).
- Do not chew gum or eat hard candy. Gum and candy can cause the accumulation of 1.5L (6 cups) of liquid in the stomach.
- Do not wear jewellery, contact lenses, nail polish, makeup, perfume or use hairspray or deodorant on the day of your surgery.
- Take out any body piercings, particularly earrings. These objects can cause burns if electrical equipment is used in the operating room. If the piercing is close to the surgical site, it can cause infection.

Médicaments

- If you are diabetic, follow the instructions the nurse gave you during your appointment at the Pre-Admission Clinic.
- Take your usual medication with a sip of water before going to the hospital, unless the nurse, surgeon or anesthesiologist has indicated otherwise.
- If you are asthmatic and you use an inhaler (pump), use it according to your prescription and bring it with you to the hospital.

3.3 The day of the surgery

Please proceed to Operating Room Admitting, room 2A105, at the scheduled time. Be sure to bring your health card.

3.4 In the Pre-Operative Unit , on the day of your surgery

- The Pre-Operative Unit is a large room where patients are prepared for surgery. Curtains separate the beds for patient privacy.
- Before the surgery, you must put on a hospital gown and the nurse will insert an IV.
- If the surgeon recommended a urinary catheter, the nurse will insert it before you leave for the operating room.
- A porter will take you from the Pre-Operative Unit to the operating room.

3.5 During the surgery

- Before going to the operating room, you'll meet with the surgeon, anesthesiologist and operating room nurse.
- The anesthesiologist will assess your health condition and suggest the safest anesthesia for you.
- The anesthesiologist will monitor your comfort during the entire surgery and administer medication through your IV to relax you.
- Some patients receive a general anesthesia, which puts them to sleep for the duration of the surgery.

3.6 In the recovery room after the surgery

- After the surgery, you'll be taken to the recovery room or the Post-Anesthesia Care Unit, where you'll stay for a minimum of 30 minutes.
- The nurse will frequently check your blood pressure, pulse, pain level and the dressing covering the surgical incision.
- You may be wearing an oxygen mask for a brief period after the surgery.
- Don't hesitate to describe what you're feeling. For example, if you're experiencing nausea, pain, discomfort, thirst, dry mouth or itchiness or you're not able to urinate, the nurse can take steps to relieve these symptoms.
- You'll feel drowsy after the surgery, but when

you start to wake up, you'll be asked to breathe deeply and do exercises with your feet and legs. These exercises help prevent complications due to blood clots.

- If you suffer from sleep apnea, you may be kept in the recovery room longer. If you are admitted to hospital, you will be monitored more closely in the care unit for the first night after your surgery. You can discuss this in more detail with your surgeon and anesthesiologist.
- A member of your care team will help you get up for the first time after the surgery, depending on your surgeon's recommendations, to promote blood circulation

3.7 At the care unit after surgery

- A porter will take you from the recovery room to day surgery, if you're returning home the same day, or to your room where you'll stay until you're discharged.
- When you arrive, you'll be given an IV solution to keep you hydrated and to administer medications, such as antibiotics. You'll have a dressing on your abdomen.
- Your nurse will regularly check your pain level and administer medications as needed.

Post-operative care

4.1 General instructions after the surgery

- Avoid activities that require concentration. It will take several hours for you to regain your concentration.
- Eat a light first meal after the surgery.

4.2 Your activities

Your care team and/or loved ones can help you:

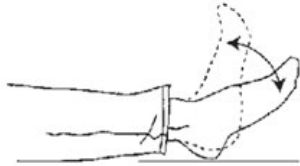
- sit in a chair for all your meals;
- get out of bed, sit in a chair and/or walk frequently and for increasingly longer periods;
- do your breathing exercises;
- do your leg exercises.

Being active after your surgery reduces the risk of blood clots in your legs and lungs. Move frequently and for increasingly long periods.

4.3 Ankle exercises and deep breathing

Ankle exercises

Point your toes toward your head, then toward the foot of the bed. Repeat this exercise 10 times every 2 hours, while you're aware, until you start to walk again.



Deep breathing exercises

Breathe in slowly and deeply through your nose, then breathe out through your mouth, several times.

Breathing exercises are more effective when you do them while sitting in a chair or on the edge of the bed.

- Gently press a small blanket or pillow over your incision.
- Breathe in deeply through your nose. Hold your breath for 5 seconds.
- Breathe out through your mouth.
- Repeat this exercise 10 times every hour while you're awake, until you become more active.

Coughing exercises help to clear secretions that may have accumulated in your lungs. Cough after you have finished 5 repetitions of the breathing exercises. To cough effectively:

- gently press a small blanket or pillow over your incision;
- take a deep breath, then cough.

4.4 Pain control

There are several medications to relieve pain after your surgery. There are also several ways to administer these medications. Before your surgery, your anesthesiologist will explain the choices you have. Together, you will decide on the most appropriate choices for your case. More than one type of medication may be administered. Here are the most common ways of administering pain medications:

Intravenous pain medication

After surgery, pain is often relieved with strong medications (opioids) administered intravenously. You will likely be given a pump to administer your pain medication (analgesia). This pain relief technique is

called "patient-controlled analgesia" (PCA). This pain medication, using a PCA pump, is dispensed through your IV and into your body. With PCA, you control the dose of analgesic and when it is administered. When you feel pain, you can press the button to dispense the medication. You can press it every time you think you need another dose. The pump will beep to indicate that the medication has been dispensed through your IV. The medication takes effect in just a few minutes. You don't have to call the nurse to ask for pain medication to be administered. The pump is designed to prevent any overdose. However, it is very important that you alone (and no one else) presses the button on the pump. Do not let your loved one press the button.

If, for any reason, you are not able to use the pain medication pump, your nurse will administer the pain medication you need. The nurse will ask you if you are in pain and will administer a dose as needed. If you feel pain, call your nurse and ask to have your medication administered.

Aside from this pump, you can also be given oral pain tablets. Pain medication will be administered subcutaneously until you are able to drink and swallow tablets.

Epidural pain medication

An epidural is a small tube (epidural catheter) inserted in your lower back by your anesthesiologist. The pain medication is administered through the tube. This medication generally consists of a local anesthetic and an opioid. The epidural catheter is usually inserted before surgery.

After the procedure, your epidural catheter will be connected to an epidural pump that administers a continuous dose of pain medication. If you are receiving an epidural analgesia, it will be administered during 24 to 48 hours after your surgery.

Oral pain medication

After your surgery, you will receive different types of pain medication, including acetaminophen (Tylenol) to relieve your pain. Each tablet has a different effect on your system and reduces the need to give you large quantities of pain medication, such as opioids. If this medication does not relieve your pain, speak to your nurse. Additional or different medications can be administered.

Pain is an unpleasant sensation and each person feels it differently. Many terms are used to describe pain, such as "sensitive," "uncomfortable" or "painful."

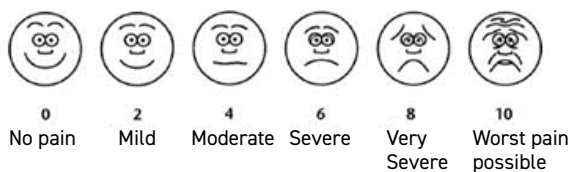
It's important for your pain to be controlled in order to:

- Decrease your stress
- Speed up your recovery
- Facilitate your breathing and coughing
- Make it easier for you to move around
- Improve your sleep
- Help you resume the activities that are important to you

When should pain be relieved?

A pain scale can help you choose the right time to control the pain. Use a scale of 0 to 10 to rate your pain.

You may notice that your pain decreases when you're resting and increases when you start to move. If your pain reaches or exceeds level 4 (moderate pain), or if it prevents you from getting around, you should take something to relieve it.



4.5 Mobilization

Turning in bed;

Bend one knee and then the other. While turning your knees, hold the bar (bordering of the bed) on the same side with both hands, then roll your entire body (the whole body must turn at the same time).
DO NOT TWIST YOUR BODY!

Sitting: use your arms, not your abdominal muscles

Roll onto one side. Slide the bottom leg to the edge of the bed, then the upper leg. Press the upper hand on the bed in front of you. Lift your head and push with your shoulder, your elbow and your hands in order to sit up.

Lying down: use your arms, not your abdominal muscles

Sit as far as possible on the bed. Lie down on your side, using your hands, your elbow and your shoulder in order to control the speed of your movements. Bring the upper leg onto the bed, followed by the lower leg. Then, in one fluid movement, roll into your back, **WITHOUT TWISTING!**

General movements: Avoid straining or stretching to prevent pain

While lying down;

- Raise your arms and lower them in front of you (like a pump)
- Move your arms up and down on both sides (like a bird in flying)
- Slide your heel towards your buttocks, then put it back down. Alternate with the other leg.
DO NOT lift your legs off the bed.

4.6 Wound

If you have laparoscopic surgery, the small incisions will be covered with Steri-Strips as well as a small adhesive bandage. They will fall off on their own. If you had open surgery, a dressing is used to cover the incision. A nurse will remove the dressing after a few days. In both cases, if the incisions are dry (no discharge), you will be able to take a shower.

4.7 Urinary catheter

A urinary catheter is inserted into your bladder during your surgery so that you can urinate without having to go to the bathroom. The nurse will remove the urinary catheter the day after your surgery.

Your catheter must be removed as soon as possible to reduce the risk of bladder infection and so that you can move around more easily.

If you had a ureterectomy, you will go home with the catheter. The nurse will give you instructions on how to care for the catheter.

4.8 Beverages and food

You will be given your first meal on the evening of your surgery.

You can eat as much or as little as you wish. You should not force yourself to eat. Eat only when you're hungry, or when you feel ready. Your loved ones can bring you food if you prefer; consult your care team to make sure that these foods are suitable for your state of health. You can also bring non-perishable foods and eat them when you're hungry.

Always sit in a chair to have your meals, even if you are eating very little.

If you have stomach problems (nausea), or you feel bloated during or after eating, speak to your nurse.

Your return home

5.1 Activities not permitted

- Do not lift objects weighing more than 10 lb or 4.5 kg (a laundry basket or two small grocery bags) for 4 to 6 weeks after your surgery.
- Don't do abdominal exercises, intense aerobic exercises or weight training for 4 to 6 weeks after your surgery.
- Avoid baths, swimming pools, spas and lakes.

5.2 Activities permitted

- When you return home, you should maintain an active lifestyle (walking, looking after your personal hygiene, socializing). Gradually increase your level of activity during the following weeks.
- It's normal to feel tired after your surgery. Listen to your body and take breaks frequently.
- You can resume most of your activities (including sexual relations) based on your surgeon's recommendations.
- You can start driving again after 2 weeks, once you've stopped taking opioid-based medications.
- Your surgeon will tell you when you can go back to work. This will depend on your recovery and the type of work you do.
- You can take showers. There is no need to protect your incision while showering.
- Staples used to close your wound may still be in place when you return home. If this is the case, these staples will be removed at your next appointment with the surgeon.

Ask your family and friends for help with the following activities

- Meal preparation
- Grocery shopping
- Housework
- Laundry

5.3 Signs and symptoms to watch for

Call your surgeon, or go to the nearest Emergency if you notice one of these symptoms:

- Fever (temperature above 38°C or 100.4°F)
- Vomiting, bloating or nausea
- Difficulty urinating
- Redness, swelling, odour, puss or increased pain around your wound
- Abdominal pain not relieved with your medications
- You have not had a bowel movement for 7 days following your surgery

Call 911 if you have the following symptoms:

- Chest pain
- Difficulty breathing

My follow-up appointment is on:

Important

This guide does not replace the advice given to you by your doctor.
Consult your doctor to find out if information presented in this guide does not apply to your situation. The content of this guide was prepared by Vancouver Coastal Health and adapted by Hôpital Montfort

713, chemin Montréal Ottawa (Ontario)
T 613.746.4621 hopitalmontfort.com