West Suffolk NHS
NHS Foundation Trust

PATIENT INFORMATION

Radical removal of the kidney and ureter (termed 'nephroureterectomy'): procedure-specific information

What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

This involves removal of the kidney (and surrounding fat) for suspected cancer of the kidney. The whole ureter is removed either using a telescope or with a separate incision in the lower abdomen

What are the alternatives to this procedure?

Observation alone, radiotherapy, systemic chemotherapy (given into the blood stream), laparoscopic (telescopic or minimally-invasive) surgery

What should I expect before the procedure?

You will usually be admitted the day before your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

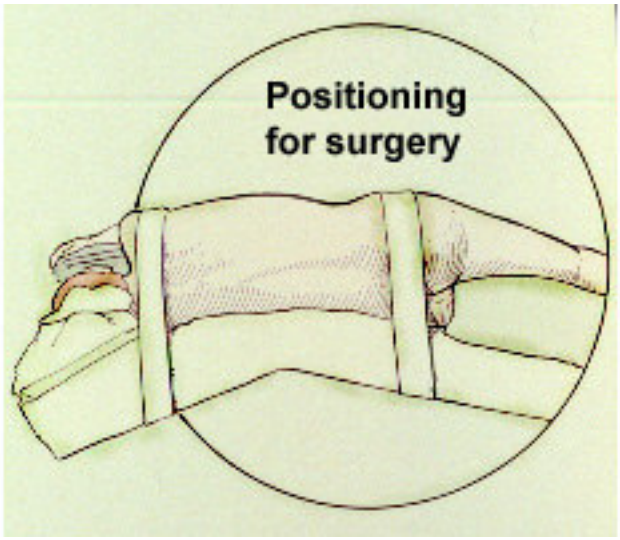
You will be given an injection under the skin of a drug (Clexane), that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens during the procedure?

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.



You will usually be given injectable antibiotics before the procedure, after checking for any allergies

The kidney is usually removed through an incision in your loin although, on occasions, the incision is made in the front of the abdomen or extended into the chest area. You may require a second incision in the lower part of the abdomen to detach the ureter form the bladder; sometimes, this detachment can be performed using a telescope passed into the water pipe (urethra).

A bladder catheter is normally inserted post-operatively, to monitor urine output, and a drainage tube is usually placed through the skin into the bed of the kidney.

Occasionally, it may be necessary to insert a stomach tube through your nose, If the operation was particularly difficult, to prevent distension of your stomach and bowel with air.

What happens immediately after the procedure?

After the operation, you may remain in the Special Recovery area of the operating theatres before returning to the ward; visiting times in these areas are flexible and will depend on when you return from the operating theatre. You will normally have a drip in your arm and, occasionally, a further drip into a larger vein in your neck.

You will be given fluids to drink at an early stage after the operation and light diet within 2-3 days.

We will encourage you to mobilise as early as possible and to take fluids or flood as soon as you are able.

The average hospital stay is 12 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 after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- ☐ Temporary insertion of a bladder catheter and wound drain
- ☐ Recurrence of disease elsewhere in the urinary tract which requires regular telescopic examinations of the bladder for follow-up
- ☐ Bulging of the wound due to damage to the nerves serving the abdominal wall muscles (if a loin approach has been used)

Occasional (between 1 in 10 and 1 in 50)

- ☐ Bleeding requiring further surgery or transfusions
- ☐ Entry into the lung cavity requiring insertion of a temporary drainage tube
- ☐ Need for additional treatment for cancer after surgery
- ☐ Infection, pain or bulging of the incision site requiring further treatment

Rare (less than 1 in 50)

- ☐ Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
- ☐ Involvement or injury to nearby local structures (blood vessels, spleen liver, lung, pancreas and bowel) requiring more extensive surgery
- ☐ The histological abnormality in the kidney may subsequently be shown not to be cancer
- ☐ Persistent urine leakage from the bladder requiring prolonged catheterisation or further surgery

Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included)

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- ☐ MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- ☐ Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

It will be at least 14 days before healing of the wound occurs but it may take up to 6 weeks before you feel fully recovered from the surgery. You may return to work when you are comfortable enough and your GP is satisfied with your progress.

It is advisable that you continue to wear your elasticated stockings for 14 days after you are discharged from hospital.

Many patients have persistent twinges of discomfort in the loin wound which can go on for several months. It is usual for there to be “bulging” in the wound when a loin incision has been used; this is due to the nerves supplying the abdominal muscles being weakened and is not a hernia but it can be helped by strengthening up the muscles of the abdominal wall by exercises..

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

What else should I look out for?

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

Any other post-operative problems should also be reported to your GP, especially If they involve chest symptoms.

After surgery through the loin, the wall of the abdomen around the scar will bulge due to nerve damage. This is not a hernia but can be helped by strengthening up the muscles of the abdominal wall by exercises.

Are there any other important points?

It will be at least 14-21 days before the pathology results on your kidney are available. It is normal practice for the results of all biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

An outpatient appointment will be made for you 4-6 weeks after the operation when we will be able to inform you of the pathology results and give you a plan for follow-up.

Once the results have been discussed, it may be necessary for further treatment but this will be discussed with you by your Consultant or Specialist Nurse.

You will usually need to undergo regular bladder inspections to check that the growth that involved your kidney is not affecting the bladder lining.

Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

Other contacts

Chaplaincy Telephone 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature……..……Date……..…….