

Patient information

Enhanced recovery programme for nephrectomy (kidney removal)

This information leaflet will explain what will happen when you come to the hospital for your operation. The enhanced recovery programme is the way for the clinical team to work with you to help you return to normal living sooner following your operation.

This leaflet will answer some of the questions you may have, but if there is anything you are not sure about then please ask. If you and your family or friends have a good understanding you can all take an active role in your recovery.

What is a nephrectomy?

Your surgeon will have discussed with you at your outpatient appointment the reason why you need to have a nephrectomy (surgical removal of your kidney) and how it will be performed.

Nephrectomy can be performed either by an 'open' operation or using a keyhole, known as laparoscopic technique. We anticipate you will have a laparoscopic operation, but sometimes if there are complications, bleeding or the kidney is very large the open method may be used. The surgery is carried out under a general anaesthetic, you will be asleep and pain medication will be given to you during and after your operation.

How can I make preparations at home?

Before coming in for your operation it may be useful to make a few preparations for your hospital stay and your return home. If you live alone make sure that your newspapers and milk have been cancelled and that any pets will be cared for. Ensure that any family or friends know what is happening and you have their contact numbers. Arrange how you will be getting home from hospital and what food you

may need on your return. You will be given a short supply of medications on your discharge, but make sure you have some paracetamol and indigestion medicine of your choice ready in case you need them.

If you do smoke or drink, use this as an opportunity to stop or cut down. This will help your recovery and reduce the risks of complications following surgery. We are able to offer a referral to Smoking Cessation (Live Well Suffolk) to help you with this.

What do I need to bring into hospital?

It is important that you bring all of your usual medication in its original boxes with you. Please bring a night dress or pyjamas, a dressing gown and a change of comfortable daytime clothes and all of your toiletries that you may need. Footwear should include your slippers, but it would be helpful to bring a pair of comfortable daytime shoes or trainers so that you feel safe when you are first up and walking around.

You may wish to bring a box of tissues, something to read and a bottle of squash. Please do not bring any valuables or large amounts of money into hospital with you; it is preferable for them to be taken home by a friend or relative.

What happens on the day of my operation?

The letter from the Waiting List Office will give you the date, time and ward you will be admitted to. A nurse will escort you to your bed and check information with you, including date of birth and next of kin contact details. The nurse will put an identity bracelet on your wrist which will stay on whilst you are an inpatient.

What will I be able to eat and drink before my operation?

A healthy, varied diet is recommended as it plays a vital role in the recovery and healing process. You may eat a normal evening meal the night before your operation but not breakfast the morning of the operation. It is important to drink plenty of water up until 2 hours before your operation and you should drink the carbohydrate 'pre-load' drink that you were given by the pre-assessment nurses at the time you stop drinking, usually about 6.30 am. If you are unsure, please check with the nursing staff on the ward.

What happens on the morning of my operation?

The consultant anaesthetist and consultant surgeon will visit you on the ward. They

will answer any questions that you may have about the operation and the method of pain relief.

You will be helped into your hospital gown and anti-clot socks and then asked to remove any make up, jewellery (except wedding rings), dentures and contact lenses.

Where do I go next?

From the ward, you will be taken to the anaesthetic room. This is where the drip lines are inserted into your arm and you are connected to the monitoring equipment. When all this equipment is connected and you are ready for surgery the Consultant Anaesthetist will give you medication to send you to sleep.

Where will I wake up?

You will wake up in the recovery room where you will be cared for until you are fully awake and any pain and sickness has been managed. The anaesthetist may give you an injection into your spine whilst you are asleep to help with pain and you will have a pain relief pump (patient controlled analgesia – PCA) attached to the drip in your arm. This will allow you to give yourself pain medication when you need it, but please tell the nurses if this does not help.

Until you are fully awake and whilst the pain relief pump is in use, you will need some extra oxygen to help you breathe. You will be monitored closely, a tube will have been fitted into your bladder (urinary catheter) during the operation and any urine you make will be measured at regular intervals.

You may start drinking if you feel thirsty and will return to the ward when fully awake. You may be away from the ward for several hours which is quite normal.

How do I start to help my recovery?

When you return to your ward it is important to keep your pain controlled and you should let the nurses know if you have pain. If you are comfortable, breathing exercises and moving around will be much easier.

It is important that you start deep breathing exercises as soon as you can. This is to expand your lungs and help clear any secretions or phlegm which you may have on your chest. Doing these exercises will help prevent you developing a chest infection.

Breathe in deeply through your nose and out through your mouth three times

Relax your breathing for one minute

Breathe in deeply through your nose and out through your mouth three times

Relax your breathing for one minute

Now huff. To do this, take in a breath and “huff” the air out with your mouth open (as if steaming up a mirror)

With your wound still supported with a towel, cough strongly

It is important to keep moving in bed to help keep your circulation going and to help prevent any clots in your veins. Repeat these exercises once hourly.

Wiggle your toes

Point your toes to the ceiling and then point them away from you

Push your knees down into the bed and tighten the thigh muscle

Squeeze your buttocks together

The staff will help you out of bed about six hours after your operation. You will spend two hours out of bed on the day of surgery and then at least eight hours out of bed each subsequent day. You will be encouraged to walk about 60 metres / 60 yards 4 - 6 times a day, starting the day after surgery. By being out of bed in a more upright position and by walking regularly, lung function is improved and there is less chance of developing a chest infection.

It is important that you eat as soon as you are able to after your surgery. Try to include at least 5-6 cups of fluid after your surgery and approximately 10 cups of fluid the day after your surgery onwards. You will be provided with 2 protein drinks per day to supplement your food, please ask for these when you feel well enough. Your fluid drip will be removed after 24 - 48 hours, so it is important to drink.

What else will happen?

While you are in hospital you will be given tiny injections of a drug called Tinzaparin. This is to help prevent blood clots. You will have one of these each day and they

will continue at home for 28 days from your surgery. You may be able to give these yourself or have a friend or relative give it for you.

The PCA pump will usually be removed after 24-48 hours and you will be given liquid or tablet pain relief in its place. The urinary catheter will also be removed the day after your operation and you will pass urine normally.

When will I go home?

We hope that the enhanced recovery programme will enable you to go home within 2-4 days of your operation. By the day of going home you will be eating and drinking normally and be walking about on your own. You will be given your tablets back, in addition you will also be given pain killing medication. You should take this regularly and start to reduce the strongest pain killer (either oral morphine or oxycodone) first when you are able to cough and deep breathe without significant discomfort. You should continue regular Paracetamol until most activities are pain free.

What happens when I go home?

It is important to continue with the enhanced recovery programme when you get home.

Tinzaparin injections

You will need to continue with the Tinzaparin injections at home for 28 days following your surgery. The nursing staff will ensure that you are confident about how these are given and how to dispose of the used injections. They will also give you a blood test form to get a blood test done 7 days following your surgery at your GP practice. This is to check the injections are working correctly.

Diet

A healthy, varied diet is recommended. Make sure you eat regular meals three or more times a day. Eat a healthy diet with plenty of fluids. Fruit and vegetables will encourage your bowels to return to normal following your operation.

Exercise

Activity is encouraged from day one following your surgery. You should take regular exercise several times a day. Gradually increase your exercise during the four weeks following your operation until you are back to your normal level of activity. Do not undertake heavy lifting until six weeks following your surgery. If you are planning to jog or swim, wait until two weeks after your surgery and then start gradually. Common sense will guide your exercise and rehabilitation. If your wound is uncomfortable, go easy with your exercise. Once your wound is pain free, you can undertake most activities.

Work

Many people are able to return to work 2-4 weeks following their surgery. If your work involves heavy, manual labour, do not return to work until six weeks following your surgery.

Driving

Do not drive until you are confident that you can drive safely to perform an emergency stop without hesitation and it is comfortable to wear a seatbelt. It is best to check with your insurance company before you start driving again.

Hobbies / activities

In general, you can take up your hobbies and activities as soon as possible after your surgery. This will benefit your rehabilitation. However, do not do anything that causes significant pain or involves heavy lifting for the six weeks following your surgery.

Sexual intercourse may be resumed 3 - 4 weeks following your operation.

Your wound

If the wounds are **red** and feel **hot** to touch or are **leaking fluid or very painful** please **visit your GP or telephone your GP's surgery** and ask for your district nurse to do a home visit, as these are signs of a wound **infection** and may need treating with antibiotics.

Once you start passing urine normally, if you have a **burning/stinging** sensation or

notice an **offensive smell** you will need to **visit your GP** as these are often signs of an **infection** in your urine and you may need antibiotic treatment.

Hospital follow up

2 - 3 days after going home you should expect a telephone call from the Uro-Oncology Nurse Specialist who will assess how well you are recovering.

You will be sent an Outpatients appointment with the Consultant Surgeon for 3-4 weeks following your operation to discuss any results from tests on the kidney and to check your recovery.

Useful numbers

Ward F5	01284 713262 / 713263
Uro-Oncology Nurse Specialist	01284 712735
Consultants secretary	01284 713160

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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