

Nephrectomy and Post-Surgical Home Care

Throughout your treatment, you will follow a specific plan of care. The following information provides an overview of your care path. Although this material covers standard procedures, each patient receives individualized care. Please talk with your health care team if you have any questions.

About Your Surgery

Your doctor recommends that you have your kidney removed. This surgery is called a nephrectomy. The kidney is a bean-shaped organ located just below your waist on each side of your spine. See Figure 1. The kidneys help to remove waste products from the body and produce urine.

A partial nephrectomy involves removing a portion of your kidney. In a partial nephrectomy, only the tumor on the affected kidney is removed. A radical nephrectomy removes the kidney and possibly the adrenal gland, any lymph nodes that are close to the kidney and some surrounding tissue. The adrenal gland is an orange-colored endocrine gland located on top of each kidney that produces hormones to maintain normal metabolism. Lymph nodes are small, bean-shaped organs of the immune system linked by lymphatic vessels throughout the body. Lymph nodes make and store many different immune cells.

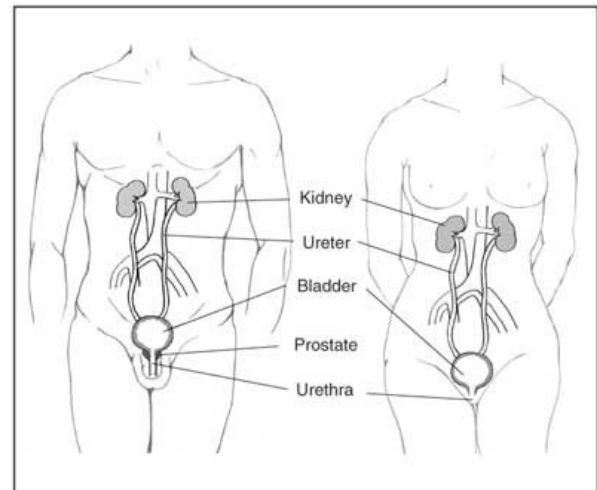


Figure 1

Kidneys and nearby organs

Image: National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health.

Your doctor will discuss your particular case with you. After surgery, your remaining kidney should be able to perform the work of both kidneys.

Your kidney will be removed through an incision down the middle of your abdomen or across the abdomen or the flank. Your doctor will discuss with you the best location for the incision.

Your Health Care Team

Many different health care specialists will take care of you during your treatment. Your team may include several doctors and nurses, your care partner and others. Depending upon your health history, your doctor may request that you meet with staff from other services such as cardiology (heart), internal medicine and anesthesia.

Preparing for Surgery Diagnostic Tests

You may have the following tests before surgery:

- **Computerized Tomography (CT) scan** – a test used to detect the spread of cancer in the abdomen and pelvis.
- **Magnetic Resonance Imaging (MRI)** – a procedure similar to a CT scan that uses electromagnets, radio frequency waves and a computer to create pictures of internal organs.
- **Chest x-ray** (if you are 60 years or older) – low doses of high-energy radiation used to diagnose diseases.
- **Electrocardiogram (EKG)** (if you are over 40 years old) – a test taken to record electrical activity in the heart.
- **Chemistry Profile** – a test to measure the amounts of essential elements such as calcium and potassium in your blood.
- **Complete Blood Cell Count (CBC)** – a test that measures how many red blood cells, white blood cells, and platelets are in a sample of your blood.

Medicines



Medications that cause your blood to thin or clot slowly will need to be stopped before surgery. The plan for stopping aspirin, aspirin products and blood thinners will be discussed with you and approval obtained from your prescribing doctor. Baby aspirin (81mg) taken for “general good health” should be stopped seven days before your surgery unless your physician otherwise

directs you. Also, be sure to tell your doctor and anesthesiologist about all other drugs you are taking, including over-the-counter medicines, vitamins, and herbs.

Pre-Surgery Diet

For several weeks prior to surgery, eat high-protein and high carbohydrate meals. Examples include egg products, yogurt, cottage cheese, protein bars and protein breakfast drinks. Also review the ERAS Strong Start/Strong Finish documents.

Your doctor may require that you stay on a clear liquid diet for 24 hours before surgery. The nurse can give you a copy of a clear liquid diet if necessary. You can continue to drink clear liquids up until 2 hours before arriving to the hospital. You can brush your teeth and rinse with mouthwash, but avoid swallowing any water and mouthwash. This is necessary because while you are under anesthesia, you could vomit and then inhale into your lungs anything that is still in your stomach.

Smoking

If you smoke, stop smoking in order to ensure a safer and faster recovery. At the very least, **do not** smoke after midnight on the night before your surgery. Programs are available to help you and/or your loved ones to stop smoking. For more information, ask your doctor or nurse.

Surgical Site

Following surgery, your nurses will regularly check the dressing over your surgical incisions. Most incisions are closed with glue. In some cases, Staples or sutures will hold your incision together. If there is any fluid from your drainage tubes, this will be measured.

Home and Follow-up Care

Activity

Moving about as soon as you are able to after surgery has multiple benefits and is one of the most important things you can do. Being active helps to decrease constipation, pain and the risk of developing blood clots, bed sores and infections. Early activity will also help prevent total body weakness. Follow the guidelines below.

- Avoid strenuous activities. Do not lift anything weighing more than 10 pounds for 4 weeks after surgery.
- **Do not** drive a car for at least 3 weeks.

- After 4 weeks you may gradually increase your activity level. Use good judgment, common sense and listen to your body. Avoid driving if you are taking opioid pain medicine or have distracting discomfort.
- Try to walk every day and slowly increase the distance. You may walk up steps
- Avoid lifting anything heavier than 5 to 10 pounds (2.25 to 4.5 kg) for six weeks after surgery

Incision Care

About one week after surgery, if steri strips were used, they will gradually fall off and do not need to be replaced. Steri strips are special pieces of tape used to support your incision while it is healing. Surgical glue will also come off gradually with showering.

You may take showers only. Do not take a bath, swim in a pool or sit in a hot tub until six weeks after your surgery.

As you take a shower, gently clean the incision with soap and water, rinse and gently pat dry. The edges of your incision may be slightly red. If the redness extends beyond the incision line, or if you see fluid coming from the incision, call your doctor. If you are sent home with a drain, the nursing team will teach you how to care for the drain. You will be asked to report your drain output amounts

Be sure to inspect your incision site daily, and report any of the following signs and symptoms to your doctor:

- Abdominal swelling or cramping
- Irregular bowel movements
- Increased redness or swelling in incision
- Separation of the skin
- Increased drainage containing pus
- A bad odor
- Increased pain or tenderness
- Temperature of 100.5° F or higher
- Nausea or vomiting
- Dark, foul-smelling or bloody urine
- Decrease in urine
- Flank pain (The flank is the fleshy part of the back on the side between the ribs and the hip.)
- Leg pain (**do not** massage calves)

Bowel Management

- Constipation after surgery is very common and will worsen, especially when taking opioid pain medicine. Constipation is the slow or difficult passing of hard, dry stool.
- You will receive a prescription for a stool softener. This is available over-the-counter without a prescription.
 - Take the medicine 2 to 3 times a day while you are on pain medicine or until your bowel function returns to normal.

Some patients need to take something in addition to the stool softener. If needed, these may be effective: prune juice; laxatives such as milk of magnesia or Miralax[®]; or stool softeners with senna



Do not drive until you have stopped taking pain medicine and have had at least two weeks to recover from surgery. Riding in a car after surgery is okay. However, during long rides, stop every two hours and take a short walk.

Pain Medicine and Other Medicine

- You may be discharged from the hospital with a prescription for pain medicine. Take this as directed. The medicine may make you drowsy. Do not take pain medicine while doing other activities that involve coordination. **Do not** drink alcohol while taking prescription drugs.
- For minor pain, you may substitute Tylenol[®] or Extra Strength Tylenol. Follow the package directions

Sexual Activity

You may resume sexual activity when your doctor determines that you have completely healed.

Follow-up Care

Most patients return to the clinic in one week for the first checkup. You will be given an appointment for this visit. Your pathology results will be discussed at this appointment.

Other follow-up visits will be scheduled every three months for the first year and then every six months after that, unless you receive different instructions from your doctor. Scans and blood work are usually arranged prior to these follow up visits.

Return to Work

Use your best judgement. If your work primarily requires you to sit most of the day, you may return to work when comfortable after the initial restriction phase. If you perform strenuous activity, you may need to wait 4 to 6 weeks to return to work. This depends on your type of surgery and the type of work you do.

Emergency Center

In case of any emergency, call 911 or go to the nearest emergency center. *For non-emergencies during business hours, call our triage line at 904-202-7300 option 3*

Resources

American Cancer Society

800-227-2345

www.cancer.org

The American Cancer Society (ACS) is a voluntary national health organization with local offices around the country. The ACS supports research, provides information about cancer, and offers many programs and services to patients and their families.

Cancer Information Service

800-422-6237

<http://cis.nci.nih.gov>

The Cancer Information Service (CIS) is a program of the National Cancer Institute (NCI). People who call the [CIS speak with highly trained and caring information](http://cis.nci.nih.gov) specialists who can answer questions about cancer screening tests, risks, symptoms, how cancer is diagnosed, the latest treatments and support organizations.

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