

## Nephrectomy Surgery Guide

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## **Healthcare Team**

Many different health care specialists will care for you. Your team may include several doctors and nurses, your care partner and others.

## **Emergency**

In case of an emergency, call 911, or go to the nearest emergency center.

## **About Your Surgery**

Your doctor recommends that you have your kidney, or a portion of your kidney removed because of a tumor. This type of surgery is called a nephrectomy.

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

## **Preparing for Surgery**

### **Consultations**

Depending upon your test results and your general health, your doctor may request that you meet with staff from other services such as cardiology (heart), internal medicine and anesthesia.

### **Teaching**

You and your care partner will learn how to prepare for your procedure and how to care for yourself afterward.

## Medicines



Stop taking blood thinners (such as Coumadin<sup>®</sup>, Eliquis<sup>®</sup> and Plavix<sup>®</sup>) **5 days** before your surgery unless otherwise instructed.

If you are already taking baby aspirin, have coronary artery disease or have cardiac stents, you may continue baby aspirin (81mg) until the day before surgery. Tell your doctor and anesthesiologist about all other drugs you take, including over-the-counter medicines, vitamins and herbal supplements. Ask your care team for specific instructions.

## About Anesthesia

You will meet with a doctor who specializes in anesthesia (an anesthesiologist) before surgery at PACE. This doctor will talk to you about general anesthesia. General anesthesia is a drug-induced state that will affect your entire body causing you to sleep during surgery. You may receive anesthesia medicine by inhaling it through a mask or tube, and you may receive it through a vein.

Your anesthesiologist may allow you to take your regular medicines with a sip of water on your surgery day. If you have questions about which medicines to take, ask your anesthesia team during your PACE appointment.

## Day Before Surgery

- Eat high-protein and high-carbohydrate meals. Examples include egg products, yogurt, cottage cheese, protein bars and protein breakfast drinks, etc.
- You may supplement your diet with Gatorade G2<sup>®</sup>, Ensure Clear<sup>®</sup> and apple or grape juice.
- For 8 hours before your surgery arrival time or after midnight, **do not eat solid** food.
- Until 2 hours before your arrival time, you may have **clear liquids only**. These include water, black coffee (nothing in it) and apple juice. All clear liquid must be finished by this time. Do not drink alcohol.



- **Shower twice and scrub your abdomen, inside your belly button, genital area and groins with soap.**
- Brush your teeth and rinse your mouth before arriving for surgery. Do not swallow water or mouthwash.

## Packing

Bring these items with you to the hospital.

- This educational material
- Basic toiletries, such as comb, toothbrush and toothpaste
- Slippers and robe that you don't mind if they get stained
- Loose, comfortable clothing to wear when you go home
- If you use a CPAP machine, please bring it with you to the hospital

**Do not** bring credit cards, money or jewelry. If you bring valuables, ask family or friends to keep them until you return to your hospital room after surgery. The hospital is not responsible for lost or stolen items.

### **Skin Prep**

Before your procedure, a portion of your skin will be cleaned. You may wash off the skin cleanser the day after surgery when your inpatient team approves.

## **Self-Care After Surgery**

### **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.

### **At the Hospital**

- Walk out of your room every day. As a goal, we encourage 5 to 7 walks daily. If you are unsteady or need a walker or cane, we will contact a physical therapist.
- Spend most of the day sitting in the chair. We encourage 6 to 8 hours daily as a goal.
- Take a nap when you are tired.

### **At Home**

- 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.
- You may shower and wash your hair 24 hours after surgery. Do not soak in a bath tub until your incisions have healed.
- Follow these measures to help lower the risk of a blood clot, a serious and sometimes fatal complication.
  - If your travel home is greater than 2 hours, stop and walk for 10 to 15 minutes every 2 hours.
  - Every 15 minutes, move your feet up and down to exercise the calf muscle.
  - Unless you have been told not to, take a baby aspirin (81mg) once a day before traveling.

### **Breathing Exercise**

Part of your recovery is to maintain good lung function. Your nurse will teach you how to do the breathing exercise using the incentive spirometer device. See Figures 1 and 2 on page 5. The purpose of the deep breathing exercise is to expand your lungs regularly and prevent breathing complications, such as pneumonia after surgery. The exercise will stimulate a cough which is normal and good for healthy lung function.

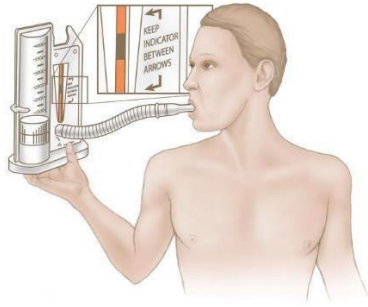


Figure 1  
Place lips around mouthpiece  
©MD Anderson Cancer Center

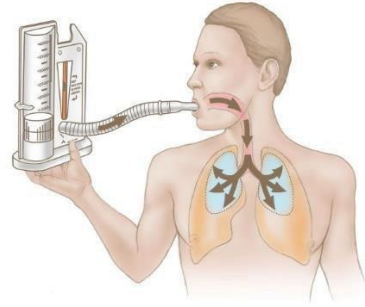


Figure 2  
Breathe in slowly  
©MD Anderson Cancer Center

## Diet and Fluids

Any abdominal surgery can trigger an ileus. An ileus happens when the normal forward motion of the digestive track slows down. It is a common side effect after abdominal surgery. Follow the guidelines below to help prevent an ileus.

- Start with a gentle diet. These foods include eggs, skinless chicken, tofu, cottage cheese, cereal, fruit and gelatin. For several days after surgery, it is best to eat small frequent meals instead of 3 big meals.
- When eating, take small, frequent bites. This method of eating will help your bowels return to normal at a more manageable pace. After you can eat without having nausea or vomiting, you can slowly return to regular food.
- For 7 days after surgery, avoid spicy foods.
- Opioid (narcotic) pain medicine slows down the digestive track and can worsen an ileus. Use only the amount of pain medicine that will allow you to walk and for pain to be tolerable.
- Chewing gum soon after surgery may help prevent an ileus.
- **Do not** drink alcohol while taking pain medicine.
- Drink plenty of fluids each day, enough to keep your urine clear to light yellow in color. Do not drink carbonated beverages until your bowel function returns to normal.

## 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<sup>®</sup>; or stool softeners with senna. You may take these medicines as needed.
  - Make sure to take stool softeners or laxatives at the **first sign of constipation**. Preventing constipation is key.
- Loose stools right after surgery are common and quickly improve. Stool softeners can also cause loose stools; stop taking them if this happens. However, if you develop persistent or

bloody diarrhea, stop taking antibiotics that you may be on. Contact your doctor as soon as possible.

### **Pain Medicine and Other Medicine**

- Your surgeon may treat your incision with a long-acting local pain medicine before you wake up. While in the hospital, you will have access to additional pain medicine if needed by IV and by mouth.
- You will 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<sup>®</sup> or Extra Strength Tylenol. Follow the package directions.
- You will receive instructions on when to restart anti-platelet medicine (Plavix<sup>®</sup>, Eliquis<sup>®</sup>, etc.).
- You may be discharged from the hospital with blood thinning medicine depending on your risk for developing blood clots. Your treatment team will decide this on. Blood thinners can lower your risk of developing blood clots, a serious and sometimes fatal complication.

### **Dressing, Drains and Wound Care**

- Your incision sites do not require a special type of dressing. You may remove the band aids. Leave the steri-strips in place until they fall off.
- If you have a drain site, allow it to close before immersing yourself in water or taking baths. Otherwise you may resume showering 24 hours after surgery. Pat the incision site gently to dry.
- 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.
- Signs of infection - Call the clinic if any of these occur:
  - You have a temperature of 101.4° F or greater.
  - You have redness, swelling, warmth or excessive drainage or pus.
  - There is a foul smell near the incision site.
- Staples – If you are discharged from the hospital with staples, you will need to return to have them removed. You will receive a date for the appointment which is usually 2 to 3 weeks after surgery. If you live far from Houston and pending your doctor's approval, you may have your local doctor remove the staples.
- For men, pain in the testicle (on the same side as the kidney surgery) is very common after this surgery and is usually not a cause for concern. Wear underwear which provides comfort, either loose or tight. You may have to try both to find which works best for you.

### **Hospital Stay and Discharge**

Your treatment team will review your progress to help determine your discharge date. They will use the milestones below as a guide to determine when you can safely leave the hospital.

- Stable vital signs and blood tests
- Return of bowel function. You must pass gas, as this is usually the first sign and most reliable sign that an ileus is improving. A bowel movement may not happen until later. Patients are often discharged before having a bowel movement.
- Tolerating a regular diet
- Pain controlled with pain pills



## Warning Signs

Go to the nearest hospital emergency room if you have any of these symptoms:

- Heart palpitations
- Dizziness
- Shortness of breath or difficulty breathing
- Severe pain and/or swelling in one or both legs
- Persistent or bloody diarrhea (stop any antibiotics and call your doctor's office)
- Fever greater than 100.4°F

## 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. Refer to the “Activity” section on page 4. 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.

## Insurance and Disability Paperwork

- Short term disability and FMLA forms will be completed only **once**. It is best to bring in the paperwork **at least 2 weeks** before your surgery. **Do not bring in forms at the last minute.**
- **We will not fill out permanent disability forms.**
- Turnaround time is at least 2 weeks.
- To facilitate the turnaround time, please complete all information that you know ahead of time, such as names, addresses, dates, etc.
- Disability and FMLA time off is 4 to 6 weeks for open nephrectomy surgery.

## Follow-up Care

- Your first follow-up appointment will be 4 to 6 weeks after surgery. Your doctor will review any test results with you and discuss your care plan moving forward.

Talk with your treatment team if you have questions about this information.

**Self-Care Review – fill in the blanks:**

1. Drink at least \_\_\_\_\_ ounce glasses of water a day.
2. Do not lift anything heavier than \_\_\_\_\_ pounds for \_\_\_\_\_ weeks after surgery.
3. Staples to be removed by your local physician in \_\_\_\_\_ weeks.

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## Patient Acknowledgement

Please print clearly.

I \_\_\_\_\_ (name) have received this educational material and will refer to this handout when needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Place label here

