

Radical Nephrectomy

This is a procedure carried out in an effort to cure kidney cancer. The entire kidney is removed as opposed to a partial nephrectomy.

Procedure

The operation is carried out under general anaesthetic at Grace Hospital. You will be admitted on the morning of the surgery. It is important you have nothing to eat or drink for at least six hours prior to your operation. The anaesthetist may place an epidural catheter into your back which helps with post-operative pain relief prior to putting you to sleep.

The procedure itself is performed through a flank incision based on either the 11th or 12th rib. Occasionally, if the tumour is very large an incision is made through the chest cavity. The kidney is mobilised and the blood vessels and ureter are ligated prior to its removal. The wound is then closed with absorbable sutures. A drain is not usually required.

The operation takes around 2 hours and the usual hospital stay is about 5 days. A urinary catheter is usually required for the first few days and this will be put in when you are asleep.

Post procedure

With modern pain relief most patients feel pretty good and are able to receive visitors within about three hours of the operation finishing. Because of the risk of nausea you will only be able to have oral fluids on the day of surgery, the following day if you feel all right you can eat as normal. You will be encouraged to get out of bed on the first post-operative day, don't be surprised if you feel a little woozy initially. A subcutaneous anticlotting injection will be used until you are mobilising. This is to prevent blood clots forming in your legs and lungs.

Results

We usually have the cancer results within 7 to 10 days after the procedure. We realise that this can be quite an anxious time and as soon as we get the results we will phone you and let you know what they are. We usually like to see you back in the rooms about 6 weeks following the procedure.

Risks and Complications

All surgical procedures are associated with some risk. General risks include that of wound infection, blood clot formation and pneumonia but in practice these are rare. The specific risks relating to radical nephrectomy are outlined below.

Intraoperative complications:

The main potential intraoperative complication is the risk of significant blood loss requiring a blood transfusion. The average blood loss of this procedure over the last 10 years is around 500ml and it is very rare (<1%), to have to transfuse anyone. Having said that, if you need it you will get it!

The kidney sits high up underneath the rib cage and it is quite common to enter the chest cavity when approaching the kidney. The chest cavity is closed and there are usually no consequences of this. Very occasionally a patient will need a drain from the chest cavity for 2 or 3 days.

The kidney sits very close to other organs which include the spleen, pancreas and large bowel on the

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