Urology department

Simple removal of the kidney

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 urologist or nurse specialist as well as the surgical team at Addenbrooke’s. 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 the removal of a kidney via a cut in the loin or abdomen. The term ‘simple’ refers to the fact that the operation is being performed for a reason other than cancer, for example kidney stones or because your kidney is not working anymore. The procedure is not always easy or simple and may be quite difficult.

What are the alternatives to this procedure?
Observation, telescopic (or minimally invasive) approach.

What should I expect before the procedure?
You will usually be admitted on the day of your surgery. You will normally undergo pre-assessment on the day of your clinic or an appointment for pre-assessment will be made from clinic, 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 surgical team which may include the consultant, junior urology doctors and your named nurse.

You will be asked not to eat or drink for six 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.

Please be sure to inform your urologist in advance of your surgery if you have any of the following:
**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. 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, if the operation was particularly difficult, to prevent distension of your stomach with air.

**What happens immediately after the procedure?**

You will be mobilised as soon as possible after the operation to prevent deep vein thrombosis. You will be given an injection under the skin of a drug (Dalteparin), which, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins. Physiotherapy will also be provided to help you mobilise and to aid your breathing and coughing.
The drainage tube is removed once drainage from the renal bed has ceased, usually after three to four days. The catheter will be removed from your bladder when you are mobile enough to get to the toilet to pass urine.

If you have a stomach tube, you will only be allowed small sips of water or ice to suck initially. This will be gradually increased when your bowel starts functioning again and the stomach tube can be removed. Food is only introduced once your bowel is functioning normally.

The average hospital stay is seven 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 one in 10)**
- Temporary insertion of a bladder catheter and wound drain
- Bulging of the wound due to damage to the nerves serving the abdominal wall muscles

**Occasional (between one in 10 and one in 50)**
- Bleeding requiring further surgery or transfusions
- Entry into the lung cavity requiring insertion of a temporary drainage tube
- Need for further therapy depending on diagnosis
- Tingling or numbness due to nerve entrapment just below and in front of the scar

**Rare (less than one in 50)**
- Involvement or injury to nearby local structures – blood vessels, spleen, liver, lung, pancreas and bowel, requiring more extensive surgery
- Infection, pain or hernia of the incision requiring further treatment
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)

**Hospital-acquired infection (overall risk for Addenbrooke’s)**
- Colonisation with MRSA (0.01%, two in 15,500)
- Clostridium difficile bowel infection (0.02%; three in 15,500)
- MRSA bloodstream infection (0.00%; 0 in 15,000)

(These rates may be greater in high risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

**What should I expect when I get home?**

When you leave hospital, you will be given a 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.

It will be at least 14 days before healing of the skin wound occurs but it may take up to six 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.

Patients have persistent twinges of discomfort in the loin wound which can go on for several months. After removal of the kidney 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.

**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.

**Are there any other important points?**

A follow up outpatient appointment will normally be arranged for you six to 12 weeks after the operation. At this time, we will be able to inform you of the results of pathology tests on the removed kidney.

After removal of one kidney, there is no need for any dietary or fluid restrictions since your remaining kidney can handle fluids and waste products with no difficulty.

**Driving after surgery**

It is your responsibility to ensure that you are fit to drive following your surgery.

You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

**Privacy & dignity**

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is required.

**Hair removal before an operation**

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team may need to remove hair to allow them to see or reach your skin. If the healthcare team consider it is important to remove the hair, they will do this by using an electric hair clipper, with a single-use disposable head, on
the day of the surgery. Please do not shave the hair yourself, or use a razor for hair removal, as this can increase the risk of infection to the site of the operation. If you have any questions, please ask the healthcare team who will be happy to discuss this with you.

References
NICE clinical guideline No 74: Surgical site infection (October 2008);
Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

Is there any research being carried out in this field at Addenbrooke’s Hospital?
Yes. As part of your operation, various specimens of tissue will be sent to the pathology department so that we can find out details of the disease and whether it has affected other areas. This information sheet has already described to you what tissue will be removed.

We would also like your agreement to carry out research on that tissue which will be left over when the pathologist has finished making a full diagnosis. Normally, this tissue is disposed of or simply stored. What we would like to do is to store samples of the tissue, both frozen and after it has been processed. Please note that we are not asking you to provide any tissue apart from that which would normally be removed during the operation.

We are carrying out a series of research projects which involve studying the genes and proteins produced by normal and diseased tissues. The reason for doing this is to try to discover differences between diseased and normal tissue to help develop new tests or treatments that might benefit future generations. This research is being carried out here in Cambridge but we sometimes work with other universities or with industry to move our research forwards more quickly than it would if we did everything here.

The consent form you will sign from the hospital allows you to indicate whether you are prepared to provide this tissue. If you would like any further information, please ask the ward to contact your consultant.

Who can I contact for more help or information?

Oncology nurses
Uro-oncology nurse specialist
01223 586748

Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)
01223 274608

Prostate cancer nurse practitioner
01223 274608 or 216897 or bleep 154-548

Surgical care practitioner
01223 348590 or 256157 or bleep 154-351

Non-oncology nurses
Urology nurse practitioner (incontinence, urodynamics, catheter patients)
What should I do with this leaflet?

Thank you for taking the trouble to read this patient information leaflet. 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 leaflet to be filed in your hospital records for future reference, please let your urologist or specialist nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this patient information leaflet and I accept the information it provides.

Signature……………………………….……………Date……………………………. 
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team:
patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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