

HALTON UROLOGY

Dr. Kevin G. Kwan, BSc (Hons), MD, FRCS(C)
Minimally Invasive Surgery and General Urology

Assistant Clinical Professor
Division of Urology, Department of Surgery
McMaster University

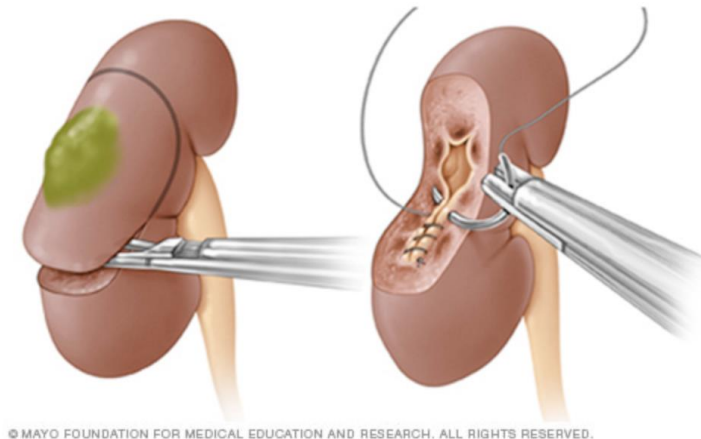
Chief of Surgery, Milton District Hospital

Georgetown Hospital • Milton District Hospital • Oakville Trafalgar Memorial Hospital

Suite 205 - 311 Commercial Street • Milton • Ontario • L9T 3Z9 • Tel: (905) 875-3920 • Fax: (905) 875-4340
Email: office@haltonurology.com • Web: www.haltonurology.com

Discharge Instructions for a Laparoscopic Partial Nephrectomy

A laparoscopic partial nephrectomy provides patients with a safe and effective way to remove a small renal tumor, while preserving the remainder of the kidney. This is a minimally invasive technique, which provides patients with less discomfort and equivalent results when compared to the traditional open surgery.



When compared to the conventional open surgical technique, a laparoscopic partial nephrectomy results in significantly less post-operative pain, a shorter hospital stay, earlier return to work and daily activities, a more favorable cosmetic result and outcomes that appear to be identical to that of open surgery. Partial nephrectomy has become a standard procedure for select patients with renal cell carcinoma (especially <4cm and peripherally located tumors). The results of partial nephrectomy are less optimal in patients with larger sized renal cell masses.

Activity: Taking walks are advised. Prolonged sitting or lying in bed should be avoided. Climbing stairs is possible but should be taken slowly. Avoid heavy lifting (greater than 20 pounds) or exercising (jogging, swimming, treadmill, biking) for six weeks or until I have instructed that you can resume these activities. Most patients return to full activity at home on an average of 3 weeks after surgery. You can expect to return to work in approximately 4 weeks.

Bathing/showering: Please shower daily. Take all bandages off before showering. Baths should be avoided. The wound should heal satisfactorily with the staples serving to hold the skin edges together and they will be removed 7-10 days after your surgery unless otherwise indicated. Many patients develop some drainage from the wound once they go home; this is normal. Keep the wound clean daily with soap and water to minimize the risk of a wound infection.

Bowel Movements and Constipation: If you become constipated, there are alternatives to consider. Increase the fiber in your diet and your daily water intake. You can drink prune juice or orange juice. You can also take an over the counter laxative of your choice. Colace will be prescribed when you are discharged.

Blood in the urine/Hematuria: You may have some blood in the urine after surgery depending on how deep or large the resection was. It should typically resolve within a few days. If it does not resolve or restarts while you are at home, please notify your surgeon.

Diet: A well balanced diet is encouraged to promote healing and good bowel function. Return to your normal fluid intake. You may consider a no added salt diet and avoid high protein diets as both can cause potential damage to your remaining kidney. It is best to discuss methods and guidelines to protect your remaining kidney with your primary care physician after fully recovering from surgery.

Driving: Driving should be avoided for at least 1-2 weeks after surgery until you are not taking pain medications or until are pain free. Take breaks every couple hours if you are on extended trips. Get out of your car and walk around a bit.

Pathology Results: The pathology results from your surgery are usually available approximately 2 weeks following surgery. These results will be discussed with you in person at a scheduled follow-up appointment.

Post-operative Pain: You can expect to have some incisional discomfort that may require pain medication for a few days after discharge, and then Tylenol should be sufficient to control your pain. You will be given a prescription for both pain medication and stool softeners. If you do become constipation after the surgery, this may exacerbate the post-operative pain beyond what is normally expected.

Follow-up Appointment: My office will contact you with a follow-up appointment time and date. This appointment will usually be 7-10 days after the date of surgery to remove your staples. You will then have a subsequent appointment approximately 1 week thereafter to review the pathology results.

Your long-term follow-up will be determined by the final pathology results (stage of your disease). It will typically include a clinical assessment, blood work, chest x-ray and when appropriate, CT scans or ultrasounds.

When to Seek Medical Attention:

- Chest pain or shortness of breath
- Leg swelling/calf pain
- Chills or fever over 38 degrees C (101 degrees F)
- Severe pain that is not relieved by pain medication
- Your incision becomes red or swollen
- There is drainage from your incision
- There is an opening in your incision
- You are having visible and persistent blood in the urine
- You are having difficulty passing urine

For Urgent or Emergent situations, please call my office at 905-875-3920 during office hours (9:00am-5:00pm) or outside these hours, please go to your nearest Emergency Department.

**Updated Sept 2019*