

HALTON UROLOGY

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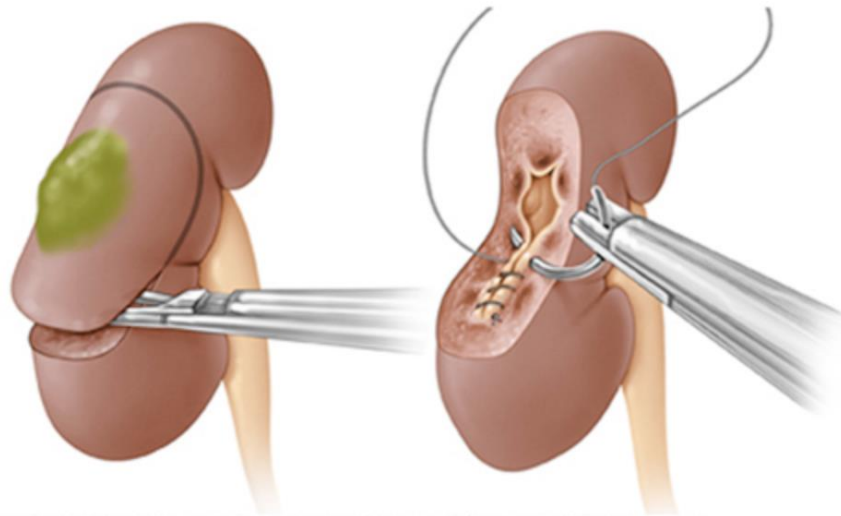
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Discharge Instructions for an Open partial nephrectomy

An open partial nephrectomy provides patients with a safe and effective way to remove a small renal tumor or other diseases of the kidney, while preserving the remainder of the kidney.



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Partial nephrectomy has become a standard procedure for select patients with renal cell carcinoma (especially for small <4cm, peripherally located tumors). The results of partial nephrectomy are less satisfactory in patients with larger renal cell carcinomas, leaving radical nephrectomy (removing the entire kidney) as the standard approach.

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. Drink prune juice or orange juice. You can take an over the counter laxative of your choice. Colace will be prescribed when you are discharged. Drink 6-8 glasses of water per day.

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 3-4 weeks after surgery or until you are not taking pain medications or 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.

Ureteral Stent Removal: If a ureteral stent is placed during your surgery, the length of the time the stent remains in place is variable. It will typically be removed within a 2-6 week period following your kidney surgery. It is common to feel a slight amount of flank fullness and urgency to void while the stent is in place, however, these symptoms often improve over time. The severity and duration of the symptoms is highly variable and will resolve when the stent is removed. It is critical that patients return to have their stent removed as instructed because a prolonged indwelling ureteral stent can result in encrustation by stone debris, infection, and obstruction of the kidney.

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 difficulty passing urine or your urine output becomes less than it normally has been

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*