

# Having surgery on your kidney: laparoscopic nephrectomy

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Information for Patients

Produced: Sept 2025

Review: Sept 2028

Leaflet Number: 527 Version: 8

## Introduction

You have recently been told that you need to have one of your kidneys removed as it causing a problem to your health. Your consultant has recommended that you have a laparoscopic nephrectomy to do this. The surgeon carries out the operation under general anaesthesia (whilst you are asleep).

Your surgeon will remove your kidney and surrounding fat. This will be sent to the laboratory to be examined under a microscope. The aim of the operation is to prevent further health problems caused by the kidney.

## What are the risks involved?

As with all operations, there are associated risks involved. These include:

- Approximately 1 in 10 risk of having to perform open surgery if the kidney cannot be removed through the small cuts on your abdomen. Your doctor will discuss this with you.
- Chest infection - which can result from difficulty in breathing deeply and reduced activity.
- Wound infection - which may require treatment with antibiotics.
- Bleeding - which may mean you need a blood transfusion.
- Deep Vein Thrombosis (DVT) -following this kind of surgery there is a small risk of developing clots in the leg veins which occasionally travel to the lungs and cause breathing difficulty (pulmonary embolus). To minimise the risk, you will need to wear surgical stockings and heparin (blood-thinning) injections will be given to you. Urine infection - which may require treatment with antibiotics.
- Hernia at the site of the operation - in less than 1 in 100 cases, a small weakness may remain in one or more of the cuts made in your abdomen. This could allow a hernia to develop, which may need an operation in the future.
- Bowel injury - this is very rare.

**You will have time to discuss all these risks with the doctors and nursing staff, before you consent to your operation.**

## **How is the operation performed?**

The operation takes about three to four hours. Three small cuts (about 1cm across) are made in your abdomen. Through these small cuts the surgeon will pass a telescope and some special instruments that will be used to remove your kidney. To allow the kidney to be removed, one of the cuts may be made larger, or a separate cut lower on your abdomen may be made.

## **What do I need to do before my operation?**

You will be seen in a pre-assessment clinic at some time before your operation. At this appointment the nurse will fill in your admission forms and provide you with more information about your operation. You will be told about the consent form. You will be asked to sign this when you come in on the day of your operation. This appointment is a good time for you to ask any questions you may have. Depending on your general health and your age, you may have some tests carried out. These will be discussed with you as necessary and may include an ECG (heart tracing) and blood tests.

## **What happens when I am admitted for my operation?**

On arrival please report to the ward receptionist situated within the ward area. You will then be allocated to a nursing team.

Before you have your operation the anaesthetist may visit you and discuss your anaesthetic and the pain control you will require after your operation. You should have nothing to eat for six hours before your operation. You can drink clear fluids (water, squash, black tea or coffee, but no milk) up to two hours before your operation.

## **How am I prepared for my operation?**

You will need to take a bath or shower before your operation. You will then be asked to dress in a clean theatre gown and surgical stockings.

Your nurse will complete a checklist of questions before you leave the ward to go to theatre.

On arrival at the operating department you will be handed over to theatre staff, who will go through the checklist again. You will then be taken into the anaesthetic room where you will be given your anaesthetic.

## **What happens just after the operation?**

From the operating theatre you will be taken into the recovery area where you will wake up. The time spent in theatre recovery varies with individual patients, but as soon as you are well enough a nurse from the ward will collect you and take you back to the ward.

## **What happens when I return to ward?**

When you return to the ward your blood pressure, temperature and pulse will be monitored regularly. You will have:

### **An intravenous infusion (a drip)**

This will be your arm or hand, to replace any fluids that you may have lost during surgery or by fasting. You may need a blood transfusion.

### **A urinary catheter**

The tube which goes into your bladder and drains the urine out into a bag. The amount of urine you are passing will be monitored regularly.

### **Wound drain**

You may also have a tube (wound drain) in your abdomen to drain away any blood. This will be removed when there is little or no fluid draining from it.

### **Pain relief**

You will have some form of pain relief. This will be explained to you before your operation. If you need more information, please ask to speak to a member of the Pain Team. You will be seen every day by the urology team and as you progress, your drip, wound drain and catheter will be removed. You will be encouraged to get up and walk around each day.

### **Shoulder tip pain**

During the operation your abdomen is filled with gas to create a space for the surgeon to operate in. Although all the gas is let out at the end of the operation, your abdomen may feel stretched and bloated afterwards. Also, some people get pain in their shoulders. This is because your diaphragm has been stretched by the gas. This usually settles within 24 to 48 hours after surgery.

## **What happens when I go home?**

You will usually be in hospital for about three or four days. We need to be sure that you are eating and drinking and that your bowels are working.

We will give you a letter for your GP and you will be given a supply of any medication that you have been prescribed. Above all be sensible and remember you have had major surgery.

## Exercise

You should go for short gentle walks but avoid too much exercise. Expect to feel tired for a few weeks and take an afternoon rest if necessary.

## Driving

Do not drive for four weeks.

## Return to work

Your consultant will advise you about going back to work.

## Sex

When you feel ready you can resume sexual activity. However, this is a very personal matter and will depend on the extent of your surgery. Please discuss any worries that you may have with your consultant or specialist nurse.

## Further treatment

You will be seen in the outpatient department about six to eight weeks after your operation. Some patients receive further treatment following surgery and this will be discussed with you at your outpatient visit. You may wish to bring someone with you to this appointment.

Useful contact numbers

This booklet has been designed to answer many of your questions, but of course there may be others.

Monday to Friday 9.00 am to 5.00 pm:

Pre-Assessment Nurse Telephone: 0116 258 4100

Outside these hours:

Urology Emergency Admissions Telephone: 0116 258 4247

Health information and support is available at [www.nhs.uk](http://www.nhs.uk) or call 111 for non-emergency medical advice

Visit [www.uhleicester.nhs.uk](http://www.uhleicester.nhs.uk) for maps and information about visiting Leicester's Hospitals.

To give feedback about this information sheet, contact [uhl-tr.informationforpatientsmailbox@nhs.net](mailto:uhl-tr.informationforpatientsmailbox@nhs.net)

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If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [uhl-tr.equalitymailbox@nhs.net](mailto:uhl-tr.equalitymailbox@nhs.net)

**We are a research hospital and you may be asked to take part in research**