

Having a laparoscopic nephroureterectomy

Department of Urology

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Information for patients

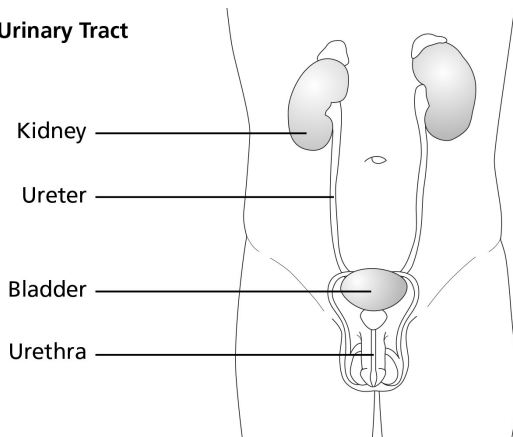
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What is a laparoscopic nephroureterectomy?

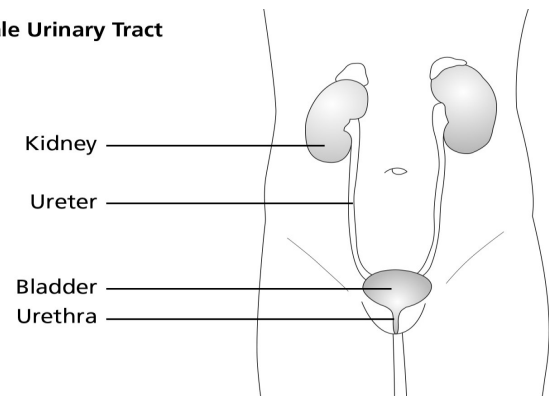
Tests have shown that you may have cancer of the ureter or renal pelvis. The ureter is the tube from your kidney to your bladder. The renal pelvis is the part of the kidney that connects to the ureters.

You and your consultant have decided that you need to have your kidney and ureter removed. This operation is called a laparoscopic (key hole) nephroureterectomy. The operation is performed under general anaesthetic (with you asleep). It involves removal of your whole kidney and ureter and often surrounding fat and glands. This will all be sent to the laboratory to be examined under a microscope. You should expect to be in hospital for about two to three days after your operation.

Male Urinary Tract



Female Urinary Tract



Please tell us if you think you may be pregnant

The team caring for you

The team of health care professionals looking after you is known as the Multidisciplinary Team, or MDT. The MDT looking after you will have met to discuss the most appropriate treatment for you. Your doctor will discuss your treatment plan with you.

Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What are the risks involved?

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

- Approximately 1 in 10 risk of having to perform open surgery if the kidney and ureter cannot be removed through the small cuts in your abdomen. Your doctor will discuss this with you.
- Chest infection - which can result from difficulty in breathing deeply because of the wound, and reduced activity.
- Bleeding - this may mean that you need to have a blood transfusion.
- Wound or urine infection - which may require treatment with antibiotics.
- Urine leakage from your bladder: this may mean that your urinary catheter needs to stay in for longer.
- Deep vein thrombosis (DVT) - this operation has a small risk of 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 blood-thinning injections will be given to you, starting before the operation.
- 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 to repair it 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.

What happens 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 arrive on the ward?

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 will have been told when you should stop eating and drinking (this is usually six hours before your 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 then complete a checklist of questions before you leave the ward to go to the operating 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.

How is the operation performed?

The first part of the operation is to give you an anaesthetic to put you to sleep, so that you will not be aware of anything whilst your operation is 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 and ureter. To allow for the kidney and ureter to be removed one of the cuts will be made larger, or a separate cut may be made lower on your abdomen.

What happens after my 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.

After returning from theatre 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: A tube which goes into your bladder and drains your urine out into a bag. The amount of urine you are passing will be monitored regularly.

Wound: You will have three small wounds on your abdomen. There may be a drain into the wound, to drain fluid from the operation site.

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 and wound drain will be removed. You will be encouraged to get up and walk around each day.

What happens when I go home?

Above all be sensible and remember you have had major surgery.

Urinary catheter

This will need to stay in for at least a week after your operation. You will be asked to come back to the ward to have your catheter removed. Your doctor may have prescribed a chemical treatment which will be given through your catheter before it is removed. If you are having this treatment, further information will be given to you.

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. You should not do any heavy lifting or gardening for four weeks.

Driving

You should not drive for four to six weeks after your operation.

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 and your recovery. Please discuss any worries that you have with your consultant or specialist nurse.

If you or your family have any questions or concerns following discharge, please do not hesitate to contact the ward, where a member of staff can answer any questions you may have. You should receive a copy of your ward discharge letter.

Further treatment

You will be seen in the outpatients department about six weeks after your operation. Some patients need 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.

Further questions

This booklet has been designed to answer many of your questions, but of course there may be others. If you have any questions you would like to ask before you come into hospital, you can contact the specialist nurses or the ward directly, using the numbers below.

Monday to Friday 9.00 am - 4.30 pm:

Urology Oncology Nurse Specialists (Key workers) Telephone: 0116 258 4637

Outside these hours:

Urology Emergency Admissions Telephone: 0116 258 4247

Sources of further information

Macmillan Information and Support Centre

Osborne Building

Leicester Royal Infirmary LE1 5WW

Telephone: 0116 258 6189

Email: cancerinfo@uhl-tr.nhs.uk

Website: www.leicestershospitals.nhs.uk/cancerinfo

Macmillan Cancer Support

For information and support from cancer support specialists.

Freephone: 0808 808 00 00

Website: www.macmillan.org.uk

Cancer Research UK

Ask specialist nurses about anything to do with cancer.

Freephone: 0808 800 4040

Website: www.cancerresearchuk.org

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk