

Having surgery on your kidney: open radical nephrectomy

Department of Urology

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Information for patients

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What is an open radical nephrectomy?

The operation to remove a kidney containing a tumour is called a radical nephrectomy. Your consultant has recommended that your kidney is removed by open surgery, via a cut in your abdomen. The surgeon carries out the operation under general anaesthesia (whilst you are asleep).

The operation involves removal of your whole kidney and surrounding fat. This will be sent to the laboratory to be examined under a microscope.

You should expect to be in hospital for about five to seven days after your operation.

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.

What are the risks involved?

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

- 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.
- 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 heparin (blood-thinning) injections will be given to you, starting before the operation.
- Wound infection - which may require treatment with antibiotics.
- Urine infection - which may require treatment with antibiotics.

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or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What are the risks involved? (continued)

- Hernia at the site of the operation - a small weakness may remain in the cut made in your abdomen. This could allow a hernia to develop, which may need an operation in the future.
- Bulging of your abdominal wall below the wound due to damage to the nerves supplying the muscles.

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

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. Some patients go to the High Dependency Unit until they are well enough to go back to the ward.

What happens when I return to the 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 the bladder and drains the urine out into a bag. The amount of urine you are passing will be monitored regularly.

Wound

You will have a wound on your side or 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 may include thin catheters (tubes) that drip local anaesthetic into the area around your wound, or an epidural. 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.

What happens when I go home?

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

Driving

You should not drive for four to six weeks due to the surgery you have had.

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.

Will I need further treatment?

You will be seen in outpatients about six 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.

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 - 5.00 pm:

Urology Oncology Nurse Specialists (Key workers)

Telephone: 0116 258 4637

Outside these hours:

Urology Emergency Admissions

Telephone: 0116 258 4247

Other sources of information

Macmillan Information and Support Centre

Osborne Building, Leicester Royal Infirmary, Leicester, LE1 5WW

Telephone:

0116 258 6189

Email:

cancerinfo@uhl-tr.nhs.uk

Website:

www.leicestershospitals.nhs.uk/cancerinfo

Macmillan Cancer Support

Freephone:

0808 808 00 00

Website:

www.macmillan.org.uk

Cancer Research UK

Freephone:

0808 800 4040

Website:

www.cancerresearchuk.org

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