

MINIMALLY INVASIVE SURGERY · UMIBA

Laparoscopic partial nephrectomy

You are about to undergo a laparoscopic partial nephrectomy. The procedure removes a portion of the kidney, aiming to achieve local control of the kidney cancer while preserving most of the renal unit. In the laparoscopic approach, the surgery is performed through entry ports (trocars) that reach the abdominal cavity via very small incisions. This technique achieves excellent results with minimal recovery time. Even so, it is not always possible to preserve the renal unit, and during the procedure the surgeon may decide on a laparoscopic radical nephrectomy.

Preparation

Proper preparation before surgery is important.

- Do not take aspirin for 10 days before surgery.
- Buy a pair of surgical anti-thrombotic (compression) stockings at a medical-supply store. They should reach the groin and provide medium compression.
- Arrive on the day of surgery having fasted for 8 hours (nothing by mouth). If you take morning medication, you may do so with a small sip of water.
- Bring all your imaging studies, the complete pre-surgical work-up, and your insurance authorization.
- Mark the correct side of your flank, left or right, with a cross.
- You will be admitted several hours before your surgery.

Recovery

When you wake from surgery you will have a urinary catheter and an abdominal drain in place. You will usually stay in hospital for 48 to 72 hours, during which you will resume eating and walking. The urinary catheter is generally removed the next day and the drain before discharge.

The pathology report usually takes 15 business days.

- Avoid physical exertion.
- You may drive one week after surgery.
- Wash the wounds with soap and water and leave them uncovered.
- The stitches fall out on their own.
- Resume your usual medication.
- Eat a varied diet, avoiding foods that cause constipation.
- You will be given pain relievers in case you have pain; you may have shoulder pain for 2 to 3 days. This is caused by the gas used during surgery.
- You may drink alcohol.

Complications

Intraoperative bleeding can occur that requires a blood transfusion and lengthens the hospital stay. Although very uncommon, a second operation may be needed if bleeding or a urine leak occurs in the immediate postoperative period. Infection is possible with any urinary-tract surgery; if it happens, you will need antibiotic therapy afterward.

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