

MINIMALLY INVASIVE SURGERY · UMIBA

Laparoscopic radical nephroureterectomy

You are about to undergo a laparoscopic radical nephroureterectomy. The procedure removes the entire kidney together with the surrounding fat, the ureter, and its attachment to the bladder, aiming to achieve local control of cancer of the excretory tract (urothelium). 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.

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 hours, during which you will resume eating and walking. You will be discharged with the urinary catheter still in place, and it is usually removed between days 7 and 10 after surgery.

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 will have shoulder pain for 2 to 3 days. This is caused by the gas used during surgery.
- You may drink alcohol.

Complications

This type of surgery is marked by little bleeding and a low transfusion rate. Even so, intraoperative bleeding can occur that requires a blood transfusion and lengthens the hospital stay. Infection is possible with any urinary-tract surgery; if it happens, you will need antibiotic therapy afterward.

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