



Education

Radical Nephrectomy (Kidney Removal)

What is a radical nephrectomy?

A radical nephrectomy is a procedure to remove cancer in and around one of your kidneys. The surgeon removes the kidney, ureter (the tube connecting the kidney to the bladder), and surrounding connective tissue, lymph nodes, and adrenal gland.

When is it used?

This procedure is done to remove cancer in your kidney or ureter.

How do I prepare for a radical nephrectomy?

Plan for your care and recovery after the operation. Find someone to drive you home after the surgery. Allow for time to rest and try to find people to help you with your day-to-day duties.

Follow your health care provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your surgery.

Follow any other instructions your health care provider may give you. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight and the morning before the procedure. Do not even drink coffee, tea, or water.

What happens during the procedure?

You will be given a general anesthetic. It will relax your muscles and cause a deep sleep. It will prevent you from feeling pain during the operation.

The surgeon makes a cut (incision) either in the front or on the side of your abdomen. Rarely, for some large tumors, the cut may extend into the lower part of the chest. The surgeon separates the kidney from surrounding organs and locates its main artery and vein, as well as the ureter. Then the surgeon removes the kidney and the tumor and ties off the vein, artery, and ureter. The surgeon also removes surrounding tissue and the adrenal gland and lymph nodes.

The surgeon may also make the cut longer or make a second cut over your bladder to remove the ureter. The surgeon will remove the ureter down to the bladder and close the cut.

What happens after the procedure?

You may stay in the hospital for about 4 to 7 days. A catheter (tube) remains in your bladder for about a week to allow urine to drain and relieve the pressure. You may have a tube in your chest for 1 to 4 days if part of your incision is in the chest.

During the first 2 weeks after the operation, you will be encouraged to do light activity, such as walking. Avoid all heavy activity for the first 6 weeks, including lifting. After that time, you may gradually do heavier work according to your health care provider's instructions.

Ask your health care provider how to care for yourself during your recovery. Ask when you should come back for a checkup.

What are the benefits of this procedure?

The cancer may be cured. Even when cure is not possible, you will be more comfortable. You will avoid the problems of an enlarging cancer in the kidney, such as severe bleeding.

What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your health care provider.
- The pancreas may be injured during this operation.
- The nerves in the area of the incision may be damaged either by pressure or by being cut. This could cause the side of your abdomen to sag. You could (temporarily or permanently) lose the feeling in the area around the incision.
- Urine may leak from the cut made in the bladder.
- The surgeon may not be able to remove all of the cancer or the cancer may come back.
- You may have infection or bleeding.
- Your kidney function will be tested before surgery. If your remaining kidney is weak, your health care provider will discuss this special risk with you before surgery. You may need dialysis, a technique that separates wastes from your bloodstream.

You should ask your health care provider how these risks apply to you.

When should I call my health care provider?

Call your provider right away if:

- You develop a fever over 100°F (37.8°C).
- You become nauseated or start vomiting.
- You have uncontrollable pain.
- You become short of breath.
- You have trouble passing urine.

Call during office hours if:

- You have questions about the procedure or its result.
- You begin to have swelling in your legs and ankles.
- You want to make another appointment.

Adult Health Advisor 2006.4; Copyright © 2006 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved. Developed by McKesson Provider Technologies. This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Kidney

