

BRIGHAM HEALTH



BRIGHAM AND WOMEN'S HOSPITAL

For Patients Recovering from

Nephrectomy

This is a guide on what to expect before, during, and after your surgery and hospital stay. These are general guidelines that apply to most patients, but some things may change based on your personal needs. Knowing what to expect and being an active participant in your surgical process are keys to a successful recovery. If you have additional questions, please do not hesitate to ask your care team; we are happy to address your concerns!



A Guide to Your Daily Care

A Little About the Procedure:

- **Nephrectomy** is a surgical procedure to remove a kidney.
- **During surgery**, you will receive **general anesthesia**, which means that you will be deeply asleep and will not feel any pain during the procedure.
- Patients stay in the hospital for **1-3 nights** after surgery.

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Your Urological Surgery Team

Urological Surgeon:



This is the **attending physician** responsible for your care from admission through outpatient follow-up. All members of the Urology team report to your surgeon. Throughout the day, you will be cared for by the Urology team. There is regular communication between the team and your surgeon. Your surgeon approves all decisions about your care.

Residents & Fellows:



These are physicians training to be Urological Surgeons. They are an active part of the Urology Surgical team and will provide a large portion of your care, including assisting the attending physician with operations, performing procedures, writing orders and prescribing medications.

Physician Assistant & Nurse Practitioner:



These are team members that work similar to the residents and fellows by assisting the attending physician with your care, check your progress, address questions and concerns and provide medicine prescriptions.

Nurses:



Nurses take care of your daily needs, give you medicine, assist with treatments, provide education and communicate about your care with the Urological surgery team.

Care Coordinator:



The Care Coordinator will meet with you soon after admission and also after surgery to assess and plan your discharge options.

Preparing for Surgery



Before surgery, you will be scheduled for an appointment with our **pre-operative evaluation center**. This appointment must be within 30 days of your surgery, preferably 1-3 weeks prior. During this appointment the clinical staff will conduct a health history and physical exam, anesthesia screening exam, and review your pre-operative instructions. This helps you prepare for surgery and allows the providers to be sure you are medically ready for surgery and anesthesia.



Please bring a **complete list of your medications and supplements** to your pre-operative appointment including doses and frequency. You will be instructed which medications to stop taking before surgery.



If you have been prescribed aspirin by a heart doctor, **check with your cardiologist before making any changes**.



If you take medication that thins your blood, you should stop taking it before surgery. *Do not stop this on your own. You should contact the prescribing provider to ask about a plan for stopping this before surgery. Examples include: Warfarin (Coumadin), Plavix, Lovenox, Xarelto. Other blood thinning medication includes over-the-counter Ibuprofen, Aspirin, and Aleve.

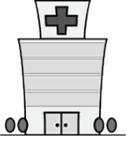


**If your blood thinning medications cannot be stopped, please contact your surgeon to discuss.*

One Day before Surgery:



Please confirm your **surgery time** and **arrival time** by calling the last business day before your surgery:



Brigham and Women’s Hospital:

617-732-7625
between 2:00PM and 6:00PM

**Brigham and Women’s
Faulkner Hospital:**

617-983-7179 option #1
between 1:00PM and 2:30PM



After midnight on the night before surgery, you may not eat any **solid foods**, including **candy, chewing gum, cough drops** or **mints**.

If your doctor told you to take your medications on the morning of surgery, you may take them **with a small sip of water**.



During your pre-operative appointment, they will advise you on when to stop fluids on the morning of your surgery.

Notes

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The Day of Surgery



Arrive at the hospital admissions office at your designated time.



Please choose one contact person. Your surgeon will contact this person following surgery with an update on your condition.



Before surgery, your surgical team will answer any questions that you may have.



After surgery, you will be in the **recovery room (PACU)** for at least 1 hour. The PACU team will contact your family/friends when they are able to visit you.



You will have an **intravenous (IV)** line in your arm. You will have a tube in your bladder for urine that is called a Foley catheter.

You will have **dissolvable stitches** that do not need to be removed. The stitches will be covered with either surgical tape (Steri-strips) or surgical glue (Dermabond).



Some patients will have **surgical staples** on the incision which need to be removed in the Urology office.



The evening after your surgery you can **only have small sips of liquid.** This is to prevent nausea and vomiting.

The Day of Surgery, continued...



You will receive **pain medications through the IV.**



You will wear **compression boots** that squeeze the bottom of your legs to keep the blood flowing. This helps to prevent blood clots from forming.



You may also receive **heparin injections** to prevent blood clots.

After Surgery (In Hospital)



On the first morning after surgery, you will have clear liquids **for breakfast.**

For lunch you may have solid food if you are feeling okay.



When you can tolerate food or drink normally, you can **take pain medicine by mouth**



It is important **to get out of bed and walk 4-5 times each day to help promote recovery.**

Once you are able to eat, walk safely and take pain medicine, you can be discharged from the hospital.



The **Foley catheter** (the tube for urine) is removed after you can get out of bed and walk around. This is usually on the first day after surgery.



You will receive prescriptions for pain medicine and a stool softener.

When You Return Home

Activity



You should **walk at least 6 times per day**.
You may walk up/down stairs.



Do not lift more than 10 pounds, run or strain for 6 weeks. This can strain your incision, which can lead to a hernia. Examples include, but are not limited to:

- Groceries
- Laundry
- Infants & pets



Do not drive for 2 weeks. Do not drive until you are off of pain medication.



You may return to work when your pain level is very low and you can perform your work as usual. Please discuss with your doctor for further information.



It is normal to feel tired.

Diet



There are no diet restrictions.
Drink plenty of fluids.



You **may not feel hungry**. This is normal. Your appetite should return after a few weeks

Medicines for Pain & Constipation



For **moderate pain**, you should take Tylenol. It is best to avoid Ibuprofen or other NSAID medications. Ask your doctor when you can start taking these medications again.

For **severe pain**, you can take the prescribed pain medication.

Take a stool softener twice daily.
Do not take it if you are having diarrhea.



Pain medications cause constipation. You should take a gentle laxative or suppository, if needed, such as Metamucil, Miralax, Milk of Magnesia, or Dulcolax.

Wound Care



You can shower 2 days after your surgery. **NO tub baths or pools** until your doctor says you can. Clean your incisions gently with mild soap. Pat dry.



Keep incisions (the surgical cuts) clean and dry. If you have Steri-strips, they will fall off within 1-3 weeks.



You may see bruising and/or swelling of your abdomen or back.

Surgery Follow Up



Pathology results will be **available in 7-14 days**. After surgery, ask your surgeon how you can expect to receive these results.



Your doctor or the physician assistant will explain the results to you.

Contact your Surgeon's Office or visit your local Emergency Room if:

- You have a fever of more than 101 F.
- You are vomiting.
- You experience leg swelling.
- You experience shortness of breath or chest tightness.
- Your pain is not controlled with medication.
- You are unable to urinate.
- You have a lot of blood in your urine.



If the Urology office is closed,
please call: 617-732-6660
and ask to have the Operator page
Urology Resident-On-Call.

This information is not intended to replace the medical advice of your doctor or health care provider. Please consult your health provider for advice about a specific medical condition.

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MEDICAL SCHOOL