



Information and consent form for Laparoscopic Nephrectomy

Surname: _____

Forename: _____

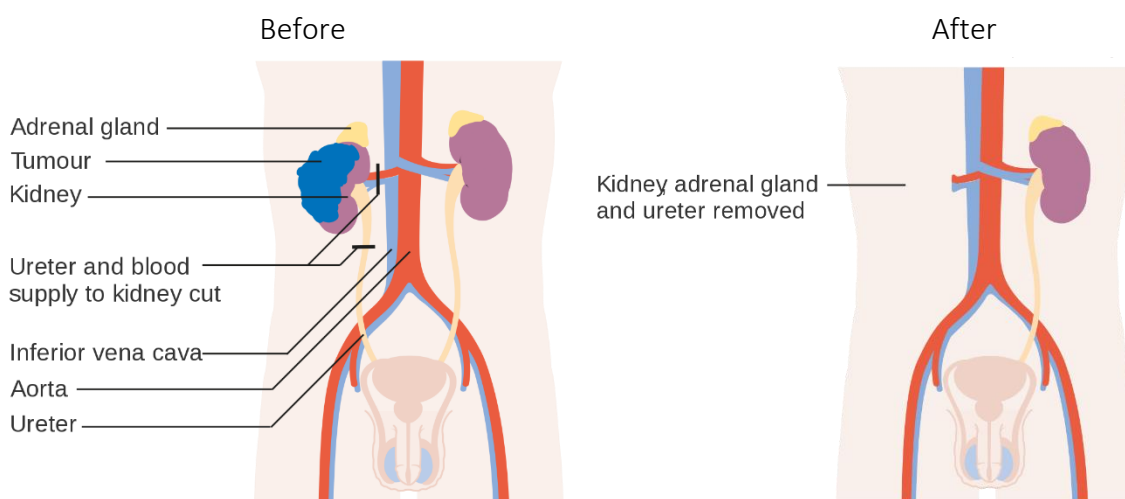
Date of Birth: _____

What is a laparoscopic nephrectomy?

Nephrectomy means the removal of the kidney. A kidney can be removed by open approach (making a cut) or by laparoscopic approach (keyhole surgery). With the open surgical removal of the kidney a cut is made on the side of the body. With laparoscopic surgery the surgeon makes a couple of holes to pass instruments and a camera to the inside of the body.

The benefit of the laparoscopic approach is that the operation is less painful, your hospital stay is shorter and also time off work.

An open surgical nephrectomy is sometimes done for more complex kidney pathology.



Why do patients need a nephrectomy?

- Poor functioning or no function in the kidney causing other problems like repeated infections.
- A cancer arising from the kidney. Sometimes your urologist will only remove part of the kidney that contains the cancer other times it might be necessary to remove the whole kidney.

How is the procedure done?

The operation is done under general anaesthesia. A catheter will be inserted into your bladder to drain urine. You will be turned onto your opposite side as the pathology. A couple of holes will be made to pass the camera and other instruments to do the operation. Your abdomen will be blown up with air to create more space to do the operation. The camera will be connected to a television screen so that the surgeons can see everything on the inside. All the tissue around the kidney will be removed until the kidney is isolated. The big blood vessels that transport blood to and from the kidney will be closed and cut to free the kidney from the body. The kidney tube that transports the urine to the bladder, the ureter, will also

be clipped and cut. The kidney will be removed through a bigger hole. A drain will be inserted to drain any excess fluid and blood from the abdomen. All the holes will be closed, and you will be taken to ICU for the first day or two.

The catheter will be removed as soon as you are able to walk. The drain will be removed when it is draining less, and your doctor is happy.

You will be able to start eating after a day and you will be encouraged to start moving and walking as soon as possible. A physiotherapist will be available to help you in the first 2 – 3 days to mobilise properly and help with breathing exercises.

What are the side effects and complications associated with the procedure?

- **Shoulder pain.** Pain in the shoulder tip is temporary and it is from inflating the abdominal cavity with gas. The pain will be controlled with pain killers.
- **Hernia or infection.** Occasionally after the operation one or more of the holes can develop infection or a hernia requiring further treatment.
- **Bleeding.** Sometimes it can bleed during the procedure and the surgeon will have to abandon the keyhole approach and open the abdomen with a cut to stop the bleeding. You might require a blood transfusion.
- Entering of the lung cavity with **collapse of the lung.** This will require a drainage tube for a couple of days to expand your lung.
- **Injury to nearby organs** requiring more extensive operations – blood vessels, spleen, liver, pancreas or bowel.
- **Anaesthetic complications** requiring admission to ICU, like clots in the legs or lungs, heart attack or stroke.
- **Renal failure requiring dialysis** if your remaining kidney does not work optimally.
- Death – between 3 and 8 in every 10 000 patients having this operation die from complications.

What should I know before the procedure?

- Stop any medication that might be thinning your blood (Warfarin, aspirin, clopidogrel). Your urologist will tell you when you should stop this medication and if you should take anything else in its place.
- Stop eating and drinking 6 hours before your surgery.
- Your Dr might request blood tests and x-rays on the day of the surgery.
- Your urologist will send you to a specialist physician that will do a pre-operative assessment to make sure your heart and lungs are strong enough for the procedure. Inform your urologist if you already have a physician.
- If you are smoking, you may be asked to stop smoking. Smoking increases your risk of developing chest infections and blood clot formation. It also delays wound healing.

What happens after the procedure?

- You will spend the first night or two in high care where you will be closely observed.
- You will be given fluids through a drip in your veins. The drip will be there until you can tolerate oral fluids normally. You will be given sips of water as soon as you are awake after the operation.
- The catheter that is placed into your bladder will be removed as soon as you are able to walk, normally the next day.

- A drain will be placed in the area where your kidney is removed. The drain will remove any access blood from the area. The drain will be removed as soon as it is draining less than a certain amount in 24 hours.
- You might feel nauseated for the first day, it is normal. You will be given medication to relieve the nausea.
- You will be encouraged to start walking as soon as possible after the operation. The physiotherapist will help you at first.
- You will experience mild pain. You will be given pain medication to minimize the pain. Please tell the staff in high care if you are still experiencing pain.
- You can go home when:
 - Your pain is controlled with oral pain medication.
 - Your bowel is working normally.
 - You can move around freely.

What do I need to do after I go home?

It is normal to still feel discomfort and pain over the skin wounds after you went home. Recovery after a big operation can take long so take it easy.

- Do not lift anything heavy or do strenuous activities for at least 4 weeks after your surgery. Start slowly and gradually do more activities as you regain your strength.
- Eat light meals until your bowel movements is back to normal. Drink enough water. If you are still constipated phone the rooms so that we can send you a script for medication.
- You can start driving after 2 -3 weeks as soon as you are able to do an emergency stop.
- You can go back to work after 2 - 3 weeks.
- You can begin sexual activity after 2 weeks as long as you feel comfortable.

You must arrange a follow up appointment with your doctor to inspect your wound and discuss the results of the final histology. You will have to follow up regularly for examination and tests.

Declaration by Doctor

- I declare that I have explained the nature and consequences of the operation to be performed and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature: _____

Doctor's name: _____

Date: _____

Declaration by patient

- I acknowledge the surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.

Signature of patient: _____ Date: _____

Interpreter's declaration - where needed

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.

Interpreter's signature: _____ Date: _____