

**CENTRAL WEST UROLOGY
UROLOGICAL SURGEONS**

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PATIENT INFORMATION AND CONSENT FORM

LAPAROSCOPIC NEPHRECTOMY

Laparoscopic nephrectomy is total removal of the kidney via a minimally invasive keyhole approach. This technique has recently been developed for kidney removal, but previously had been applied in other situations, most notably for gall bladder removal. The great advantages of laparoscopic surgery is avoidance of a large scar and the prolonged discomfort and restriction of activities this entails, as well as the much shorter hospital stay. The procedure may be indicated in benign kidney diseases such as chronic infection, poor function or chronic pain. It can also be performed for most kidney cancers less than 6 cm in size and is believed to be safe based on current data.

Procedure details

The procedure is performed under general anaesthetic and usually takes 2-3 hours. The abdominal cavity is filled with gas to allow visualisation of the kidney. The operation is performed through 3 or 4 small incisions measuring up to 1.5 cm each using long instruments and a video camera. The bowel and other organs such as the liver and spleen are carefully separated from the kidney. Major blood vessels and the ureter are clamped and cut. The kidney is then removed through a 5-8 cm incision in the lower abdomen. It is not possible to perform the procedure laparoscopically in all cases and in a small percentage of patients we have to resort to an open procedure to safely remove the kidney.

Outcome

You will have a urinary catheter (tube in the water passage), an IV drip and possibly a small tube in the abdomen when you wake up. You can expect mild to moderate abdominal discomfort in the first 24-48 hours. You will be able to mobilise and commence diet within 48 hours. The catheter will be removed within 24 hours. You will be given injections twice a day to thin the blood. Most patients can be discharged after 2 or 3 nights post-operatively. Mild discomfort and/or bruising may persist for 1-2 weeks. Most patients can return to normal activities and work after 2-3 weeks.

Possible adverse events

1. Anaesthetic complications related to general anaesthesia such as cardiac or respiratory problems – your anaesthetist will explain these in more detail

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2. Excessive bleeding may occur from damage to major blood vessels or for other reasons. The risk of needing a blood transfusion is 5-10%
3. Infection. Mild infection of the wounds or urinary tract can occur in 5-10% and is easily treated with antibiotics. More serious infection of the bloodstream (septicaemia) only occurs in 2-3% and may need intensive treatment.
4. Damage to other organs such as the bowel, liver, spleen and major blood vessels in 1-2%. This damage is usually minor but may involve prolongation of your hospital stay and/or open surgery.
5. Blood clots in the legs (Deep Venous Thrombosis) which can travel to the lungs (Pulmonary Embolism) in 1-2%. Precautions such as blood thinning injections and calf stimulators are used to minimise this.
6. Collapse of the lungs (atelectasis) and breathing difficulties in 5-10%. Chest physiotherapy is prescribed in most cases as a preventative.
7. Deaths due to complications from this procedure have been reported, as in most operations, but occur in less than 1% of cases