

What to expect for your nephroureterectomy

Dr. Hyung Kim has reviewed your treatment options. You've elected to have a nephroureterectomy.

Preparing for surgery

Question: What preoperative testing is required?

In most cases, you will need to see your primary care physician for a preoperative evaluation, which will include blood tests and an EKG. Your primary care doctor can tell you what medications to take on the morning of surgery. If you have a history of heart disease, you may be asked to see a cardiologist prior to surgery.

Question: What time is my surgery?

You may have been given a surgery date; however, the start time is not finalized until shortly before surgery. Often the start time is finalized the day before the surgery. This is because there are emergency surgeries being scheduled at the last minute. Also, patients who are unable to be without food for a long time because of their medical conditions are prioritized to go earlier in the day. Unless you've been given a first start time, you will get a call 1-2 days before surgery with the start time.

Question: How early should I arrive at the hospital?

You should arrive 2 hours before the start time for your surgery.

Question: When do I have to stop eating and drinking for the surgery?

You should stop eating and drinking after midnight before your surgery. The goal is to have an empty stomach. You can brush your teeth on the day of surgery. Avoid things such as chewing gum or sucking on hard candy, because the increased saliva will fill your stomach.

Question: What medications should I take before my surgery?

You can take most of your morning medication on the morning of surgery with a small sip of water. However, you should check with your surgeon or primary care doctor who did your preoperative evaluation. Certain blood thinning medications such as aspirin (7 days prior to

surgery), Plavix (5 days prior to surgery), Coumadin (5 days prior to surgery), Eliquis (2 days prior to surgery) should be stopped several days before surgery. Diabetes medications and water-pills (e.g. Lasix) are usually held on the morning of surgery.

Question: Is there a bowel prep that I need to do?

No.

Surgery

Question: How long does the surgery take?

The surgery takes 2-4 hours. After the surgery is over, the surgeon will talk to anyone you designate.

Question: When do I meet the anesthesiologist?

You will meet the anesthesiologist on the morning of surgery. They will ask you questions. You will be able to ask them questions.

Question: When can my family see me after surgery?

After surgery, one family member is allowed to see you in the recovery room. Most patients stay 2-3 hours in the recovery room and then go to their regular room where additional members of your party can see you.

Question: Can anyone stay with me overnight?

Yes. One family member can stay with you overnight. Often a nurse can order a cot for them to sleep in.

Question: When do I get to go home?

Most patients go home 1-2 days after surgery.

Question: Will I be in pain after surgery?

We will make sure you get enough pain medication so that you are comfortable when not moving. You will have discomfort when moving, but this is something we ask you to tolerate. In other words, when you are trying to decide if you need more pain medication, ask yourself if you are comfortable when you are not moving. Keep in mind that pain pills take about 30 minutes to kick in. Its easier to keep pain away than to control it after it gets going. This means you will want to anticipate the pain and take a pain pill before you feel severe pain.

Question: How do I minimize the use of narcotics?

Most patients can avoid using narcotic-based pain medications or use it for just the first 1-2 days after surgery. To minimize narcotic use, take a dose of extra strength Tylenol every 6 hours, whether you have pain or not. If you need more pain medications, you can add a narcotic-based pain medication like oxycodone or a nonprescription dose of Motrin. If you are using a pain medication that has both a narcotic and Tylenol (e.g. Lortab or Vicodin) then you need to skip the next dose of Tylenol after taking one of these pills.

After discharge

Question: Will I have any tubes to take care of?

You will go home with a foley catheter. This is a tube that drains your bladder. You can attach the tube to a night bag that you carry around or to a leg bag that attaches to your leg. You can wear loose clothing over the leg bag, which is helpful when you leave the house to do things such as shop or eat out.

Question: How long does the foley catheter stay in?

The foley catheter stays in for 7-14 days after surgery. You will come back to the clinic to have the tube removed.

Question: What can I do about the discomfort at the tip of the penis?

Often the tip of the penis gets dry. You can keep the penis and catheter lubricated at the tip of the penis using KY jelly. Do not use Vaseline since it can damage the foley catheter.

Question: What do I do if the urine coming out the foley catheter becomes bloody?

It is normal for the urine to intermittently turn bloody, especially after physical activity such as walking. The only danger from the blood is that you will form blood clots if the bleeding gets heavy. The clots can plug the catheter and keep urine from draining, and this will land you in the emergency room. To prevent this, drink extra fluid. The fluid will turn to urine and dilute the blood, which will in turn help prevent clots. You want to drink enough to keep the urine color lighter than tomato juice. If you have to drink more than 4-5 glasses of fluid per day, drink sports drinks like Gatorade.

Question: Does it hurt when the foley catheter is removed?

No.

Question: I haven't had a bowel movement?

Anesthesia and pain medication can cause constipation. It may take several days after surgery to have a bowel movement. If you have not had a bowel movement 2 days after surgery and you feel uncomfortable, start taking a dose of Milk of Magnesium. You can take 2 doses per day, every day, until you have a good bowel movement. You should then try to have a bowel movement at least every other day. DO NOT insert anything (i.e., enemas) in the rectum to help you have a bowel movement.

Question: When can I return to work?

Most patients are able to return to work 1 month after surgery.