

What to expect for your nephrectomy

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

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?

After laparoscopic or robotic surgery, you can go home either the same day or the day after surgery. Most patients choose to stay overnight. After an open surgery that requires a large incision, you will be in the hospital for 3-7 days.

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: 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. If needed, you can also use an enema.

Question: When can I return to work?

After laparoscopic or robotic surgery, most patients can return to work 2-4 weeks after surgery. If your surgery required a large open incision, you should be able to return to work 4-8 weeks after surgery.

Question: When can I drive?

You can drive when you are no longer using narcotics for pain control.

Question: Are there any important precautions?

Let us know if you suddenly develop bloody urine, new pain, fever (>101.5°F) or nausea. If you have any problems or questions, please contact us at 310-423-4700. Someone is available 24/7.