

# Robotic Assisted Nephrectomy

This information has been produced to give you general information. Most of your questions should be answered by this. It is not intended to replace the discussion between you and the healthcare team but may act as a starting point for discussion. If after reading it you have any concerns or require further explanation, please discuss this with a member of the healthcare team.

## What is a Robotic nephrectomy?

A Robotic nephrectomy is the technical term used for someone who has had their kidney removed by keyhole surgery, assisted by the robot device.

## What to expect after the operation

### Scar:

You can expect between 3 and 5 small scars at different points on your abdomen. One of these will be longer than the others, as it is through this wound that the kidney is removed. **The sutures used to close the wounds are absorbable and do not need to be trimmed. We advise you to contact your GP practice nurse in 10-14 days for a wound check or if you have any concerns regarding this.**

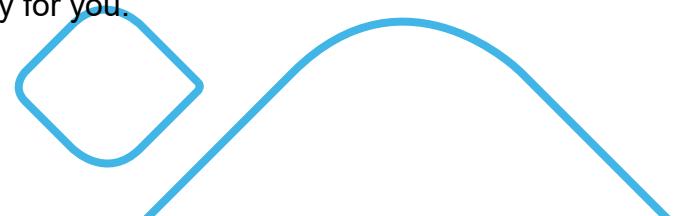
### Dressings:

**Surgical skin glue is typically used as a temporary dressing following your operation. This is waterproof and will slowly dissolve over time.** You do not need to keep the scars covered though some people find it more comfortable to do so. You do not need to worry about getting your scars wet and may bathe or shower as usual.

### Discomfort:

You will experience some pain and discomfort around the scars, especially in the first week after surgery.

You may also experience some pain in your shoulders for a few days after the operation. This is temporary shoulder pain due to leakage of carbon dioxide (a clear gas) which is used during surgery to help the surgeon see the organs within your abdomen. This can cause pain in one or both shoulders but disappears as the gas is reabsorbed by the body. Simple pain relief such as paracetamol should be able to relieve this effectively for you.



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## **Tiredness and feeling emotional:**

Your body is using a lot of energy to heal itself, so you will feel more tired than normal. If you feel upset or emotional in the days and weeks after your operation, don't worry- this is a perfectly normal reaction which many people experience.

## **Advice to help you recover**

**Eat healthily** - eating a healthy balanced diet will help to ensure that your body has all of the nutrients it needs to heal.

**Keep active** - build up gradually.

You will probably still be in hospital for up to 3 days after your operation. When you get home you should gradually build up your activities. A short walk in the morning (no longer than 10 minutes) and again perhaps, in the afternoon is recommended for the first week. Make sure you rest at regular intervals.

It is important to keep active after your operation as this helps to prevent any complications afterwards such as chest infection or blood clots. Activity will also help keep your joints and muscles supple. After the first week you are encouraged to gradually build up your activities. By 6 weeks after your surgery you should be back to your full range of activities although you may still feel tired and need to rest more than usual.

**Having sex** - for many people, being able to have sex again is an important milestone in their recovery. There are no set rules about when you can do so - just treat it like any other physical activity and build up gradually.

**Blood clots** - during your stay in hospital, you have been given a prophylactic dose of blood thinning medication as routine. You will not be asked to continue this on your discharge.

We advise you to start gentle activities and mobilise as pain allows. This will help reduce the risk.

If your calf becomes swollen, red and painful, or if you should experience chest pains or difficulty in breathing you must seek immediate medical advice either by telephoning the ward on which you were a patient, call the NHS 111 service, or contact your doctor. Alternatively, you can attend the hospital Emergency Department.

**Not smoking** - even if it is just for the time you are recovering, you immediately start to improve your circulation and you breathing.

One of the best ways to prevent other cancers in your urinary tract is to stop smoking. If you are a smoker, you should consider discussing stopping with your GP or a national stop smoking advisor. There are now many ways in which you can be helped to stop smoking. Please see more details under the "contact" section at the end of this leaflet.

**Reducing your weight** - It is advisable to reduce your weight if you are overweight.



Increased physical activity should be part of any weight-reducing programme, but please start gently if you are not used to physical activity and remember to drink plenty of fluid and avoid getting dehydrated, if you sweat a lot during exercise.

**Driving after surgery** - it is your responsibility to ensure that you are fit to drive following your surgery.

However, you should refrain from driving for at least six weeks following this surgery. Your doctor will be happy to provide you with advice on request. If you are unsure, please contact the DVLA.

Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy. Before you drive you should be:

- free from the sedative effects of any painkillers
- able to sit in the car comfortably and work the controls
- able to wear the seatbelt comfortably
- able to make an emergency stop
- able to comfortably look over your shoulder to manoeuvre.

You may wish to ask advice about when it will be safe for you to return to work.

## Follow up

The results of your operation will be discussed in our Multi-Disciplinary Team meeting and you will then have a further follow up appointment, which will usually be about 6 weeks after your operation.

## Further information

You are born with two kidneys, but you only need one. A single healthy kidney <<https://www.kidney.org/atoz/content/onekidney>> can work as well as two kidneys, but if both kidneys are removed, dialysis or a transplant is necessary to maintain life.

### Care of the remaining kidney:

Tests will be done on a regular basis by your GP to check how well the remaining kidney is working. A urinalysis (urine test) and blood pressure check should be done every year, and kidney function tests (creatinine, glomerular filtration rate [GFR]) should be checked every few years (or more often if abnormal results are found). Regular urine tests for protein should be performed as well. The presence of protein in the urine may mean that the kidney has some damage.

People with one kidney should avoid sports that involve higher risks of heavy contact or collision.

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This includes, but is not limited to, boxing, field hockey, football, ice hockey, lacrosse, martial arts, rodeo, soccer and wrestling. This may also include extreme activities such as skydiving. Anyone with a single kidney who decides to participate in these sports should be extra careful and wear protective padding. He or she should understand that losing the remaining kidney is a very serious situation.

### **Are dietary changes needed?**

In general, special diets are not needed by individuals who have one healthy kidney. Speak to your doctor or a registered dietitian if you have questions about the basic makeup of a healthy diet.

## **When to Seek Medical Attention:**

Any symptoms that are prolonged or feel like an infection should prompt review usually via the GP surgery first.

- Chills or fever over 38 degrees C (101 degrees F)
- Heavy bleeding or copious pus or discharge from the wound
- If you are having difficulty passing urine
- Your wound does not appear to be healing, or is painful, leaking or becoming red and swollen.
- Your abdomen is painful and not relieved by your prescribed pain relief.
- If your calf becomes swollen, red and painful, or if you should experience chest pains or difficulty in breathing you must seek immediate medical advice

Should you develop any of the symptoms above, please contact your GP or Urology Outpatients department, or if very unwell call 111 or go to your nearest Emergency Department.

## **Contact us:**

If you have any questions about this procedure or your results, please contact one of our Urology Nurse Specialists: 01225 824 034

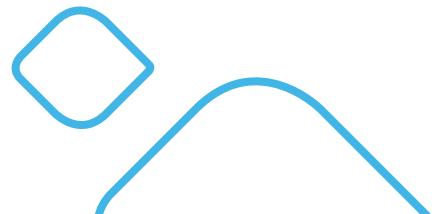
Alternatively, please contact the Urology Nurses based in Urology Outpatients.

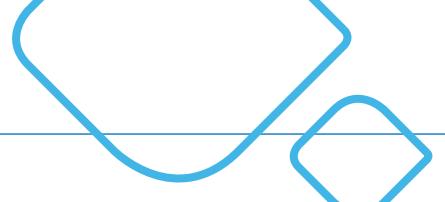
Urology Reception: 01225 825 990

Urology Outpatient Nurses Office: 01225 824 819

Urology Secretaries: 01225 825990

Please note that the Nurse Specialist and Outpatient Nurses office have answerphones as they may be in clinic. The answerphones are checked regularly, and messages will be responded to Monday to Friday between 9am and 5pm. If you require support out of these hours, you should phone 111.





For further information on **Robotic**/Laparoscopic Nephrectomy see the British Association of Urological Surgeons website. To view the online information, type the text below into your web browser:

robotic laparoscopic nephrectomy BAU

Or Royal United Hospitals Urology department website:

[www.ruh.nhs.uk/Urology](http://www.ruh.nhs.uk/Urology) (click on 'Patient Information')

**How to contact a stop smoking adviser:**

Call the free [Smokefree National Helpline](#) on 0300 123 1044

Please contact the Patient Support and Complaints Team if you require this leaflet in a different format or would like to feedback your experience of the hospital.

Email [ruh-tr.psct@nhs.net](mailto:ruh-tr.psct@nhs.net) or telephone 01225 825 656

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