UROLOGY ASSOCIATES of Green Bay

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Robotic Assisted Nephroureterectomy Patient Packet

Before Surgery

Your Goals:

- Learn about the surgery and recovery process and get your questions answered
- Make plans at home to have someone to help with household chores, cleaning, cooking, shopping, etc during recovery
- Prepare a ride home from the hospital

Appointments:

- You may have to meet with our PrePare Clinic prior to surgery. They ensure you are medically optimized to move forward with surgery. They will do any pre-operative testing if needed. If you are on anti-coagulation medication (Warfarin, Plavix, Eliquis, etc) they will be giving instructions on when to stop those medications.
- If you do not need to meet with PrePare, you will have an appointment with our clinic to review your medical history, review surgery and medications.
    - Some people may need both appointments.

Activity prior to Surgery

- Walking daily prior to surgery can help you recover faster. Try to walk 20-30 min per day leading up to surgery.
- If you smoke, quitting before surgery can decrease your risk of breathing complications and improve recovery time.

Surgery: Robotic Assisted Laparoscopic Nephroureterectomy

What happens during surgery?

- This procedure typically treats a ureteral mass. The mass is removed in its entirety along with the kidney itself. The surgery is done with the robot and you will have 4-6 small incisions in your abdomen and one larger incision to remove the kidney. A catheter is placed in your bladder during surgery and is typically removed 1 week after surgery.

What are the risks of surgery?

- Every surgery has risks. Short term risks include bleeding or injury to your bowel or other organs. This is very rare and if occurs would be treated as necessary. Blood transfusions may be necessary if there is significant blood loss. Infection is another risk of any surgery and you will get an IV antibiotic at the time of surgery to decrease that risk.
- Kidney function can be affected when we operate on the kidney. Your renal function is assessed before proceeding with surgery to ensure you will tolerate removal of your kidney but there is risk of kidney failure which can lead to a need for dialysis.

Hospital Course

- You will check in for surgery at Bellin as instructed. The OR will call about 2 days prior to surgery to give you your arrival time.
- Once checked in, you will meet with the anesthesiologist and the nurses will prepare you for surgery.
- Surgery typically takes about 3-4 hours.
- You will go to the recovery room while waking up and then move to the floor
- Typical hospital stay is one to two nights.
- Your diet will be slowly advanced after surgery to a general diet. We encourage good fluid intake to keep the kidney's flushed.
- You will need someone to drive you home
- Pain medication will be available. We encourage Tylenol and Ibuprofen. If narcotic pain medications are needed, they will be available.
- We encourage walking in the hospital to help get the bowels moving, prevent blood clots, and keep your lungs open to prevent pneumonia.
- You will be given an Incentive Spirometer to use to help expand your lungs and prevent pneumonia after surgery. You should use this at home multiple times per hour that you are awake.

At Home

- Use Tylenol and/or other medications as directed for pain control.
    - Take narcotic pain medication as needed for severe pain. These are addictive, cause constipation, and should be used sparingly.
- Use Stool softeners until bowel function returns to normal. If you have issues with constipation, you may use other OTC medications such as Miralax, Magensium Citrate, or Milk of Magnesia.
- Walking is encouraged to help prevent blood clots and pneumonia. Do not lift more than 10-15 lbs (full gallon of milk) for 4 weeks. Avoid activities that involve twisting, bending, pushing, pulling, etc. Anticipate a full 6 weeks for recovery. You may go up and down stairs.
- You may shower. The water may run over the incisions but do not scrub them. Dab the incisions dry and leave open to air. Do not bathe or swim until incisions are well healed.
- Do not drive if you are taking narcotic pain medication or with catheter in place. Once you are no longer taking pain medication and your catheter has been removed, you may drive if not distracted by pain.

Post operative Expectations

- If you have a drain, you will have a follow up appointment to evaluate/remove it. Timing of your post operative appointment will be determined at discharge.
- Staples, if present, will be removed at your post operative visit. If sutures were used, those will dissolve and do not need to be removed.
- The surgeon will call you with pathology results once available. These often take a week to return.

When to Call

- Fever >101, chills, nausea, vomiting, chest pain, shortness of breath, leg pain or swelling
- Urinary symptoms such as urgency, frequency, burning

Call (920)-433-9400 with any other questions or concerns