

REMOVAL OF KIDNEY AND URETER

Why do I need this done?

If your doctor has arranged for you to have this procedure, this brochure gives you the basic facts on what is going to happen to you and your body, in an easy to understand way. A nephroureterectomy is a surgery to remove the kidney and ureter (the pipe that connects your kidney with your bladder). This procedure is most commonly performed to remove a kidney and ureter with cancer throughout it. This procedure can be done through a large incision (open surgery), small key hole incisions (laparoscopic) or with the help of a surgical robot. We will explain the differences between these approaches in the sections below.

What will happen during surgery?

A nephroureterectomy is done in the operating room and you will be asleep under general anaesthetic. Prior to the operation it is important you follow your surgeon/hospital's instructions. What happens during the operation depends on the type of nephroureterectomy your doctor will perform. The procedure takes 2-5 hours to complete, depending on technique:

Open nephroureterectomy:

A cut (incision) is made on the side of the body under the ribs so that the kidney and ureter can be reached. The blood vessels attached to the kidney are sealed and cut. The lower end of the ureter at the bladder is cut with a rim of bladder surrounding it (so we don't leave any behind). Occasionally, a second cut is needed to remove the lower ureter. The kidney, its surrounding fat and ureter can then be removed as one package. After this we use dissolvable stitches or staples to close the skin.

Laparoscopic nephroureterectomy:

This keyhole method involves 3-4 small incisions (ports) in your abdomen, that allow us to pass operating instruments through. The kidney and the upper ureter are disconnected from surrounding structures. The lower ureter is disconnected from the bladder. Once the kidney and ureter are free, they are removed by enlarging one of the port incisions.

Robotic nephroureterectomy:

Keyhole incisions are made in the abdomen, that allow robotic surgical instruments to be inserted into the abdomen. Instead of holding instruments in their hands to operate, the surgeon controls each arm of the robot through hand controls in the robot control unit. The rest of the procedure remains the same as above.



SEE OUR WEBSITE FOR FREE DOWNLOAD OF OUR BLADDER CANCER CARE PLAN TO FILL OUT WITH YOUR DOCTOR:
WWW.BLADDERCANCER.ORG.AU/BLADDER-CANCER-CARE-PLAN/

What to expect after surgery

It is common to have a drain tube in the abdomen and catheter in the bladder after surgery. These tubes are removed in the days following surgery when no longer required. Sometimes the catheter may need to stay in longer. In some cases, your doctor will give a single dose of chemotherapy into the bladder through the catheter after your surgery. They will discuss this with you prior to surgery. You will also be given a daily injection to prevent blood clots while you are in hospital.

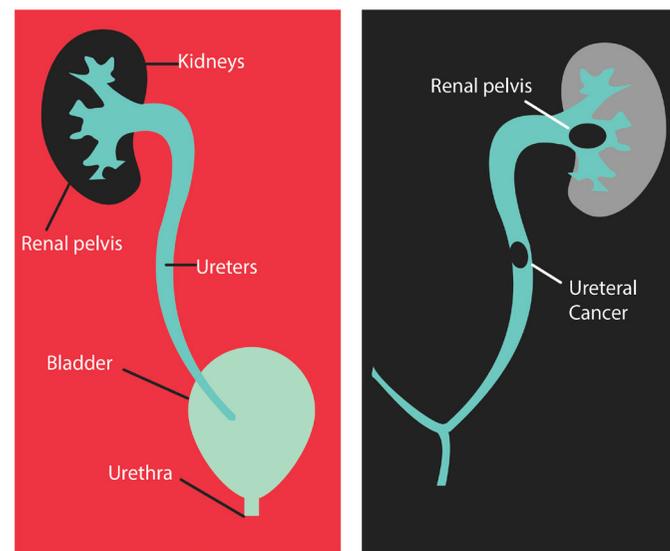
Going home tips

It's normal to feel tired and sore after surgery, go slowly in the first few days at home, where you will be moving around more than what you were in hospital.
No heavy lifting (>3-5kgs) for 6 weeks after surgery, to allow your muscles to heal.

COMMON	OCCASIONAL	RARE
Pain or discomfort at the incision site. Temporary abdominal bloating	Urine infection requiring antibiotics Surgeon not able to completely remove the cancer. Skin infection of the surgical wound(s) Bleeding requiring transfusion or surgery The abnormality in your kidney or ureter not being cancer.	Involvement or injury to nearby structures (blood vessels, spleen, liver, lung, pancreas & bowel) requiring more surgery. Persistent urine leakage from the bladder Anaesthetic or cardiac problems

Next steps

After the surgery it can take up to two weeks for the results to come back. Because there is sometimes a lot of information, it is often useful to bring someone else along to this appointment



Disclaimer: The information in this publication is of a general, non-specific nature. It is not intended, and should not be used as a substitute for the advice of qualified medical professionals.



BladderCancer.org.au