



You have been booked for a

# SURGERY:

## GENERAL RECOMMENDATIONS



ROCKHAMPTON  
**Urology**

### ROCKHAMPTON UROLOGY & CARDIOLOGY

1/105 shop East Street,  
Rockhampton Qld 4700

Tel: [\(07\) 4882 0119](tel:(07)48820119)

Fax: [\(07\) 4882 0141](tel:(07)48820141)

**A/Prof Dr Antonio Vega Vega**

**Urologist**

MBBS, PhD, FRACS (Urol)

This leaflet has been written to provide information and answer questions that you may have regarding your proposed surgery. It is important that you understand what to expect and feel able to take an active role in your treatment. Not all the content will apply to you. It is essential that you read this booklet carefully. If there are any areas that are not clear or there are questions you need answering there are telephone numbers at the back of the booklet for you to contact. It is important that you understand the operation and its effects on you.

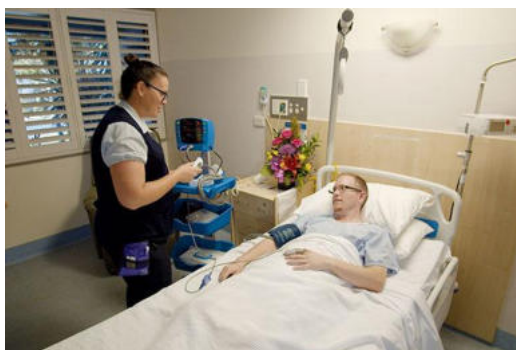
Your surgeon will have already discussed your treatment options with you, including the risks, benefits and any alternatives.

If you have any further questions after reading this, do not hesitate to contact Dr. Vega Vega's office for further advice.

## **BUDDY SYSTEM**

No matter how many leaflets and booklets you will read discussing this operation, sometimes it is helpful to talk to a patient who has undergone this operation.

If you feel that you would like to talk to one of our patients, please ask us to put in contact with someone. All "buddies" have volunteered their services to help other patients through this process.



## **WHAT DO I NEED TO PREPARE AT HOME BEFORE I LEAVE FOR THE HOSPITAL?**

Please, tell your neighbours or friends that you will be going into hospital. It is a good idea to make a list of telephone numbers of family and friends to bring to the hospital with you.

If you are living alone, remember to cancel your papers and milk and remember not to leave food that will spoil in your fridge.

Make sure that any pets will be cared for whilst you are away. If you have a freezer, it may be a good idea to freeze some bread and milk so that it is there for when you get home.

Make sure that you have some sample over-the-counter medicines, such as paracetamol and anti-acids at home when you return. A short supply of any prescription medicines that you need will be given to you before you are discharged.

## **LENGTH OF STAY**

The usual length of stay depends on the operation, your doctor explains to you the expected stay as an inpatient for your surgery. However, if you need to stay longer for a medical reason, your doctor will discuss this with you.

## **BEFORE SURGERY**

### **INFORMED CONSENT**

After consultation with the doctor, you will be asked to sign a form to give written consent for the surgeon to perform the operation and for an anaesthetic to be administered.

Relevant sections of the form must also be completed if you agree to a blood transfusion and/or if your particular surgery involves the removal of a body part and you wish to have this returned. Our expectation is that you feel fully informed about all aspects of your surgery before giving written consent.



Your surgeon will explain the reason for the operation and the risks associated with the surgery. Your doctor also explains to you about other

possible options of treatment different to surgery. Your doctors will visit you every day while you are in hospital to provide medical care and answer questions about your surgery and progress.

**Please be sure to inform your Urologist in advance of your surgery if you have any of the following:**

- An artificial heart valve.
- A coronary artery stent.
- A heart pacemaker or defibrillator.
- An artificial joint.
- An artificial blood vessel graft.
- A neurosurgical shunt.
- Any other implanted foreign body.
- A prescription for Warfarin, Aspirin, Clopidogrel or any blood thinner.
- A previous or current MRSA infection.
- High risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human derived growth hormone).



## OTHER MEASURES

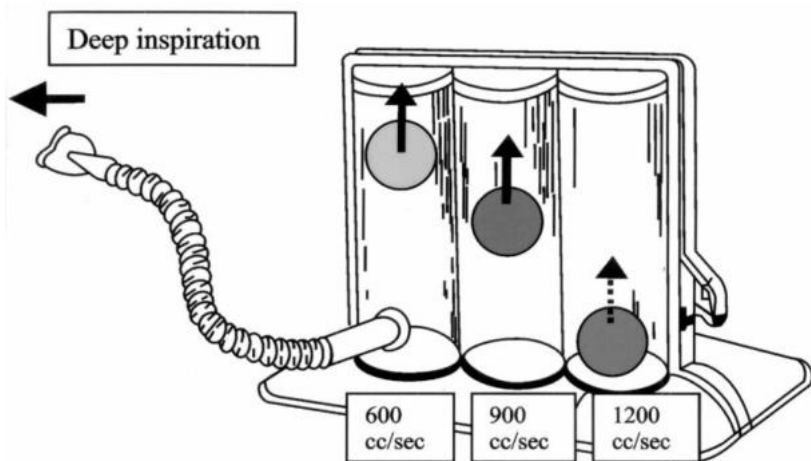
### NIL BY MOUTH

As your stomach should be empty before an anaesthetic, you must not eat anything or drink milk products six hours prior to surgery.

If required for your surgery, you will have been given an **enema** to use at home. This empties the lower bowel and helps to prevent constipation after your surgery.

### BREATHING EXERCISES

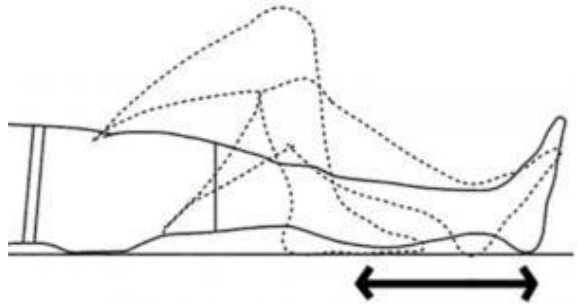
Breathing exercises will be taught to you by your nurse or physiotherapist. They are important as they help to keep your lungs clear of fluid and prevent chest infection. They should be carried out regularly after surgery by supporting your abdomen with a soft pillow, taking four to five deep, slow breaths then one deep cough.



## LEG EXERCISES

Leg exercises help keep muscle tone and promote the return of blood in your leg veins to your heart. These include pedalling the feet, bending the knees and pressing the knees down into the mattress.

Do not cross your legs, this squashes your veins causing obstruction to the blood circulation.



## ANTI-EMBOLUS STOCKING

These are special **stockings** that help prevent clotting of the blood in your veins while you are less mobile. The stockings are used in combination with leg exercises and are fitted by your nurse before your surgery. If you currently have leg ulcers, please let your nurse know as the stocking may not be suitable for you.

On the day of your operation, you will be asked to put on a hospital gown and support stockings (**TED stockings**).

These are to reduce the chance of clots or deep vein thrombosis (DVT) forming in your legs. It is advisable that you wear these stockings for 10 days after the surgery and not just while you are in hospital. After the operation you will also be given daily

# WOUND SITE- WHAT TO EXPECT

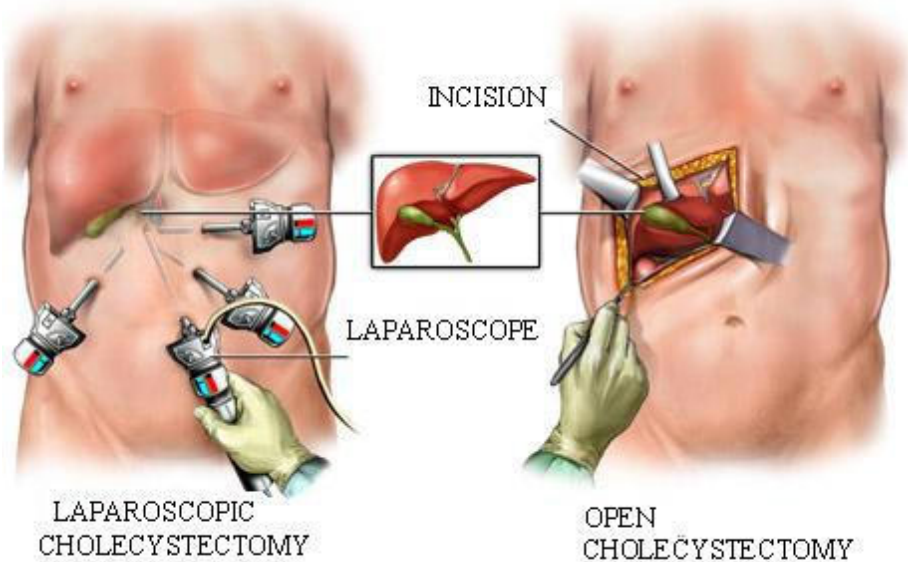
## LAPAROSCOPIC SURGERY

The small wounds are closed with dissolvable stitches. 48 hours after the operation the dressing are removed, and the wounds covered with a protective plastic film so that you can bathe or shower as normal.

## OPEN SURGERY

An abdominal incision (wound) or combined abdominal or chest incisions may be used. As the wound is close to your lungs this may make breathing and coughing painful.

Physiotherapy and nursing staff will assist you.



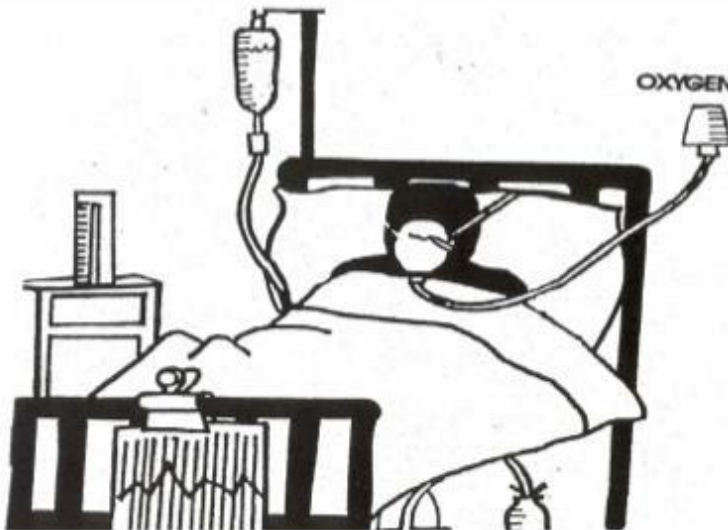
## **WHAT CARE WILL YOU NEED AFTER THE OPERATION?**

Sometimes, your consultant may decide that you need to be nursed in the Critical Care Unit for a short time immediately after the operation. Once you have recovered, you will be transferred back to surgical ward for the rest of your hospital stay. The need to be nursed in Critical Care depends on the type of surgery and any other health issues you may have.

If there is no need for Critical Care after the operation you will return to the post-operative room on the ward.

### **AFTER SURGERY**

You are transferred to the recovery room next to the operating theatre. Your condition is monitored when you are awake and comfortable a nurse and an orderly will escort you back to the ward on your bed.



## **ON THE WARD**

Your nurse will check the following regularly.

- Vital signs –your blood pressure, pulse, respiration rate and temperature.
- The severity and location of any pain or discomfort.
- The amount of urine you are producing.
- The wound site and wound drains.
- The level of numbness that an epidural is producing.
- The effectiveness of pain relief.
- The amount of oxygen in your blood.

## **YOU MAY HAVE**

After your operation there will be certain tubes attached to you. Each tube serves a purpose and helps you to recover.

These are listed below:

### **INTRAVENOUS (IV) FLUIDS**

To give you fluids and medications a tube may be placed in a large vein in the neck (central venous line) and a smaller tube will be placed into a vein in the forearm.

During the next 24 hours you will be able to drink fluids beginning with water then tea/coffee. Once you can tolerate adequate fluids your

intravenous infusion (drip) can be removed. You will then be able to eat a light diet and gradually build up to eating normally

## **OXYGEN THERAPY**

Oxygen is often given for the first 24 hours after surgery via nasal prongs or a facemask to help with breathing and healing.

## **URINARY CATHETER**

You will have a tube in the urethra that will drain the urine from your bladder. This can be secured to your leg for comfort.

It is particularly important after a nephrectomy that your urine output is monitored closely as it indicates the health of your remaining kidney after surgery.

If you have had your ureter removed, the catheter will stay for longer to allow healing to take place.

## **WOUND DRAINS**

You may have a wound drain. This will drain blood and fluid from your operation site. Good drainage will promote healing. It is normally removed after 2-3 days. If it is still draining large amounts, it will be left in a little longer.

## **CHEST DRAIN**

If you have had a Radical Nephrectomy, you may also have a chest drain. The chest drain helps to remove any blood and fluid around the lungs.

# PAIN RELIEF AFTER YOUR SURGERY

Your nurse will work alongside your doctors and the anaesthetist to keep your pain at a minimum.

The PAIN SCORE is a way of your nurse establishing how much pain you are experiencing by asking you to grade your pain from 0 to 10 where 0= no pain and 10 = the worst pain you can imagine.

The following methods of pain relief may be used singly or in combination with each other.



## **PATIENT CONTROLLED ANALGESIA (PCA)**

This infusion machine has a button you press each time you need pain relief. It will help your pain by immediately delivering a specific amount of pain relief into your blood stream. The pump is programmed according to your anaesthetist's instructions.

## **EPIDURAL**

An epidural is a very small tube inserted by your anaesthetist into the epidural space in your back. A local anaesthetic is infused through this tube via a pump for the first few days after surgery relieving pain at your operation site by numbing it.

## **PAIN BUSTER**

There are 2 small tubes at each side of the wound that are connected to a reservoir full of local anaesthetic, releasing this local anaesthetic regularly at a pace of 2 ml/min each side that helps to control the pain in the wound, decreasing the need of stronger analgesia. This device is used for up to 72 hours.

## **INTRAVENOUS (IV) PAIN RELIEF**

Intravenous pain relief can be administered to supplement a PCA of epidural or on its own to manage pain that is not controlled by tablets or suppositories alone.

## **RECTAL PAIN RELIEF**

Pain may also be controlled by the insertion of suppositories whilst you are not able to take tablets orally.

## **ORAL PAIN RELIEF**

When you can drink, you may have tablets by mouth (orally).



## **FOOD AND FLUIDS**

After your surgery your food and fluid intake will be increased as your bowel be gradual starting with sips and progressing to light meals over a day or so. It is important to eat balanced diet and chew thoroughly and eat slowly. If you have any special dietary needs, a dietitian will be involved to assist in your recovery.

## **MOBILITY**

You will usually be up in a chair for a short time and assisted to walk a short distance within a day or two of your surgery. Your level of activity will increase as you recover.



## **REMOVAL OF DRIPS AND DRAINS**

### **INTRAVENOUS (IV) FLUIDS**

This is removed when you are drinking normally. The Leur (plastic tube) is removed when you are no longer requiring intravenous medications.

### **DRAINS**

These are removed when the amount of drainage is minimal and the operation is healing. Your doctors will keep you informed.

### **URINARY CATHETER**

The urinary catheter is usually removed a few days after surgery when close monitoring of your urine output is not so critical, and your epidural (if present) has been removed.

### **SUTURES (STICHES OR STAPLES)**

For this surgery, most suture material is dissolvable and does not require removal. However, if non-dissolving suture material has been used, this will need to be removed approximately seven to ten days after surgery. If you are not going to be in hospital at this time, you will be given a date for you to arrange for your GP or practice nurse to remove them.

Your wound will have dissolvable sutures (stiches). These can take up to 3 months to complete dissolve. You may experience itching until then. To begin with you will have a dressing over the wound. Once it is clean and dry, you will no longer need dressing.

## GOING HOME

When you are discharged from hospital your nurse will arrange for you to receive ongoing support, advice and practical help if needed.

When you first leave hospital, you will need to get plenty of rest. You may experience aches and twinges for approximately 3 months during the recovery period. These are normal and are due to the tissue and muscle inside, healing together. As the wound heals a few patients may develop scar tissue along the wound. This can sometimes feel like a lump. If you are concerned either see your GP or speak to your nurse specialist or consultant at your next consultation.

You should only take light exercise. Take gentle walks (less than one mile) and avoid vigorous exercise such as golf and cycling for at least six weeks. More strenuous activities such as heavy lifting, digging and decorating should be avoided for three months after your operation. Avoid travelling abroad for 6 weeks after surgery. You should speak to your GP or consultant if you are planning a trip.



## **DRIVING**

You should not drive for six weeks after your operation or until you can comfortably wear the seatbelt and are able to perform an emergency stop if necessary. It is advisable to check with your car insurer first before driving.



Please remember that driving long distances is tiring. You may need to plan to take extra breaks in your journey.

## **EATING AND DRINKING**

When you go home you can eat whatever you like, although you should avoid constipation by eating fresh fruit, vegetables, wholemeal bread and cereals

You should drink between two and three litres of fluid each day as this will help you look after your remaining kidney.

## **WORK**



You can return to work when you feel fit and able, depending on what sort of work you do. Most people should be back to full physical activity 3-4 weeks post laparoscopic surgery. If you have open surgery this will take 10 weeks.

If you have an inactive job, you may feel well enough to return to work after six to eight weeks. If you have a heavy manual job, you should not return to work before three months. Sick notes can be obtained from your GP after hospital discharge.

After any operation it is natural to feel frightened and concerned during the initial recovery. If you are concerned please do ring the nurse specialists who are there to help you during this time.

## **HOLIDAYS**

Holidays abroad are possible once you have fully recovered from your operation.



Previous patients have commented that they were not ready for this type of travel until approximately 3 months after the operation. This is something to bear in mind before looking a holiday. Travelling before this may pose problems in getting travel insurance.

If you are planning a long-distance flight, it is important to take precautions. Drink plenty of fluids. If possible, wear some support stockings (like those you wore after the operation) and try to mobilise (move around) during the flight.

## **FURTHER ADVICE**

Complications following surgery:

### **CHEST INFECTION**

This may occur as a complication of the general anaesthetic. You can try to help prevent this by deep breathing.

### **BLOOD CLOTS IN THE LEGS**

There is a risk you may develop blood clot or deep vein thrombosis (DVT) in the legs after this operation. While you are in hospital you may be given special stockings (TED tights) to help prevent this problem. If you have pain, tenderness or swelling in your legs, or have chest pain, shortness of breath or you are coughing up blood, you should contact your GP immediately. If diagnosed early, problems with blood clots can usually be effectively treated.

### **WOUND INFECTION**

There is always a possibility of a wound infection with any operation. If the wound area becomes red and warm to the touch it could mean you have a wound infection. If this does happen you will need a course of antibiotics to clear the infection. This may be in the form of tablets or injections.

Occasionally the wound may produce a discharge, although this may be unpleasant it is better for the infection to drain away as it will clear quicker.

If you develop a wound infection after being discharged from hospital, you should contact your own GP who will arrange antibiotic therapy for you.

The doctor may also arrange for the district nurse to visit you to monitor the wound. If you are in doubt please, contact the specialist nurse.

## **URINE INFECTION**

The risk of developing a urine infection is increased if a urinary catheter is present.

If your urine becomes offensive smelling or cloudy in colour this could mean that you have a urine infection. Please speak to your GP as they may need to prescribe you some antibiotics.

## **BLOOD IN THE URINE.**

If you have had a partial removal of your kidney there is a risk of bleeding after the operation (experiencing blood in urine). If this does happen, you should contact the ward or urologist immediately as you will need to be admitted at once.



## **DISCHARGE ADVICE.**

You may be advised to take some precautions to protect the remaining kidney. These precautions include:

- Increase your amount of exercise as tolerated
- Aim for a fluid intake of one to two litres a day.
- Have regular visits to your GP to monitor your blood pressure and have blood tests.
- See your GP promptly if you experience chills, fever or pain in your bladder or back, or your urine is cloudily and offensive smelling. These symptoms may be indicative of a urinary tract infection and require treatment.

Most of the wound strength is reached within the first six weeks after surgery, so it is important to avoid strenuous activity, heavy lifting and straining during this period. This includes such things as contact sports, mowing lawns, gardening, vacuuming and lifting heavy washing baskets.

Sexual activity may be resumed after six weeks of when you feel comfortable to do so.

Your hospital doctor will provide your first sickness benefit certificate/medical certificate and will advise you when to return to work.

# **FOLLOW UP**

## **DISCHARGE LETTER**

You and your GP will receive a copy of a letter outlining the treatment you received during your hospital stay. This will be posted to you if it is not completed by the time you

leave hospital

When you are discharged from hospital you will be under the care of your GP who will look after your general health and monitor your progress



## **OUTPATIENT APPOINTMENTS**

You will receive an appointment for Urology Outpatients approximately 2 weeks after discharge.

## **WHAT SHOULD I EXPECT WHEN I GET HOME?**

By the time of your discharge from hospital, you should:

- Be given advice about your recovery at home, including when to resume normal activities such as work, exercise, driving, housework and sexual intimacy.
- Be given a contact number if you have any concerns once you return home.
- Be told when your follow-up will be and who do this (the hospital or your GP).
- Ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed.

When you leave hospital, you will be given a draft discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

## **ARE THERE ANY OTHER IMPORTANT POINTS?**

A follow-up outpatient appointment will normally be arranged for you 1-2 weeks after the operation. At this time, we will be able to inform you of the results of the pathology tests on the removed kidney.

It will be at least 7-10 days before the pathology results on the removed tissue are available. It is normal practice for the results of all biopsies to be discussed in detail at a multidisciplinary meeting before any further treatment decisions are discussed with you

### **WHAT ELSE SHOULD I LOOK OUT FOR?**

If you develop a temperature, pain in your abdomen, increased redness, throbbing or drainage at the site of the operation, you should contact our clinic or the emergency department.



**ROCKHAMPTON**  
**Urology**

### **ROCKHAMPTON UROLOGY & CARDIOLOGY**

1/105 shop East Street,  
Rockhampton Qld 4700

Tel: [\(07\) 4882 0119](tel:(07)48820119)

Fax: [\(07\) 4882 0141](tel:(07)48820141)

**A/Prof Dr Antonio Vega Vega**

**Urologist**

MBBS, PhD, FRACS (Urol)