Laparoscopic Simple Nephrectomy

**Item Number:** 36519

Why is it done?

 A symptomatic non-functioning kidney

 Pyonephrosis

 Infection

 Causing discomfort

 Risk for post-operative dialysis will have been discussed prior to your surgery by means a referral; to a Nephrologist.

Very Important!!

The correct side for surgery should be checked : CT scan present

 Your approval Prior to anaesthesia being commenced

How is it done?

 Patients will receive a general anaesthesia, unless contra-indicated.

 Prophylactic anti-biotics is given.

 An indwelling catheter is placed.

 The correct kidney is identified and marked while you are awake

 Depending on the side of non-functioning kidney 3-4 incisions will be made: 1 for the hand-port of approximately 8cm depending on the amount of sub-cutaneous fat present

1 for the camera-port

1 for the working-port

(1 for the liver retractor on the right)

 The colon is reflected to reveal the retro-peritoneal space

 The ureter is identified and cleared up to the hilum

 The arteries are identified and tied off and cut first. More than 1 can be present

 Then the vein/ veins are tied and cut.

The rest of the kidney is mobilized with its surrounding fat and removed

 

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Complications

**Side–effects**

 Minimal Blood loss

 Wound Infection.

 Post-operative hernia formations especially associated in the elderly with atrophic abdominal muscles

 Prolonged hospital stay due to impaired renal function recovery.

 Dialysis as discussed by your Nephrologist, if pre-operatively indicated

NB! Each person is unique and for this reason symptoms vary

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