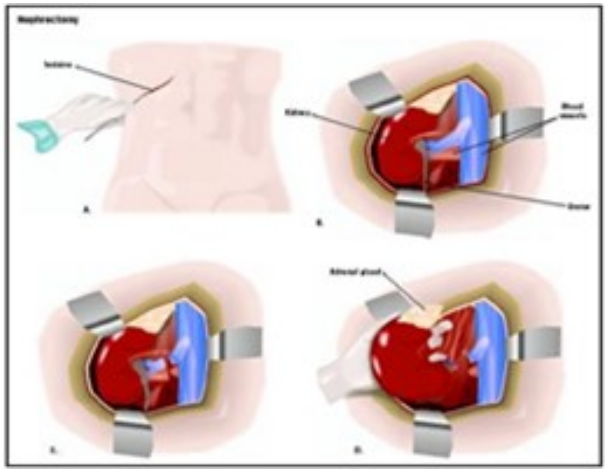
Side–effects

- Minimal to significant blood loss, which may require a blood transfusion
- 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
- Post-operative Immunotherapy as prescribed by your Oncologist
- NB! Each person is unique and for this reason symptoms vary!



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Urologist

Dr Jo Schoeman
Specialist Urologist

PATIENT INFORMATION BROCHURE

OPEN RADICAL NEPHRECTOMY

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

Open Radical Nephrectomy

For large renal tumours where laparoscopic procedure may be contra-indicated. Bigger invasive procedure and may incur longer hospital stay and prolonged recovery process

Why is it done?

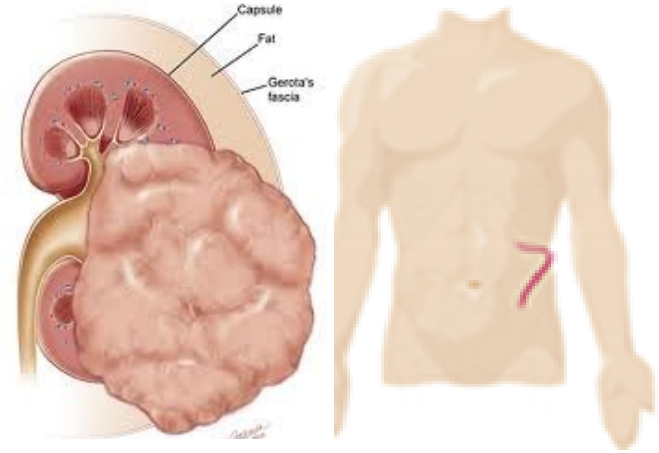
- Incidental finding of a solid renal mass larger than 8-10cm suspicious of a renal cancer
- A symptomatic non-functioning kidney with the history of inflammation and abscesses where a large inflammatory process was involved making surgery technically more difficult
- Late symptoms include:
  Hematuria
  Palpable Mass
  Flank pain
- Possible curative process for Renal Cell Carcinoma
- Cyto-reductive process prior to or post Tyrokinase Inhibitor (TKI) treatment

Staging with
CT abdomen and chest
Bonescan

FDG PET Scan
MRI if in Renal Failure or Contrast Allergy

Chemo-Oncologist will also be involved in your care. (not for the non-functioning kidney)

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



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
- A large sub-costal incision is made 2cm under your ribcage stretching from your side to just across the midline of the other side of your abdomen.
- The muscles are cut.
- 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/viens are tied and cut.
- The rest of the kidney is mobilized with its surrounding fat and removed.
- The adrenal gland is also removed in large tumours and upper pole tumours.
- Lymphnodes surrounding the blood supply to the kidney will be removed if the tumour is larger than 4 cm

Very Important!!

The correct side for surgery should be checked :
CT scan present
Your approval
Prior to anaesthesia being commenced

What next?

- You will spend up to 5-7 nights in hospital.
- You will have a catheter for that time.
- A drain for 2-3 days.
- You will a trial without the catheter on the 3rd day
- Renal functions will be checked daily.
- You may enter a phase of poly-uria. High production of urine as the remaining kidney adjusts to the higher work-load.
- You will be discharged as soon as your renal function has stabilised and you can function independantly..
- Allow for 6 weeks for stabilization of symptoms.
- Restrict fluid intake to less than 3 L per day.
- A ward prescription will be issued on your discharge, for your own collection at any pharmacy
- A follow-up appointment will be scheduled for 6 weeks. Remember there is no pathology due to vaporization.
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**