

Urologic Surgical Associates of Delaware

Specializing in Robotic Surgery

Robotic-Assisted Laparoscopic Partial Nephrectomy Peri-op Instructions

Robotic-Assisted Laparoscopic Partial Nephrectomy is the use of robotic technology to facilitate removal of a tumor from the kidney laparoscopically. The surgery is performed through 5-6 small key-hole incisions (1-2cm in size) to remove just the tumor while leaving the remaining kidney intact and functioning. This strategy is called nephron-sparing. Nephrons are the small tubes that make the kidney work. Nephron-sparing surgery preserves kidney function for better health.

For Robotic Partial Nephrectomy you will be admitted the day of surgery and usually you will be discharged 1-2 days after the surgery. The two keys to being discharged are tolerating a liquid diet and tolerating oral pain control. Most patients do not have their first post-operative bowel movement until after discharge to home.

Partial nephrectomy creates a repair of the resected area of the kidney that has the potential of significant bleeding post-operatively. You must take great care not to risk undue strain on the surgery site. In general, this area does not bleed significantly during the post-op period and most patients experience very little bleeding overall from this surgery but the surgical repair site must be protected from strenuous activity or straining to prevent any significant bleeding during the first four weeks of post-operative recovery. In general, for the first four weeks do not lift anything heavier than 20 lbs, do not do anything strenuous, and avoid athletic training.

We do encourage you, however, to engage in walking multiple times a day as early on in your recovery as possible. The major risk of cancer surgery is a blood clot from your leg moving up into your lung (a pulmonary embolus, or PE). The blood in the veins of your legs move only if the muscles of your legs are moving and compressing the veins. When you are inactive, such as during a long airplane flight or during/after surgery, your leg muscles are not moving and so the blood stagnates, congeals, and forms a clot. This clot can then move up to your lung causing an embolus. So the best way to prevent a blood clot to your lung is by moving your legs early and often during your recovery. The best leg movement is walking but it is helpful to bend your knees up toward your chest when sitting or lying in bed. We will also help reduce your risk of clot by using compressive leg stockings and intermittent pneumatic compressive devices (which squeeze your leg muscles intermittently). We will also use a daily blood thinner while you are in the hospital and when you get home you can continue on an aspirin a day for one month following surgery to thin the blood.

Another important aspect to your post-operative recovery is the resumption of bowel function. The anesthetic, abdominal insufflation, pain medications, and post-operative immobility are all constipating. For this reason we have you prepare the day before surgery with a bowel prep and

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then post-operatively encourage you to remain on a liquid diet and to use milk of magnesium three times a day until your first bowel movement (usually post-operative day three or four).

There will be transparent bandages of tegaderm over small gauze bandages covering these incisions and you can remove these bandages on post-operative day two or three. Under these bandages are two small steri-strip Band-Aids over your incision. There will usually be 5-6 small port site incisions the size of a fingernail located on your abdomen on the side of the affected kidney.

You will follow up for a wound check about 2 weeks after the surgery and at that time your surgical pathology should be available. The surgical pathology will determine if the tumor removed is cancerous and if it is the extent of how aggressive and advanced it is. If the tumor is cancerous, you will need to continue monitoring with x-rays and lab studies to determine the ongoing status and next steps.