

**Alexandria Location**

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Alok Desai, M.D.   Pratik Desai, M.D.   Nilay Gandhi, M.D.   John Klein M.D.   Inderjit Singh M.D.

## Radical/Partial Nephrectomy Post Operative Instructions

### DURING YOUR HOSPITALIZATION

#### • Postoperative pain

Pain medication can be controlled and delivered by the patient via an epidural or an intravenous catheter or by injection (pain shot) administered by the nursing staff. You may experience some minor transient shoulder pain (1-2 days) related to the carbon dioxide gas used to inflate your abdomen during the laparoscopic surgery.

#### • Nausea

You may experience some nausea related to the anesthesia. Medication is available to treat persistent nausea.

#### • Urinary Catheter

You can expect to have a urinary catheter draining your bladder (which is placed in the operating room while the patient is asleep) for approximately one day after the surgery. It is not uncommon to have blood-tinged urine for a few days after your surgery.

#### • Diet

You can expect to have an intravenous catheter (IV) in for 1-2 days. (An IV is a small tube placed into your vein so that you can receive necessary fluids and stay well hydrated; in addition it provides a way to receive medication.) Most patients are able to tolerate ice chips and small sips of liquids the day of the surgery and regular food the next day. Once on a regular diet, pain medication will be taken by mouth instead of by IV or shot.

#### • Fatigue

Fatigue is common and should start to subside in a few weeks following surgery.

#### • Incentive Spirometry

You will be expected to do some very simple breathing exercises to help prevent respiratory infections through using an incentive spirometry device (these exercises will be explained to you by the nursing staff during your hospital stay). Coughing and deep breathing is an important part of your recuperation and helps prevent pneumonia and other pulmonary complications.

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• **Ambulation**

On the day of surgery it is very important to get out of bed and begin walking with the supervision of your nurse or family member to help prevent blood clots from forming in your legs. You can also expect to have SCD's (sequential compression devices) along with tight white stockings to prevent blood clots from forming in your legs.

• **Hospital Stay**

The length of hospital stay for most patients is approximately 1-2 days.

• **Constipation/Gas Cramps**

You may experience sluggish bowels for several days following surgery as a result of the anesthesia. Suppositories and stool softeners are usually given to help with this problem. Taking a teaspoon of mineral oil daily at home will also help to prevent constipation. Narcotic pain medication can also cause constipation and therefore patients are encouraged to discontinue any narcotic pain medication as soon after surgery as tolerated.

**MEDICATIONS AFTER DISCHARGE/WHILE AT HOME**

• **You will receive ONE prescription upon discharge:**

(1) Oxycodone – take as needed for pain control. This can cause constipation, therefore it is encouraged for patients to start taking Ibuprofen or Tylenol once home if tolerated.

• **You may resume any of your usual daily medications upon discharge.**

If you take Aspirin 81mg, then it is ok to restart that upon discharge. If you take Aspirin 325mg, then restart after ONE week. Please restart other blood thinners (Plavix, Coumadin, Lovenox) as per instructions from the prescribing doctor and your surgeon.

**DIET**

You should be on a no added salt diet and always avoid high protein diets as both can cause potential damage to your remaining kidney(s). It is best to discuss methods and guidelines to

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protect your remaining kidney(s) with your primary care physician after fully recovering from surgery.

## ACTIVITY

- **AVOID vigorous exercise for SIX weeks then slowly increase your activity.**

Taking walks is advised. Prolonged sitting or lying in bed should be avoided. Climbing stairs is possible but should be taken slowly. Driving should be avoided for at least 1- 2 weeks after surgery. Absolutely no heavy lifting (greater than 20 pounds) or exercising (jogging, swimming, treadmill, biking) for six weeks or until instructed by your doctor. Most patients return to full activity at home on an average of 3 weeks after surgery. You can expect to return to work in approximately 4 weeks.

You may shower after returning home from the hospital. Your wound sites can get wet, but must be padded dry immediately after showering. Tub baths are not recommended in the first 2 weeks after surgery as this will soak your incisions and increase the risk of infection. You will have adhesive strips across your incisions. They will fall off in approximately 5-7 days on their own. Sutures underneath the skin will dissolve in 4-6 weeks.

## FOLLOW-UP APPOINTMENT

Please call the office at **703-680-2111** after your surgery date to schedule a follow up appointment for ONE MONTH following surgery. You will also have blood work done at this visit to ensure adequate functioning of your kidney(s).

The pathology results from your surgery are usually available in one week following surgery. Your surgeon will discuss these results via telephone and during your follow-up appointment in the office.

Patients are encouraged to have an annual blood test including a serum creatinine to follow the function of the remaining kidney(s) and liver function tests, performed by their primary care physician. Your surgeon will also review these results in the office during follow up visits. In patients with kidney tumors, follow up X-ray tests (e.g. CT, MRI, sonograms) may be periodically required to follow the appearance of your remaining kidney(s).