Kidney Cancer Surgery

What to Expect Before and After

Your surgery is scheduled on (date) ______________ at (time) ___________.

Please arrive 2 hours early.

Questions about surgery: call the clinic at 612-625-6401, option 3.
To reschedule surgery: call 612-676-5007

☐ University of Minnesota Health Clinics and Surgery Center

At the main entrance, you may use our valet parking service ($6 per visit). Or, if you prefer to self-park, a parking attendant will direct you to the best options (bring your parking ticket with you into the building). Go to the 4th floor.

☐ University of Minnesota Medical Center, West Bank

You may park in the Red or Yellow Ramps or Gold Garage. Valet parking is at the West Building entrance on 23rd Street. Bring your parking ticket so we can validate it. Go to 3rd floor in the East Building.

☐ University of Minnesota Medical Center, East Bank (main hospital)

You may park in the patient-visitor ramp. Valet parking is at the hospital entrance on Harvard Street. Bring your parking ticket so we can validate it. Go to Unit 3C.
The morning of surgery

This care plan will help you prepare and know what to expect during your time in the hospital.

**Eating and drinking**

You may need to do a bowel prep two days before surgery. This will clean out your bowels (insides). If you are doing a bowel prep, follow those instructions.

If you are *not* doing a bowel prep, stop all food, milk and chewing tobacco 8 hours before surgery. Keep drinking clear liquids until 2 hours before your procedure. Clear liquids include water, clear juice, black coffee or clear tea without milk, Gatorade, clear soda. Do not drink alcohol for 24 hours before your surgery.

**Medicines**

- Do not take diabetes medicine (including insulin), warfarin or clopidogrel unless your doctor tells you to.

- If you take medicine for your heart or blood pressure, take it with a sip of water.

- Ask your family doctor which medicines are safe to take the day of surgery.

**What should I bring to the hospital?**

The day of surgery, you should bring:

- A copy of your health care directive ([www.fvfiles.com/1628.pdf](http://www.fvfiles.com/1628.pdf)).

- Any test results or forms you were told to bring.

- Insurance details.

- A list of your medicines, the doses and times you take them.

- Something to do if surgery is delayed.

- Personal items
  - Robe.
  - Slippers with rubber soles.
  - Toiletries.
  - Walking shoes.
  - Cases for glasses, hearing aids, dentures, or contacts. They should be labeled with your name.
  - CPAP machine if you use one.

Do not bring your medicines. You may bring eye drops, inhalers or study drugs.

**Before surgery**

- You will change into a gown. The nurse will take your blood pressure, temperature and weight.

- You will meet with surgeon and the doctor who will give you medicine to put you to sleep (anesthesiologist). They will explain what to expect.

- You will sign a consent form. Do not sign this form unless you know the risks and benefits of surgery.

We will get you ready for surgery. You will have:

- The hair in the surgical area clipped.
- Plexi-pulse foot wraps on your feet or legs.
- A small device on your finger that measures the oxygen in your blood (oximeter).
- An IV line for medicines and fluids.
- A heart monitor.
- Oxygen.
Where can my family and friends wait?

After you meet with the nurse and doctor, a family member or friend may stay with you until surgery.

During surgery, family can stay in the waiting room or go to the cafeteria. The doctor will meet with them after surgery.

Anyone with an infection should not come to the hospital.

After surgery

- You will wake up in the recovery room.
- You will have an IV for fluids and pain medicine.
- You will have a tube (Foley catheter) in your bladder.
- You may have a drainage tube in your belly.
- The nurses will check your blood pressure, heart and temperature often.
- We will ask you to cough and breathe deeply every 15 minutes.
- We will ask you to rate your pain from 1 to 10, with 1 being the least pain.

We will move you to a hospital room when you are awake and stable. A few patients need to be in the ICU (Intensive Care Unit) for a time. After we move you to your room, your family can see you.

To prevent problems (complications):

- We will get you up and walking the next day.
- We will ask you to turn often in bed.
- You will practice deep breathing and coughing.
- You will strengthen your lungs by breathing into a machine (spirometer).

To reduce the chance of blood clots, you may take a blood thinner for a short time. You will also:
- Walk.
- Wear Plexi-pulse foot wraps or pneumoboots when in bed.
- Drink plenty of liquids.

When can I go home?

If you had robotic surgery, plan on spending 1 to 2 days in the hospital. If you had open surgery, plan on spending 2 to 5 days.

Before you leave, the nurse will speak to you and your family about how to care for yourself at home.
Caring for Yourself after Surgery

When You Go Home

Care of incisions

You will have one or more incisions, or wounds, from surgery:

- Keep clean and dry.
- You may shower, but do not soak in a tub or whirlpool until they heal.
- If you have bandages, wear them for 2 days.
- Point the shower head away from the wounds.
- Pat dry. Do not rub.
- If you have Steri-strips over your wounds: The strips should remain in place for 7 to 14 days and will fall off on their own. If the strips begin to peel or lift, you may remove them.
- If you have stitches, they will be absorbed by the body within two weeks.
- If the wounds were closed with glue, the glue will fall off in about 2 weeks.
- The wounds may appear bright red or pink and they may itch. Do not scratch.

Pain

It is important to manage your pain if you wish to return to your daily routine.

- If your doctor prescribed pain medicine, use it as directed.
- If your medicine does not control the pain or you are having side effects, call your care team.

Activity

If you are unsure about the limits on your activity, ask your care team.

- Walking is good.
- Climbing stairs is okay.
- Slowly increase your activity. Listen to your own body. If an activity causes you pain, stop doing it.
- You may drive after you stop taking your pain medicines.
- The activities below could cause problems with healing. For six weeks, you should not do:
  - Heavy lifting (more than 10 pounds).
  - Aerobics.
  - Motorcycle riding.
  - Horseback riding.
- If part of your kidney was removed, avoid straining, bouncing or pulling for 4 weeks. Heavy activity could cause bleeding or the need for more surgery.
**Constipation**

You may have trouble passing stools, due to pain medicines and changes in your diet and activity.

Tips for returning to normal bowel habits include:

- Drink more fluids. Water is best.
- Eat more fresh fruits, vegetables and fiber.
- Try to drink 4 to 6 ounces of warm prune juice or eat prunes each day.
- Use an over-the-counter stool softener 1 to 2 times a day. Your pharmacist may suggest one.
- If these tips don’t work, call the clinic for help.

**When to call the doctor**

Call if you notice:

- Chest pain.
- Shortness of breath.
- Leg swelling.
- Fever higher than 101°F (38°C), taken under the tongue.
- Drainage that smells bad.
- Increased swelling, redness or the edges of the incision begin to open.
- Pain that lasts longer than 48 hours and is not helped by your pain medicine.

**Clinic phone numbers**

**Urology and Institute for Prostate and Urologic Cancers**

_**Monday through Friday, 8 a.m. to 5 p.m.**_

Clinic: 612-625-6401  
(choose option 3 for the nurse line)

_After hours, weekends, holidays_

Hospital operator: 612-273-3000  
TTY for the hearing impaired: 612-672-7300  
(ask for the resident on call)

Emergency Room (East Bank): 612-273-2700  
Emergency Room (West Bank): 612-273-6402

**Fairview Lakes**: 651-982-7650

**Fairview Maple Grove**: 763-898-1000

**Fairview Mesaba Clinic – Hibbing**:  
218-362-6937 or 866-806-7139
Your 2-week follow-up visit

- Your surgeon will go over the lab report. The report is based on a study of tissue removed during surgery. It confirms that cancer was present.
- You will have a physical exam.
- Your surgeon will check your wounds to make sure they are healing well.
- We will answer your questions.

Every 6 to 12 months, you’ll have a full exam

This will involve a physical exam and the following tests.

**Blood counts**

You will give a blood sample and we will look at:

- The number of red and white blood cells.
- Your iron levels.
- How many of your blood cells are red blood cells.
- The number of platelets in your blood.

**Metabolic panel**

This is also based on your blood sample. Do not eat or drink for 8 hours before this test. We will look at:

- How well your kidneys and liver are working.
- Your levels of blood sugar, calcium, cholesterol and protein.
- Your levels of sodium, potassium, chloride (electrolytes).

**Chest X-ray**

Chest X-rays are done at every exam. They help us see if cancer has spread to other areas of the body.

**CT scan or MRI**

How often you have these tests depends on the stage of the cancer when you were treated and the type of surgery you had.

*After 2 to 5 years*, you will see your regular doctor for exams if there are no signs of cancer returning.

*After 5 years*, you will have exams every 1 or 2 years. They should include a physical exam, blood counts, metabolic panel and chest X-ray.
### Exam schedules after surgery

**Kidney removed (nephrectomy): Stage 1 or 2**

<table>
<thead>
<tr>
<th>Time from surgery</th>
<th>Physical exam</th>
<th>Blood counts (CBC)</th>
<th>Metabolic panel</th>
<th>Chest X-ray</th>
<th>CT or MRI</th>
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**Part of kidney removed (partial nephrectomy): Stage 1 or 2**

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<th>Time from surgery</th>
<th>Physical exam</th>
<th>Blood counts (CBC)</th>
<th>Metabolic panel</th>
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**Part of kidney removed (partial nephrectomy): Stage 3**

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## Cancer cells frozen (cryotherapy): Stage 1

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<th>Blood counts (CBC)</th>
<th>Metabolic panel</th>
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