

## **Edith Cavell Hospital Department of Urology**



### **Nephrolithotomy (Removal of a stone from the kidney)**

#### **What is the problem?**

You have two kidneys, which make urine. They lie deep in your back just in front of your lowest ribs.

You have one or more stones in one kidney, which are too big to be dealt with by other means. These stones need to be taken out because they might cause infection, bleeding or damage to the kidney. You will be left with enough kidney tissue after the operation to remain healthy and make urine properly.

Sometimes the kidney is so badly damaged by the stones that it needs to be removed as well. If this is likely, it will be explained to you before the operation begins.

#### **What does the operation consist of?**

A cut may be made in your skin either in your abdomen or in your side depending on your particular kidney disease.

The stones are taken out and the wound is then stitched up.

Alternatively; it may be possible to perform the operation through a telescope inserted directly into the kidney through the skin.

Your Surgeon will have explained these alternatives to you.

## **Are there any alternatives?**

Leaving things as they are will usually mean that the problem will just get worse. Sometimes stones can be broken up with shock wave treatment known as Lithotripsy. Sometimes these methods are not suitable, and the best way to deal with stones is to remove them through an incision or a telescope.

## **What happens before the operation?**

You may be requested to attend the ward before your admission date to have blood tests and examinations performed to ensure you are fit for the operation. On admission to the ward, you will be welcomed and shown to your bed. You should plan to be in hospital for approximately 7-10 days if an cut has been made, but may be allowed home more quickly if the stones were dealt with using a telescope. The nursing staff will discuss your discharge with you.

You will be seen by the House Officer and Surgeon who will explain the operation to you and ask you to sign the consent for surgery. If you are unsure about any aspect of the operation, please ask for more details from the medical or nursing staff. You will be advised of the approximate time of your operation.

You may be asked to shave around the area to be operation, to remove excess hair from where the cut is to be made. Your nurse will explain this to you.

You will be seen by an anaesthetist who will discuss the type of anaesthetic you will be given. They will be interested in chest troubles, dental treatment and any previous anaesthetics you have had.

The physiotherapist will visit you and show you exercises to help clear your chest after the operation. You should try to avoid smoking as this increases your risk of a chest infection, which will delay your discharge.

You can have your usual diet until approximately 6 hours before surgery. This will let your stomach empty to prevent vomiting during your operation. You will be advised at what time to stop drinking fluids.

You may be given a sedative about one hour before the operation to help relax you; if so you will be taken to theatre on a trolley. If no sedation has been prescribed, you may choose to walk to theatre, accompanied by a ward nurse. You will be asked to wear a cotton gown and remove all jewellery. Your details will be checked again before your anaesthetic begins.

## **What happens after the operation?**

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed. You will have a drip containing a salt solution or blood that is being infused into your bloodstream. You may be given oxygen through a facemask for a few hours if you have had chest problems in the past. You will have a tube (catheter) which drains the urine from your bladder and is connected to a collecting bag. It is quite normal for your urine to be quite bloodstained initially. There may be a fine plastic tube (drain) coming out near the wound which will drain any leakage.

Some patients feel sick for up to 24 hours after surgery, but this passes. You will be given some treatment for sickness if necessary.

Initially you will have painkillers given to you either through a small tube into your spine called an epidural, or by regular injections into the skin. You will be expected to get out of bed for a short while on the day after the operation. The exercise will be helpful to you, and you should gradually increase mobility each day. Painkilling tablets should be adequate to keep you comfortable and by the end of 4 days, you should have much less pain.

You should be able to start drinking a little at a time after the operation, as long as you are not feeling sick. Once you can tolerate normal amounts of fluids, the drip will be taken out of your arm and it will be safe to start eating a light diet. Once you have passed wind, you will be allowed to eat normally.

It is quite normal for the bowels not to open for a day or so after the operation. If you have not opened your bowels after 2 days, or you feel uncomfortable, ask the nursing staff for a laxative.

The catheter may drain bloodstained urine for a day or two and will be removed once your urine clears. After that it is important that you pass urine and empty your bladder normally.

The physiotherapist will check that you are clearing your lungs of phlegm by coughing. You can help your circulation by continuous movement of body and limbs. You may have tiny injections into the abdomen twice a day to keep the blood thin and prevent the formation of clots in the legs and lungs.

The wound has a dressing that may show staining of old blood within the first 24 hours. There are no visible stitches as the wound edges are held together underneath the skin. The drain tube is removed when it stops draining, usually within 48 hours.

Once the wound is clean and dry, there is no need for a dressing although you may prefer one for cosmetic reasons. There may be some bruising or

swelling around the wound which will fade after two or three days. After 7 days, slight crusts on the wound may fall off as the wound continues to heal.

### **What happens after I go home?**

You are likely to feel very tired and need to rest. You will gradually improve so that by the time 2 months has passed, you will be able to return to your normal level of activity.

#### **Driving**

You can drive as soon as you can make an emergency stop without causing discomfort to the wound, ie after about 4 weeks

#### **Sexual intercourse**

You can restart sexual relations within 2-3 weeks when the wound is comfortable enough

#### **Work**

You should be able to return to a light job after 8 weeks and any manual labour within 12 weeks.

### **Complications**

Complications are unusual but are rapidly recognised and dealt with. If you think that all is not well please ask the nursing or medical staff.

Bruising or bleeding can be troublesome. The drainage tube near the wound may drain old blood for up to a week. This drainage settles down. Wound infection is a rare problem, but settles down with antibiotics in a week or two.

Aches and twinges may be felt in the wound for up to 6 months. Occasionally there are numb patches in the skin around the wound, which get better after 2-3 months.

Chest infections may arise after anaesthetics, particularly in smokers. Exercises are taught to clear the air passages and can prevent this condition. You should try not to smoke before or after surgery.

## **Any questions?**

This leaflet has been written by the nursing and medical staff who work in the Urology Unit.

If you have any questions, jot them down here and ask the nursing or medical staff for answers.

**Urology Department , Ward 11 - Telephone (01733) 875311**

## **Please do not hesitate to ask the nursing staff**

If you have any further questions

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