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INTRODUCTION

You are scheduled for admission to NYU Hospitals Center for a **Laparoscopic Nephroureterectomy**. Please read this handout, which discusses what you can expect during your stay in the hospital as well as after you go home. It describes how the members of the health care team: doctors, nurse practitioners, nurses and others, will work with you, the most important team member, to ensure a smooth transition to home. Please share this information with your family members and/or friends.

Bring the information packet to the hospital, as staff will be reviewing it with you.

It is anticipated that **you will be discharged 2 days** depending upon your surgery. Many people are surprised at how quickly they can return home after surgery. The health care team will be helping you with any concerns you have about discharge. Included in this booklet is a list of questions to help you plan for your discharge. If you have any questions, please speak with your doctor or nurse.

BEFORE SURGERY

MD OFFICE

Once the decision has been made for surgery and insurance approval has been granted, you will be given a pre-admission packet in your doctor's office containing information necessary to complete the admission process. This packet includes the following forms:

- Personal and insurance information for the admitting office
- Health care proxy
- Health history that you will need to complete and bring with you to Pre-Admission Testing

PRE-ADMISSION TESTING

Several days to a week before your surgery, you will be scheduled for an appointment at Pre-Admission Testing. At this appointment you will:

- ◆ Have an interview and an assessment with a nurse and a resident/nurse practitioner from your surgeon's service.
- ◆ Meet with an anesthesiologist who will explain the type of anesthesia you will have.
- ◆ Have blood tests and in some cases a chest x-ray and EKG. If you have had a chest x-ray in the last six months you can avoid another one by bringing the reports with you.
- ◆ Sign a consent form giving your permission for the surgery after it has been explained to you.

SPECIAL CONSIDERATIONS

On the day before surgery:

- ◆ Ingest only clear liquids. A clear liquid diet consists of Jell-O (avoid red & blue), clear juices, & tea without milk/cream (best decaf), and gingerale.
- ◆ Drink 1 bottle of Magnesium Citrate (3-4 PM), which is available over the counter at most pharmacies.

- ◆ Take a Fleets enema the night before surgery (9 PM), which is also available over the counter at most pharmacies.

ADDITIONAL PREPARATION

- ◆ Avoid aspirin, products containing aspirin and medications from the class known as non-steroidal anti-inflammatory agents, such as Ibuprofen or Naproxen for one week prior to surgery. However if you are taking aspirin once a day for heart, vascular or neurological reasons, check with your doctor for specific instructions.
- ◆ If you are taking Coumadin (warfarin) check with your doctor for specific instructions.
- ◆ Do not eat or drink anything after midnight the night before your surgery. This includes coffee.
- ◆ Shower the night before or morning of surgery.
- ◆ Your physician or anesthesiologist will specifically order any medications to be taken the morning of surgery. Take these medications with a sip of water. If you are taking diuretics (water pills) make sure you get specific instructions.
- ◆ You only need to bring slippers, toiletries, and a robe to the hospital; bring sweat pants or avoid pants that require belts. Your family can bring other items once you are assigned a room.
- ◆ Please do not bring any valuables, such as furs, jewelry, cash or credit cards, to the hospital. Leave rings and good watches at home.

DAY OF SURGERY

Report to the Same Day Admit Unit, 400 East 34th Street, 6th floor at the time specified (take the “K” elevators). Here you will be admitted and final preparations for surgery will be completed.

- ◆ Immediately before you go to the Operating Room you will need to change into a hospital gown and remove all jewelry, including wedding ring, dentures, etc.
- ◆ You may be given a sedative to help you relax.
- ◆ The surgery will generally take 3-4 hours (preparation and actual surgery) and about 2 hours in the Post-Anesthesia Care Unit (PACU).
- ◆ Your visitors can wait in the Same Day Admit waiting area (maximum of 2 visitors) or in the Stoler Family Waiting Area in the Tisch Hospital lobby. Identify one contact person and let the surgeon’s office know where he/she can be reached after surgery.

Immediately after surgery, you will be taken to the PACU on the 6th floor until the effects of the anesthesia wear off. Generally, from the PACU you will be transferred to a postoperative unit on one of the surgical floors. A postoperative unit is a co-ed room with 4 beds and allows for close monitoring after surgery. There are no televisions or telephones in the postoperative unit. Visitors are not permitted in the PACU, but your family members or friends will be able to visit you soon after you are transferred to the postoperative unit.

WHILE IN THE HOSPITAL

The following are general guidelines regarding what you can expect during your stay in the hospital. The Patient Pathway included in this packet explains on a daily basis what you can expect and what you can do.

ASSESSMENT

- ◆ Your nurse will closely monitor your condition. On the day of surgery, you will be in a 4-bed coed unit called the postoperative unit. You will be moved out of this unit the day after surgery.
- ◆ Your nurse will closely monitor your condition. Initially after surgery, your blood pressure, pulse, and temperature will be taken frequently.

DIET

- ◆ You may be allowed sips on the day of your surgery if you arrive to the PACU before 5 PM; otherwise you will not be able to eat or drink on the day of surgery.
- ◆ The morning after surgery you will be allowed a clear liquid diet.
- ◆ If you tolerate liquids, the next day you will resume eating your usual diet.

ACTIVITY

- ◆ On the day of surgery, you will be on bed rest. On the day after surgery, you will be allowed out of bed to sit and walk.
- ◆ You will progress to walking in the hallway independently the day after surgery.
- ◆ You will be encouraged to get out of bed as much as possible and increase your activity level as tolerated. This decreases the risk of blood clots in the legs and an infection in your lungs (pneumonia).

COUGHING/DEEP BREATHING

- ◆ Your nurse will show you how to do some simple deep breathing and coughing exercises. You should do these every 2 hours while awake.
- ◆ In addition, you will continue to use the Incentive Spirometer. You should use it 10 times every hour while you are awake in order to prevent lung problems after surgery.

LEG EXERCISES

- ◆ You will be instructed to perform simple leg exercises in order to maintain adequate circulation when in bed. It is very important that you do these exercises as recommended.
- ◆ In addition, a Sequential Compression Device (SCD) may be used while you are in bed. This device helps to improve circulation and minimize inflammation (phlebitis) and the formation of blood clots (thrombus) in your legs.

PAIN MANAGEMENT

- ◆ You need to let the staff know your level of pain/discomfort after surgery so the nurse can give you the pain medication the surgeon has ordered.
- ◆ To help the staff assess your pain level you will be asked to rate your pain on a scale of 0 -10 with 0 being no pain and 10 being unbearable pain. Taking pain medication before the pain is excessive provides better relief.
- ◆ Right after your surgery you will receive your pain medication intravenously. As your pain decreases and you are able to eat, it will be given in pill form. Various methods of pain relief are explained in a separate section.
- ◆ In addition, since it is important that you do the coughing and deep breathing exercises and increase your activity, it may be helpful to take pain medications prior to these activities.

BOWEL AND BLADDER FUNCTIONS

- ◆ A Foley catheter is inserted during surgery to drain urine from the bladder. You will most likely be discharged home with your catheter to a leg bag. In most cases, your social worker can arrange for a visiting nurse should you feel you need assistance at home with the catheter. This catheter will be removed 10 days after surgery.
- ◆ You may experience some constipation after surgery. Increasing fluids can minimize constipation. Walking and increasing your activity is the most effective method of relieving gas pain, if it occurs. If you have difficulty in having a bowel movement, Docolax will be offered to you.

CARE OF YOUR INCISIONS

- ◆ Your sutures are absorbable and they are covered with steri-strips. Eventually, the steri-strips will come off by themselves while you are at home.
- ◆ The steri-strips over your incisions will not need a dressing.
- ◆ Look at your incisions before you go home so that you can report any changes to your surgeon.
- ◆ Your nurse will discuss any special instructions regarding caring for your incision.

DRAINS

- ◆ You may have one surgical drain coming from your abdominal area. This drain is called a Jackson Pratt and is placed during surgery to help remove unnecessary fluid from your body. This drain is not painful while it is in place. You may just experience a “tugging” sensation when you move.
- ◆ The drain will be removed prior to your discharge. You may feel some “pulling” or “pressure” while the drain is being removed. Your nurse can give you some pain medication prior to the removal of this drain.

DISCHARGE PROCEDURE:

- ◆ Depending upon your surgery, you will be discharged in 2 days.
- ◆ Your nurse, nurse practitioner, and doctor will discuss specific discharge information at this time, and if needed, you will receive prescriptions.
- ◆ Discharge time is 10:00 am.

GENERAL DISCHARGE INSTRUCTIONS

DIET

- ◆ No special diet is ordered after your surgery; you will simply resume your usual diet
- ◆ Fluids are most important; stay hydrated.
- ◆ Avoid fatty foods.

ACTIVITY AFTER DISCHARGE

- ◆ You will be encouraged to walk as often as tolerated. Do not exert yourself. Allow yourself to increase your activity level slowly. It is expected that you may tire more easily for a while after surgery but gradually the periods of activity will get longer before you need to rest.
- ◆ No heavy lifting (greater than 5-10 lbs.) or housework (vacuuming, etc.) should be done until your doctor grants permission, usually 1-2 weeks. Light housework is permitted.
- ◆ Climbing stairs is generally permitted but it is usually recommended that you climb them slowly and pause after every few steps.
- ◆ Continue to use your incentive spirometer at home along with coughing and deep breathing exercises.
- ◆ You may shower when you get home but no bathing or swimming for 2 weeks after discharge.
- ◆ No driving for 2 weeks.
- ◆ You can start light exercise 2 weeks after discharge.
- ◆ You can usually resume sexual relations in 2 weeks after discharge. Check with your doctor.

CARE OF YOUR INCISIONS

- ◆ Generally, your steri-strips will come off by themselves. If they do not come off within 1 week after discharge home, you may remove them yourself.
- ◆ You can expect some pain, bruising, and clear drainage at the incision sites; but if the incisions become red, more painful, or swollen, or if the drainage becomes cloudy or foul smelling, call your doctor immediately.

MEDICATIONS

- ◆ You can resume your usual medications after surgery.
- ◆ Take Tylenol for pain up to three times a day (3 tablets of regular strength or 2 tablets of extra-strength). If your pain is not relieved adequately with Tylenol, your surgeon will prescribe narcotics.

BLADDER AND BOWEL FUNCTIONS

- ◆ You should be able to pass urine without difficulty. Call your doctor if you experience any burning, pain, bleeding, hesitancy, or frequency.
- ◆ You may experience some constipation after surgery. You will take Colace (stool softener) three times a day until you are moving your bowels without difficulty. You are allowed to take Milk of Magnesia if necessary. If constipation does not resolve in the first week, call your doctor.

REST/SLEEP

- ◆ Your recovery will take several weeks depending upon your age and general health. Feelings of fatigue are normal, and you should try to rest as needed.

RETURN VISIT TO DOCTOR

- ◆ You will be expected to see your doctor 1 week after discharge.
- ◆ Call your surgeon's office to arrange an appointment.

RETURN TO WORK

- ◆ Generally, you can return to work 2 weeks after surgery.

WHEN SHOULD I CALL THE DOCTOR?

Contact your doctor for the following symptoms (possible **danger signs**):

- ◆ Fever over 101° F on two or more occasions during the first 1-3 weeks after surgery. For a reliable temperature reading, no aspirin, acetaminophen (Tylenol), or ibuprofen, should be taken for 3-4 hours before. Hot liquids should not be taken immediately before checking your temperature.
- ◆ Nausea, vomiting, or an inability to hold down fluids
- ◆ Abdominal pain not relieved by pain medication
- ◆ Catheter stops draining
- ◆ Difficulty urinating or bloody urine
- ◆ Increased pain, swelling, or redness of incisions. An infection will require antibiotics.
- ◆ Drainage from the incisions sites that is cloudy or foul smelling
- ◆ Signs of a bladder infection such as burning, pain, bleeding, hesitancy, or frequency in urinating. If a bladder infection is suspected, a urinalysis must be done. A course of antibiotics will generally resolve the problem.
- ◆ Prolonged or unusual fatigue, disorientation, confusion, and depression

Patient & Family Education

After you have completed reading this pamphlet, please speak to your surgeon, nurse practitioner, or nurse regarding any additional questions or concerns you may have. Please remember that we would like to make your stay as comfortable as possible.

Thank you.

SURGEON'S NAME: _____

SURGEON'S NUMBER: _____

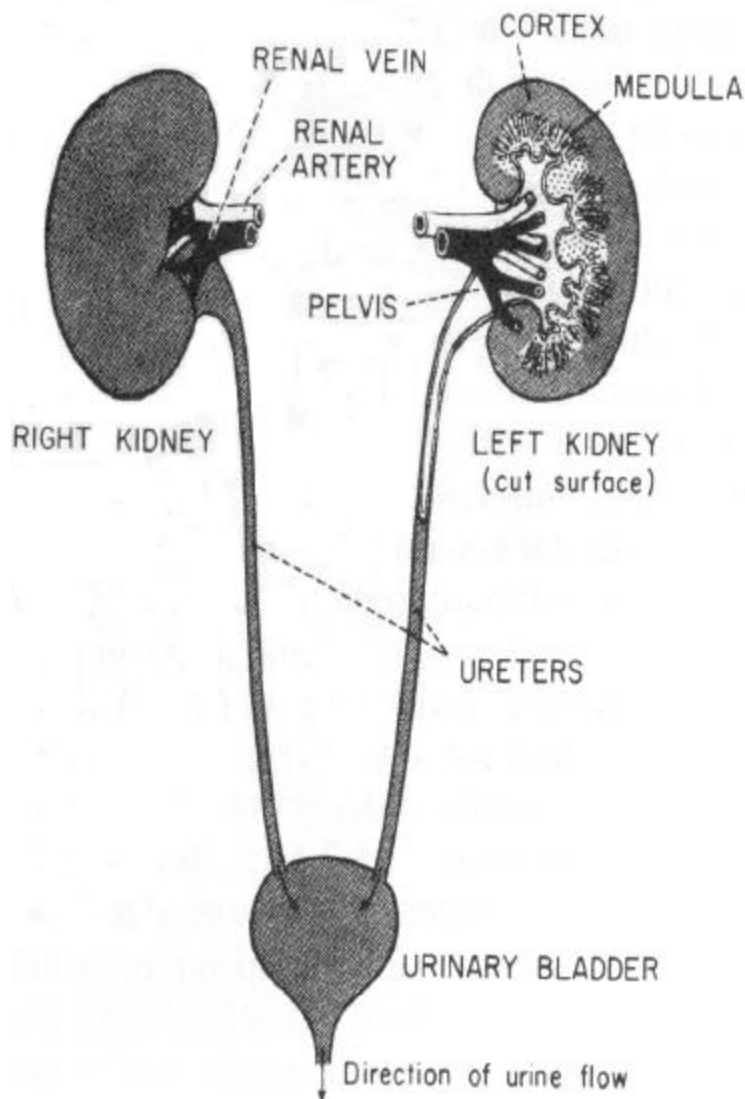
**YOUR NEXT OFFICE
VISIT/APPOINTMENT:** _____

RESOURCES

THE KIDNEYS

The Kidneys are bean-shaped organs located toward the back of the abdomen. Each individual has two kidneys. The kidneys filter the blood and eliminate wastes in the urine through a complex filtration and reabsorption system.

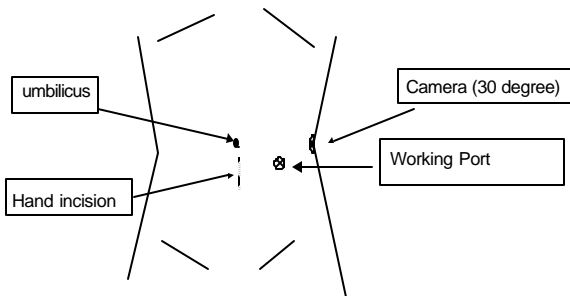
The Ureters are tubes that are 30 centimeters long, which carry urine from the kidney into the bladder.



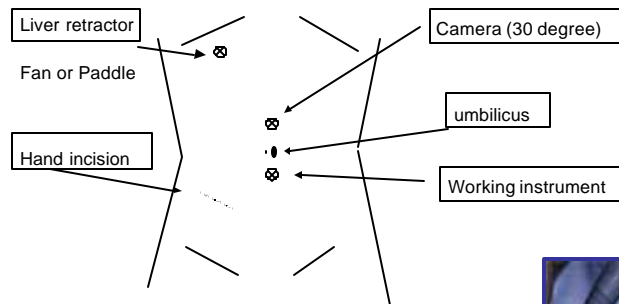
Laparoscopic Nephroureterectomy

A **Laparoscopic Nephroureterectomy** is another minimally invasive procedure developed to remove the kidney, associated ureter as well as a cuff of bladder. You will have 4 incisions on your abdomen. Three of the incisions are approximately $\frac{1}{4}$ of an inch. The fourth incision will be slightly larger - approximately $2\frac{1}{2}$ inches — so that the surgeon can place his/her hand into your abdomen and remove the kidney, associated ureter as well as a cuff of bladder.

Left-Sided Nephroureterectomy



Right-Sided Nephroureterectomy



Surgeon's hand

