Robotic Nephroureterectomy

A nephroureterectomy is a surgical procedure to remove a kidney and the ureter (urinary drainage tube) that has previously proven to contain cancer. Alternatives to surgery include observation, chemotherapy or sometimes laser ablative therapy. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records and it is always scanned into your medical record and easily available for review.

- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.

- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.

- The surgery is performed through a minimally invasive robotic approach. Small incisions are used in order to perform the surgery. One of the incisions is extended just long enough to remove the kidney at the end of the surgery. The surgical robot does not perform any tasks independently, your surgeon is in complete control of the robot throughout the surgery.

- Surgery time is approximately 4 hours. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have a Foley catheter in place which is a tube going into the bladder to drain your urine. This catheter is crucial to monitor your kidney function and for your bladder to heal after surgery. Your catheter will typically be removed 3-10 days after surgery in the urology office and timing will be determined by your surgeon.

- In some instances, a surgical drain is placed at the time of surgery. This will be placed through one of your abdominal small incisions. If it is determined that a surgical drain is necessary, the drain output will be monitored by the nursing staff while you are in the hospital. The vast majority of drains are removed by the hospital staff prior to your discharge home.

- Depending on your time of surgery, patients are typically either standing up and moving around the night of surgery or the following morning. The nursing staff in the hospital will assist you with standing and walking immediately after surgery. You are encouraged to walk in the hospital as well as when you are discharged home. Walking, climbing stairs, walking outside and light activities that do not require lifting more than 15 pounds are encouraged to speed up your healing process. You must refrain from lifting more than 15 pounds for at least 4 weeks after surgery.

- The vast majority of patients who undergo the surgery are discharged from the hospital within 1-2 days. Some patients may require additional time spent in the hospital to ensure a safe recovery.

- You will be discharged home from the hospital with oral pain medicine as well as a stool softener to prevent constipation. A fully updated home medication list will be provided to you by the hospital at discharge.

- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Stronger narcotic based oral pain medicine is to be used as an adjunct for significant or breakthrough pain. Narcotic pain medication can often cause dizziness, confusion, nausea, and constipation. Again, you will also be discharged home with a stool softener to prevent postoperative constipation. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.

- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine obstructing the catheter or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.

- You will be seen in the urology office typically 3-10 days (as determined by your surgeon) after surgery for a foley catheter removal and post-operative appointment. The pathology lab examining your surgical specimen typically takes 1 week for a full analysis. This will be reviewed at that appointment. Your next routine postoperative appointment will be approximately 4 weeks after surgery. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.

- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.

- After removal of the kidney, it is important to continue following up with your urologist to track your postoperative recovery. It is important to also follow up with your urologist in the long term to track your kidney function and to screen for recurrent cancer if applicable.