



CLINICAL EXCELLENCE, QUALITY & SAFETY

## Enhanced Recovery Programme For Nephrectomy and Nephroureterectomy

Patient Information Booklet

**PLEASE**  
Bring this booklet into  
hospital with you

The aim of this booklet is to provide you with some general information about our Enhanced Recovery Programme. It is important that you are aware of what to expect before and after your urological surgery in terms of how to prepare for your operation and for your recovery.

Enhanced Recovery is a modern, evidence-based approach that can help you recover more quickly after surgery.

Having an operation can be both physically and emotionally stressful. Enhanced Recovery Programmes try to get you back to full health as quickly as possible.

Research has shown that the earlier a person gets out of bed and starts walking, eating and drinking after having an operation, and getting home helps to reduce complications with a shorter recovery time.

**You have a very important part to play in your recovery so it is essential to follow the advice that is given to you.**

**Please bring this booklet with you into hospital**

### **Useful Contact Details**

Below are some useful telephone numbers to have to call for advice before or after your surgery or also whilst in hospital.

**Main hospital no:** 01582 491166

**Enhanced Recovery Team:** 01582 718169  
(with answerphone—for Non-urgent calls—8-4pm Mon-Sun)

**Irene Fitt**—Clinical Lead  
**Rosie McGrandles**—Sister  
**Aimee Ford**—Staff Nurse

Also contactable by bleep, ringing main hospital number (above) and ask for **bleep: 398**

**Significant Concern no:** 07974 259 352  
01582 718434

**(24 hour number for urgent advice)** If these are not answered within 10 minutes please follow the normal route if an emergency i.e. GP, A&E

## Frequently Asked Questions (FAQ's)

### **Q. When can I start driving again?**

A. When you can perform an emergency stop safely and without hesitation. Also check with your insurance company.

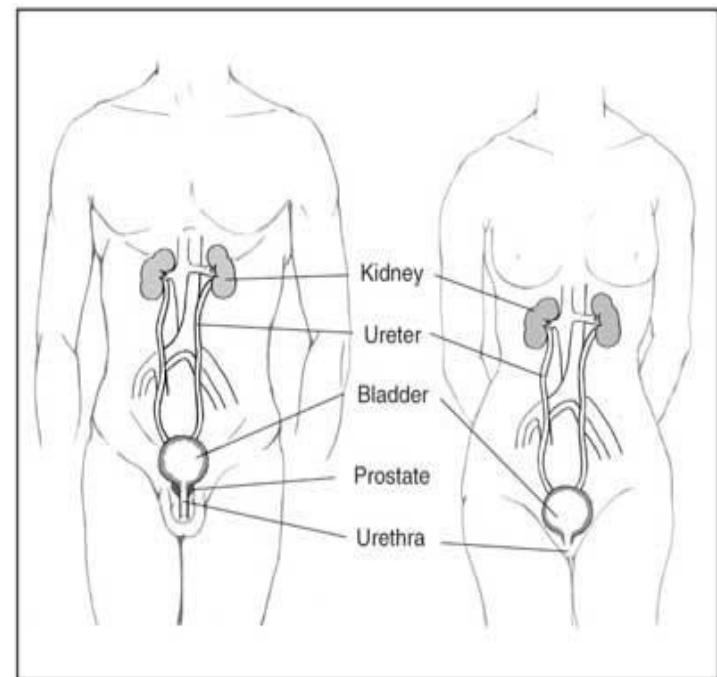
### **Q. When will I have my follow up appointment?**

A. Around 2-6 weeks after your discharge you will have a follow up with your consultant or one of their team.

If you have any further questions before surgery,  
whilst you are in hospital or after discharge, please call  
the enhanced recovery team on one of the listed numbers

### **What is a Nephrectomy/Nephroureterectomy?**

This procedure is the surgical removal of the entire kidney and is called a **Nephrectomy**. When the ureter—the tube which carries the urine from your kidney to your bladder—is also removed this is then called a **Nephroureterectomy**



### Things you can do to help improve your recovery

It is extremely important that you are in the best possible condition for your surgery. This involves managing pre-existing health conditions such as diabetes and high blood pressure, which is best done early by your GP.

- If you smoke try to reduce or cease prior to your surgery
- Increasing your daily exercise by 10% as able (which can include walking, gardening, or using stairs) can significantly improve your recovery
- Limit alcohol intake
- Eating a healthy well balanced diet - It is important to eat and drink well before your surgery as it helps you to recover quicker. Being well nourished and hydrated is essential for healing and minimising the risk of infection.

These can all have a beneficial impact on your ability to recover from your surgery. If you require support please contact your GP (useful telephone numbers can be found on page 21)

### Pre-assessment clinic

Before your admission into hospital, you will be seen in a pre-assessment clinic where a nurse will ask you questions about your general health, lifestyle and wellbeing. You will have blood tests and a heart tracing (ECG). Please bring along your regular medications.

You will be seen by a member of the Enhanced Recovery Team or be given an Enhanced Recovery information pack.

### Frequently Asked Questions (FAQ's)

**Q. How long should I wear my anti-embolism stockings for?**

A. Until your mobility is back to what it was pre-operatively (usually around 6 weeks). You should be given 2 pairs to take home and these should worn at all times except removed once a day whilst having a wash and put back on within half an hour.

**Q. What should I do if I become constipated?**

A. Constipation can be due to some pain medication, immobility and poor appetite after surgery. Try to avoid this in the first place by drinking plenty of fluids, eating lots of fruit and veg and keep moving around as soon as possible after your surgery. Some gentle laxatives may help which you can buy over the counter.



Eatwell Plate—NHS, 2017

## Eating & Drinking

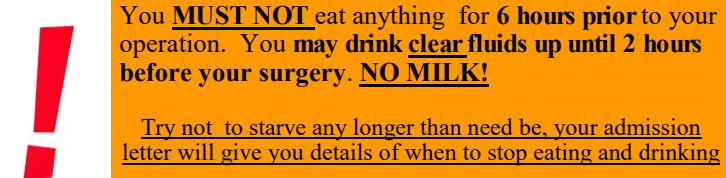
You should continue to eat and drink well. Aim for 8-10 cups of fluid per day to help keep hydrated and also to help avoid constipation. This can be made up of different fluids.

## Wound care

Your nurse on the ward should advise you of your wound care arrangements which could include; removal of clips or change of dressings—this will be done either by your GP practice nurse or the District Nurse.

## Catheter care

If you are discharged with a catheter you (or a relative/friend) must know how to care for and change the bags before you go. A district nurse referral will be done for you and you should be given supplies to take home. You will be told an approximate time the catheter should remain in for and also who will remove it ( if this is the instruction) i.e. District Nurse/Doctor etc and you will receive an appointment or be contacted with a date.



You **MUST NOT** eat anything for 6 hours prior to your operation. You **may drink clear fluids up until 2 hours before your surgery. NO MILK!**

Try not to starve any longer than need be, your admission letter will give you details of when to stop eating and drinking

## Before your surgery....

Undergoing surgery can put a strain on your body and your energy needs may increase at a time when you are not able to eat and drink normally.

You will be given **drinks high in carbohydrates** to be taken before your surgery with instructions on when to take, these will be given to you at your pre assessment appointment.

## Preparation for your upcoming surgery

It is good to be prepared for both your hospital stay as well as for your discharge from hospital, here are a few things you may want to consider:

Have your home ready for your return from hospital, this will help save any unnecessary stress or anxiety following your discharge from hospital, for example

- Stock up your fridge and/or freezer with easily prepared meals for when you come home
  - ⇒ Long life milk
  - ⇒ Bread
  - ⇒ Microwave/oven meals/ pre-prepared frozen meals
- Organise your kitchen to make things easier for yourself once home

### Coming into hospital

This will be the day of your operation. Check your admission letter for details of time of admission and where to report to.

#### **You should bring:-**

- 1) Your Enhanced Recovery Pack (given to you at pre assessment)
- 2) Nightwear
- 3) Slippers (supportive—not mules or flip flops)
- 4) **Loose, comfortable clothes for daytime wear on the ward - we actively encourage you to get dressed, it makes you feel more like you**
- 5) Personal hygiene items (shaving, washing etc)
- 6) Any medications you are taking—please hand these in to the nurse on the ward
- 8) Any books or magazines. A telephone and TV are available at your bedside (cards for this can be obtained on your admission for a charge).

**Please arrange your transport home, if you have any concerns you should discuss these with the**

### After discharge at home

#### **Pain**

You will feel some discomfort but this should be manageable with the analgesia you have been discharged on. If your pain levels increase and become unmanageable please contact the **Significant Concern** number (listed on page 21)

#### **Walking**

You should aim to keep moving around regularly at home. This should be gradually increased as you recover including going outside.

#### **Lifting/Driving**

No heavy lifting for several weeks and driving must not be resumed until you are physically able to do an emergency stop and you contact your insurance company as their regulations may differ.

## On discharge

- You will be sent an appointment to see your consultant in approximately 2-6 weeks time. This will be stated on your discharge letter.
- You will be given your discharge letter and medication—please make sure you understand the medications you have to take and when and go through this with your nurse. Also ask for any of your own medication to be returned to you.
- You will be provided with two pairs of anti embolism support stockings. You should continue to wear them until you are fully mobile (usually around 6 weeks)
- A small number of patients are sent home with a catheter, if this is the case then you will be taught how to manage this in hospital and given supplies for home.

See Frequently Asked Questions section on page 19  
for further information.

## On arrival at the hospital

- Before you come in please have a bath/shower as normal and pay extra attention to the area being operated, put on a clean set of clothes as you will go straight to theatres from the admission area. A clean operation site can help to reduce the risk of infection post operatively.
- Please report to the admission location as stated on your letter
- A pair of anti-embolism stockings will be applied to help prevent a Deep Vein Thrombosis (DVT).
- Before your surgery you will see your anaesthetist. This will be an opportunity to ask any questions regarding your anaesthetic.
- You will be given a hospital gown and 2 identity bands, one around your wrist and one around your ankle.
- Any dentures can be removed at the last minute (please advise staff of any capped or crowned teeth)
- You will walk to theatres with an escort unless you require any additional mobility support..

## Some Risks and Complications

**General anaesthetic** – please ask your pre-assessment nurse or anaesthetist for a patient information leaflet.

**A Deep Vein Thrombosis** – (DVT) – this is where a blood clot forms in any of the deep veins usually in the leg. A DVT may also travel to the lungs also known as a Pulmonary Embolism (PE) where it can be potentially life threatening.

To help avoid developing a DVT the following will help; getting up and out of bed on the day of surgery as able (with assistance from a health care professional at first), anti-embolism stockings and blood thinning medication.

**Chest Infections**— Day to day we all move around, cough and deep breathe all of which helps keep our lungs clear of secretions. However after surgery we tend not to move as much, we are more sleepy and may have some pain which prevents us from deep breathing effectively.

To help avoid developing a chest infection you can;

- Start you deep breathing exercises as soon as awake and alert in recovery area (see page 11)

**For some patients the risks may be greater; please speak to your surgeon before your operation if you have any concerns about these risks or other complications.**

## **When can I go home?**

Remember, your daily goals are helping you to work toward your **discharge criteria** which are;

- ⇒ **Medically fit**—blood tests done and ok, observations (blood pressure, temperature etc) are stable.
- ⇒ **You are passing good amounts of urine**
- ⇒ **Eating and drinking**
- ⇒ **Pain reasonably well controlled on oral medication**

**Once you have achieved the discharge criteria, you are then safe and able to go home. This may happen anytime from day 1 onwards.**

## Enhanced Recovery for Nephrectomy and Nephroureterectomy

- You should be eating and drinking as normal.
- You may find your appetite is slightly reduced for the first few days however, it is important to eat a balanced diet including protein which helps your body repair (unless you have been advised differently by your consultant) Examples of protein rich foods are;
- Cheese
- Milk
- Chicken
- Fish
- Eggs
- Some nuts, grains and pulses
- Some vegetables



14

## The most important person in your recovery is you!

Being actively involved on the Enhanced Recovery programme, this can help to speed up your recovery. Please follow the advice given to you by the healthcare professionals and within this booklet e.g. the importance of early mobilisation, good pain management and early nutrition.

### Pain Management after your Surgery

You will have some discomfort after your surgery however you should not be in excruciating pain. You will have regular pain relief prescribed. If you feel pain is stopping you from doing deep breathing exercises, moving around or walking you must let the ward nurses know as soon as possible as you will be prescribed a 'top up' medication, YOU must ask for this medication.

### How is my pain assessed?

Your pain will be regularly assessed by the ward staff and will be assessed on a scale of 0 (no pain) to 10 (extremely severe pain) on movement.

<u>Pain Score</u>	<u>Description</u>
0 (none)	No pain at rest or on movement
1-3 (mild)	No pain at rest but slight pain on movement
4-7 (moderate)	Intermittent pain at rest or moderate pain on movement
8-10 (severe)	Continuous pain at rest or severe pain on movement

### Day 0 - After your surgery

9

## In the Recovery area

- You should sit up and commence your deep breathing exercises (on pg 11)
  - You will have a drip (fine tube) inserted into a vein in your arm to give you fluids and painkillers directly into the blood-stream, once you are drinking fluids adequately this drip will be removed (if you feel sick please let your nurse/doctor know asap)
  - Once tolerating fluids you can commence on an normal diet
  - You should assess your pain levels **on movement** in the bed and if you need added pain relief you can should ask a nurse.
  - Patients following **Nephroureterectomy** surgery — will have a urinary catheter

- Your anti-embolism stockings should be removed daily, legs washed and moisturised. Legs should be checked for any signs they are too tight, re-measured if necessary and put back on within half an hour. You may need help from the nursing staff, please ask if this is the case.
  - You should re-assess your pain levels on a frequent basis and ask a nurse if you require extra. (see page 9 for pain scale)

**Remember—pain delays healing and reduces your mobility which increases the risks associated with surgery!**

**ENHANCED RECOVERY – UROLOGY GOAL**

**CHART**

You are on the Enhanced Recovery Program. Your surgeon has asked you to get back to your health as quickly as possible.

The goal chart is to help you monitor your progress.

Breakfast	1st meal	Afternoon	Evening
Drinking	Lunch	Afternoon	Evening
Eating	1 <sup>st</sup> wash	2 <sup>nd</sup> wash	3 <sup>rd</sup> wash
Walking	Issue D-20	Issue D-20	Issue D-20
Pain Score On movement	Score 0-10	Score 0-10	Score 0-10

Have your white stockings been removed, legs washed, and stockings put back on?

Yes  No

\*Remember, you probably need help with this at first from nursing staff!

Can my catheter be removed?  
**Important instructions apply:**

If you have a catheter in place, you must be able to urinate well before it can be removed.

It is to your health, how long it is in, and to help it start to heal. If you have a catheter in place, you must be able to manage this on your own. The nurses will teach you.

Have I done my catheter training?  
\*If no, please ask.

Is it important over your recovery and to help continue easier to go going home?

<b>DISCHARGE CRITERIA</b>	
You will be discharged home once you have met the following things, tick them off as you achieve them and then you know what you have left to do.	
<ul style="list-style-type: none"> <li>• Medically fit (blood tests ok, blood pressure etc. good, generally well)</li> <li>• Physiotherapy discharge <input type="checkbox"/></li> <li>• Eating <input type="checkbox"/></li> <li>• Drinking <input type="checkbox"/></li> <li>• Pain controlled on oral medication <input type="checkbox"/></li> <li>• Catheter confirmed (if applicable) <input type="checkbox"/></li> </ul>	
<p><i>Once you have met all criteria you will be discharged home... Please ensure you have information on the following before leaving:</i></p> <ul style="list-style-type: none"> <li>✓ Wound care - what arrangements have been made or what do I do?</li> <li>✓ Rehabilitation - do I understand what I'm taking and when to take it?</li> <li>✓ Catheter care - am I able to manage this at home and have I been given spare catheters? If not, ask for a prescription from your GP for night bags referred to the district nurse as my main contact for this when at home?</li> <li>✓ Have I got a pair of Antiembolism stockings to take home?</li> <li>✓ Are there any other follow up arrangements I need to be aware of? E.g. blood tests, clinic appointments etc.</li> </ul>	
<p>If you want to speak to the Enhanced Recovery Team at any point please call during office hours 8-4pm or Monday to Friday asking a staff member to do this or ringing the house phone <b>01524 755044</b> and asking the operator to speak to us, thank you.</p> <p><b>Enhanced Recovery Team contact information:</b> <b>Aimes Farquharson - Orthopaedics and Urology, Irene Hill and ask for Irene</b>, <b>Pauline Acheson - Acute Care of the Elderly, Colorectal and Bariatric, (Clinical Lead), Novie McDonald - Trauma - Colorectal and Bariatric</b></p>	

## Day 0 - Until the day of your discharge

### On the ward

- Now is the time to get out your enhanced recovery pack and start using your enhanced recovery goal chart
- You can now eat and drink normally—if you feel sick or nauseated at any time please tell your nurse
- Ensure you are drinking well— around 8-10 cups of fluid a day
- You may have a drip in your arm for hydration, this can be removed as soon as you are drinking well—usually the same day.
- Get out of bed and move around, with assistance from nursing staff at first. Sitting in the chair or a short walk can be very beneficial and can also help you pass urine more effectively.
- Your urine must be measured by nursing staff, please make them aware every time you need to pass urine, until told otherwise.
- Re-assess your pain levels regularly and if you require extra pain relief ‘top up’, please ask your nurse.
- Mobility is key! Aim for 4 walks a day minimum

### Deep breathing exercises - repeat every hour

Follow this sequence when you’re doing deep breathing exercises:

- Breathe in deeply
- Pause for a second or two, then sigh out gently
- Repeat 5 times, then
- Perform a fast breath out ‘HUFF’ as though you are ‘steaming a window’
- Rest for a few breaths, then
- Fully support your abdomen by placing both hands and a clean pillow there, apply firm pressure, draw up your knees and lean forward while performing a ‘COUGH’ This will ease the strain and discomfort you may experience.

