

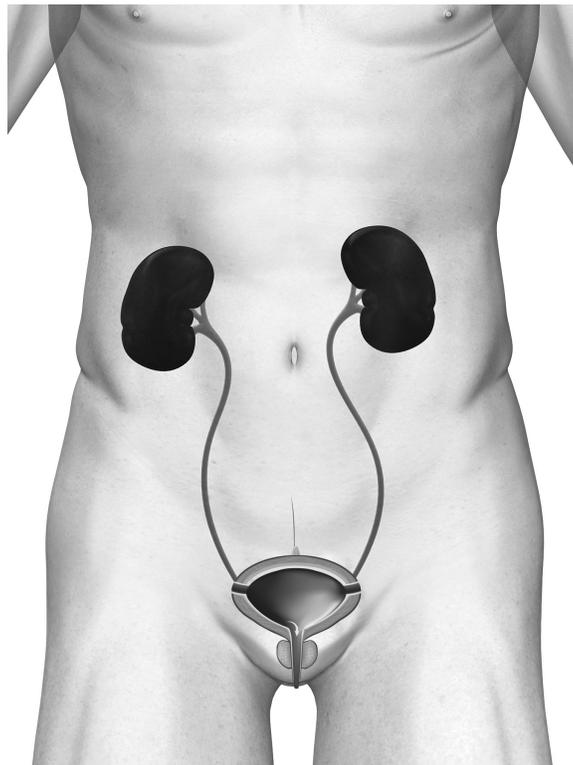


Interior Health

Enhanced Recovery After Surgery (ERAS) For Nephrectomy

Patient and Family Information

For more information on Enhanced Recovery please visit
[www.interiorhealth.ca/YourCare/HospitalCare/Surgery/
PreparingforSurgery/Pages/ERAS.aspx](http://www.interiorhealth.ca/YourCare/HospitalCare/Surgery/PreparingforSurgery/Pages/ERAS.aspx)



Purpose

Your surgical care team is focused on ensuring that you have the best possible care during your stay. **You are an important member of your surgical care team** and you will benefit by being prepared for your surgery and recovery. This handout will provide you and your family with an outline of what to expect during your stay and how you can best prepare for surgery.

Enhanced Recovery after Surgery (ERAS) Program

ERAS aims to speed up your recovery by using specific methods before, during and after your surgery. Some of these methods include:

- having a pre-operative drink before surgery
- early activity after surgery
- making sure your pain is controlled
- managing your nausea
- encouraging early eating after surgery

For more information on Enhanced Recovery please visit:

www.interiorhealth.ca/YourCare/HospitalCare/Surgery/PreparingforSurgery/Pages/ERAS.aspx



Getting yourself ready

It is important for you to be at your best before surgery. Below are things you can do to help prepare for surgery. These things will help you recover faster and decrease the chance of problems after surgery.

Nutrition: Your body will need extra energy and calories to heal. You can contact a dietitian for advice on improving your diet by dialing 8-1-1 (Healthlink BC) and letting them know you are having surgery. In addition to a healthy diet, you may wish to increase your calories intake by drinking Boost or taking another type of protein supplement. This supplement can be used before or after surgery.

Exercise: Talk to your doctor before starting a new exercise plan. Exercise will help you be in the best shape before your surgery and help with your recovery. Try to go for a 30 minute walk every day prior to surgery.

Smoking and Tobacco use: People who stop smoking before surgery have fewer problems after surgery. For assistance with quitting, call 8-1-1 and register for the BC Smoking Cessation Program or visit www.quitnow.ca. If unable to completely quit prior to surgery, it is recommended that you don't smoke any substances (cannabis, tobacco or vaping) the evening prior to surgery or the morning of surgery.

About your Nephrectomy Surgery

Nephrectomy surgery is done when there is a growth (tumor) found in or on the kidney. The growth may be benign (oncocytoma) or cancerous (carcinoma). Removal of the growth is recommended when cancer is suspected to reduce the risk of it spreading to other areas (metastases) of your body.

The kidney is a bean shaped organ that is found on either side of the middle of your back and is protected by the lower rib cage. Each kidney is wrapped in a layer of fat. There is a gland called the adrenal gland at the top of each kidney. Most people have two kidneys but in rare cases some people only have one. The main job of the kidney is to remove waste and impurities as well as extra water from the body. They also help to produce pee (urine) and help to control your blood pressure, electrolytes and several hormones.

The surgeon may remove part or all of the kidney during the surgery.

A radical nephrectomy is the removal of the whole kidney. The surgeon may also remove lymph nodes and the adrenal gland depending on how advanced the cancer is and where the growth (tumor) is in the kidney.

A partial nephrectomy is when only part of the kidney is removed. A surgeon may only remove part of the kidney if the growth (tumor) is small or there is only one kidney or if both kidney are not working very well. Removing only part of the kidney can be more difficult.

Both types of kidney surgeries can be done laparoscopically or by open surgery. Laparoscopic surgery is when the surgeon makes tiny holes in the middle lower part of your abdomen. He/she then puts a small camera and instruments through the holes to remove the kidney.

Open surgery is when the surgeon makes one large cut in your abdomen to remove the kidney.

After either of these surgeries the holes and cuts are closed with stitches or staples and covered with a dressing. The stitches or staples will need to be removed after discharge. You

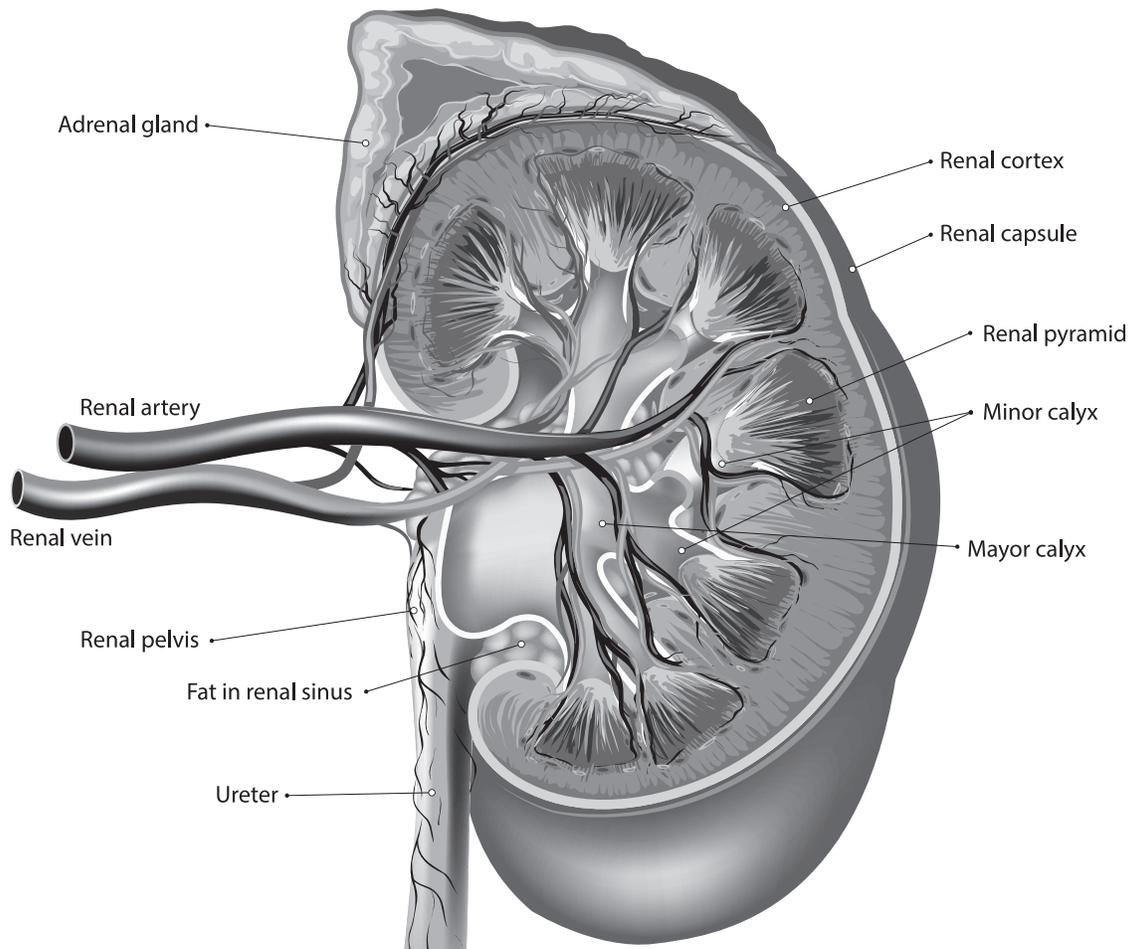
will be provided instructions on when and who will remove them on discharge.

In addition, there may be a small tube (drain) that is placed through the skin and stitched in place. The tube (drain) removes fluid from the space where the kidney used to be or where part of the kidney remains. The tube (drain) usually stays in place for 2–4 days but sometimes the tube (drain) is left in longer. See the discharge sheet on abdominal drain for more information.

Preparing for Surgery

Important: Please make sure you give your surgeon's office a correct contact number (home, work, cell phone).

After your meeting with your surgeon, he/she will notify the Surgical Booking Office. A clerk will call you with the date and time of your Pre-Surgical Screening (**PSS**) appointment.



What to bring to the PSS appointment

We encourage you to bring a family member or friend to your PSS appointment.

Your PSS appointment may take place over the phone or in person. For your PSS appointment, bring:

- All medicines, supplements and herbal products you are taking in their original containers.
- This booklet and a list of questions you have.

At the PSS appointment:

A nurse will meet with you to:

- review your health history
- review instructions for you to follow at home before surgery
- provide you information about when to stop or hold medications such as advil, voltaren or blood thinners prior to surgery
- provide you information about when to stop or hold herbal medication such as ginkgo biloba prior surgery
- discuss discharge plans (e.g. who will pick you up from the hospital and who will help you at home)
- provide information about care required after surgery (abdominal drain or catheter)
- answer your questions

Pre-operative tests (e.g. blood work and ECG) may be required

An anesthesiologist will discuss your past medical and surgical history either during your PSS appointment or on the day of surgery.

In addition, you will be provided information about which of your regular medications you should or should not take prior to surgery.

Coming to the Hospital

If your health changes (for example, flu, cold, diarrhea, etc) prior to surgery, you must notify Pre-Surgical Screening immediately (Monday – Friday, 8 am – 4 pm). Leave a message and your call will be returned.

Please note that Interior Health (IH) hospitals are scent-free facilities. Please bring:

- scent free personal products
- ear plugs
- a housecoat
- nonslip slippers
- toothpaste, toothbrush
- sugar-free chewing gum
- Health CareCard or BC Services Card
- your entertainment devices or books

Free WIFI is available at IH sites. To connect to WIFI, look for the prompt: GuestInternet and follow the directions to join and get access. If you wish to rent a TV/telephone, you can do so with a credit card or cheque.

Do not bring any valuables or more than \$20 cash. **Interior Health will NOT assume responsibility for any items that are lost or stolen.**

On the day of your surgery:

- arrive on time
- report to patient registration and they will send you to the surgical admitting desk

Surgeries can **sometimes** be postponed due to emergencies, bed availability and/or your current health.

You should expect to stay in the hospital for 1 to 2 days. We know that each person recovers at their own pace. Your progress will be assessed daily. This will help to determine your care plan and discharge date. If you or your family have any questions please ask your surgical care team.

The following is what you and your family can expect in the first few days after surgery.

What You Can Expect	Day 0 (Day of Surgery)	Day One and/or Day Two
Vital signs	Your vital signs will be taken often (blood pressure, pulse, temperature, breathing and pain rates).	_____ ↑
Intravenous (IV)	An intravenous line (IV) will be started in your arm just before surgery. _____ ↑ It will be removed when you are drinking 8 or more glasses of fluid a day.	Then as needed
Blood tests	Blood tests if the surgeon feels they are required	Blood tests in the morning on Day One and possibly Day Two if required.
Eating and drinking	Chewing gum (Sugar Free) at least 30 minutes 3 times a day. You will be able to eat anything you can tolerate. Your surgeon may order a drink (like Boost® or Ensure®) 2 times a day to supplement your diet not as a meal replacement. A dietitian will be available to see you if needed.	_____ ↑ A drink (like Boost® or Ensure®) 2 times a day, if ordered. _____ ↑
Washing	Wash your hands often.	Wash (with help) in the bathroom. _____ ↑
Going to the Bathroom	Passing gas.	_____ ↑ Stool softener to assist with bowel movements as needed. _____ ↑ Urinary catheter will be removed. After removal, bladder checks to ensure proper emptying _____ ↑
Bandages and care of your incision	Your bandages will be checked regularly to see if they are leaking. Abdominal drain may be present if required.	_____ ↑ If abdominal drain is in place, it will either be removed prior to discharge or you will receive instructions on what to do at home.

What You Can Expect	Day 0 (Day of Surgery)	Day One and/or Day Two
Activity	<p>Do deep breathing and coughing exercises 5 times each hour or use incentive spirometry while awake.</p> <p>Do leg exercises 5 times at the top of each hour while awake in addition to walking.</p> <p>Get in and out of bed by log-rolling with instruction and help.</p> <p>Sit at bedside or in chair.</p> <p>Mobilize with assistance once you are alert and comfortable to do so</p>	<p>↑</p> <p>↑</p> <p>Sit in the chair for all meals if able.</p> <p>↑</p> <p>Walk around the ward on your own (at least 4 or more laps) 3 times per day. ↑</p> <p>Total activity time: 1 – 3 hours out of bed.</p>
Rest and Sleep	<p>Sleeping medication may be ordered by your surgical team. ↑</p> <p>Use ear plugs to cut down the hospital noise. These may be provided. ↑</p>	<p>Then as needed</p>
Visitors	<p>Brief visits from immediate family only.</p>	<p>Visitors, even if they are your loved ones, can make you tired, as can people visiting a roommate. A “rest period” with no visitors between 1-3pm is highly recommended.</p>
Discharge Planning		<p>Go over your discharge plans with your nurse and other team members as needed.</p> <p>Prescription, follow up appointment information, dressing supplies or community care referral for dressing change.</p> <p>Review discharge booklet on abdominal drain and how to care for it at home if required.</p>
Community Referral		<p>A community care referral will be made if needed (e.g. wound or drain care). They will call you to arrange an appointment. Instructions will be provided on when and who will remove staples or stitches once discharged.</p>

