

The Oxford Transplant Centre

Laparoscopic donor nephrectomy – admission and discharge information

Information for donors



The information in this booklet is for live donors who are having an operation called Laparoscopic Donor Nephrectomy to remove a kidney. You will already have been given the following information before you made the decision to go ahead with this operation:

- The Live Donor Programme
- Your Questions Answered: Medical Information
- "Gift of Life" DVD.

These other publications give you full details of what's involved in becoming a live donor and the risks and benefits of the operation. The doctors will also discuss these things with you in detail before the operation.

If you have further questions after reading this information, please speak to your surgeon, ward nurse or living donor co-ordinator.

What to bring with you

- Any medication and inhalers
- Nightwear, dressing gown, slippers and wash bag. (Please pack your dressing gown and slippers last / at the top of your case as you will need these items before you go to the operating theatre.)
- Loose fitting clothes to wear for the journey home.
- You may find a lip balm useful, as the hospital environment can be very dry.
- Books, magazine, iPod etc.

Please do not bring any large amounts of money or valuables with you when you come into hospital.

Admission to hospital

Please report to the Day Surgery Unit at the Churchill Hospital at 07.30hrs on the morning of surgery.

- To make vomiting less likely and for your own safety your stomach must be empty before an anaesthetic. **Please do not eat anything from midnight. You may drink water only until 6am and then nothing further by mouth (no tea, coffee, chewing gum, sweets etc). Your operation may be cancelled if you do not follow these instructions.**
- Take your normal morning medications at 6am with your last drink of water.
- Use any regular inhalers.
- Do not wear any make-up, jewellery (including body or tongue piercing) nail varnish or artificial nails on the day of surgery.
- We recommend that you do not wear any rings as fingers may become swollen after surgery.

The nurse responsible for looking after you will prepare you in the clinical area and put an identity band on your wrist. The nurse will take your blood pressure and pulse and give you support stockings to wear until you are discharged. These help to prevent blood clots (DVT) forming during the operation. You will have a small plastic tube put into one of the veins in your arm so that we can give you medications during and after the operation.

The surgeon and the anaesthetist will see you before the operation and go through the consent form with you. They will then mark the side of your body where the operation will take place. If you have any last minute questions or concerns, this is a good time to ask.

The nurse will escort you to the anaesthetic room where you will meet the anaesthetist again and will be introduced to the anaesthetic nurse.

During the operation

Once you are asleep the staff will position you for the operation. The surgeons then start the procedure and the operation itself will take approximately two to four hours.

If there are any technical difficulties during the operation and the surgeons feel that it would not be safe or appropriate to continue with keyhole surgery, then the operation will be converted to an open operation. This would involve opening the abdomen through a longer cut and freeing the kidney from the surrounding structures by standard open surgery and removing it. The chances of conversion from a keyhole technique to open surgery are approximately 1 in 40.

After the operation

- As you have had a general anaesthetic, you will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- The small plastic tube in your arm will be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are able to eat and drink by yourself.
- You will have a control button for a device called Patient Controlled Analgesia (PCA) which allows you to give yourself pain relief when you need it by pressing the button. You are likely to need to take oral painkillers for a week or two.
- There will be a catheter (tube) in your bladder to drain the urine. This will be removed the following day.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward.
- Sometimes, people feel sick after an operation, especially after

a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.

On the ward

After the operation you will usually be taken to the Wytham Ward or Renal Ward. If you are recovering on the Transplant Ward you will not be nursed in the same room as the person to whom you donated.

Please make sure that your relatives have the contact numbers and visiting times of the wards (see page 9). There are no facilities for relatives to stay overnight at the hospital.

There are individual TV and telephone facilities provided at each bedside. Payment cards can be purchased in the corridors outside the ward. We do not allow flowers on the wards.

You can expect to be in hospital for 3 to 5 days and can expect to be out of bed the day after the operation.

Eating and drinking: There will be a tube (drip) in your arm so that we can give you fluids until you are able to drink enough yourself. You can start drinking as soon as you are fully awake and you do not feel sick. This is usually after about three to four hours. If you tolerate fluids you can generally manage something light to eat that evening. Eat only if you feel hungry. You may return to your normal diet after this operation. It is important that you keep well hydrated, drinking more than 2 litres of fluid a day.

Getting around and about: We will try to get you mobile (up and about) as soon as we can to help prevent complications from lying in bed. We would normally expect you to be able to get up after four to six hours. You should be up and about the following morning and having breakfast. You should aim to be fully mobile within 24 hours of the procedure. We will help you to visit the person to whom you donated the day after the operation.

Getting back to normal

When you can leave hospital: Most people who have had this type of procedure will be able to leave hospital after 2-3 days. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion.

When you can resume normal activities and work: Most people who have had this procedure can resume limited normal activities the next day. You might need to wait a little longer before resuming more vigorous activities. When you can return to work depends on your usual health, how fast you recover and what type of work you do. Please ask your doctor for their opinion. We expect most people to be able to return to work/normal activities within 4-6 weeks of the operation.

Pain control

Oral painkillers are often necessary for the first week or two. These are best taken regularly so that you are able to move about comfortably. Regular oral paracetamol is the first choice painkiller – usually two tablets (1g) four times a day. If necessary, stronger oral painkillers may also be used (tramadol/codeine). These stronger painkillers and the initial control button injection painkiller (PCA) can often cause constipation and drowsiness. To avoid constipation, eat plenty of bran, fresh fruit and vegetables and drink plenty of fluids. You may also be given some laxatives to take until your bowel function returns to normal for you. Senna, usually taken at night, is a stimulant laxative and lactulose, usually taken morning and night, is a softening laxative. If these precautions do not help, please consult your General Practitioner. If your pain is not sufficiently controlled then you should contact your General Practitioner as soon as possible.

It is likely that your operation will have been performed by keyhole surgery. In this case it is not unusual for donors to experience a "wind type pain" usually in the back or shoulders. This occurs because gases are used during the procedure to inflate your abdomen – some of this gas gets left behind and will be absorbed over a few days. Although this can be quite uncomfortable it will disappear with time.

Wound Care

As you have had a cut made through your abdominal muscles it is important to avoid heavy lifting (including shopping bags and children) to allow your muscles to repair themselves. Gradually increase your activity over the next 2-4 weeks.

Your wounds are normally stitched with internal dissolvable stitches so you don't have to worry about having stitches taken out. You may have some paper strips (steristrips) over the incisions made during keyhole surgery. Peel these off after 4-5 days.

It is important to keep the wounds clean. Soaking in the bath is not advisable until the wound has healed – usually a couple of weeks after your operation.

Keep an eye on your wounds. If any sites become red, sore or swollen then please contact your GP. It may be that you have an infection.

Occasionally, some men experience a swollen scrotum after surgery. This is something that should settle down within a few weeks but if it persists, please make an appointment to see your GP.

Emotional Health

It is not uncommon for anyone who has had surgery to feel a little low in mood. This is just the effect of the anaesthetic and things should settle down within a couple of days.

Medical Certificate

When you are discharged you will be issued with a medical certificate by the ward for your length of stay in hospital. Thereafter you will need to visit your GP for any further certificates.

Driving

There are no hard and fast rules about driving. You should be confident that you are able to do an emergency stop comfortably without hesitation before you start driving again. Go out when it is quiet on some side streets first rather than when it is busy or on a long journey. It is also advisable to check with your insurance company before driving.

Energy levels

After your operation you should experience no difference in energy levels, ability to work, life expectancy and susceptibility to illness, sexual function or feelings of good health. Donation should not prevent you from being able to have children; many women who have donated a kidney have had normal pregnancies after donation. You are likely to feel tired for some weeks after your operation.

Follow-up

Before you are discharged we will give you an appointment to see the Consultant Surgeon six weeks after your operation to make sure that you have recovered as we would expect. Thereafter, you will be invited to attend an annual follow-up appointment here at the Oxford Transplant Centre. This will involve a general health check including blood tests, blood pressure, weight and a urine test. You will then be referred back to your GP for this annual check.

How to contact us

If you are unsure about any aspects of your care please do not hesitate to ask.

If you want any advice or have any worries once you are at home you can always talk to one of the Live Donor Nurses on

01865 226107/225366.

Wytham Ward

Nurses Desk (01865) 235108 or 235011

Visiting Times 2.00pm-9.00pm

Renal Ward

Nurses Desk (01865) 225780

Patient Telephone (01865) 225787

Visiting Times 3.30pm-8.00pm

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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