

THE UROLOGY GROUP

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NEPHROURETERECTOMY POSTOPERATIVE INSTRUCTIONS (Removal of kidney, ureter and bladder cuff)

Hospital stay: Patients typically stay overnight in the hospital for 24 hours or so for monitoring, fluids and pain medication.

Diet: After anesthesia, begin with clear liquids. You may take what you like to eat or drink. Depending on how you feel the following day, you may resume your normal diet. The appetite may be diminished the first several days at home. Drink plenty of water and avoid heavy meals.

Activity: ***Be sure to walk at least three times per day.*** This helps prevent blood clots in the legs, which can travel to the lung and become life-threatening. Start walking as soon as possible after surgery, either the afternoon of surgery or the morning after surgery.

Once home, You may take walks outside. You may go up and down stairs.

You should avoid strenuous activity for 6 weeks. This includes activities such as golf, tennis, cutting the grass, stretching exercises, lifting weights and so forth. You should avoid carrying anything over fifteen pounds for this six week period. This will help prevent hernia or bulge at the incision site.

You may tire easily with minimal activity. This is normal after surgery. Your energy level will gradually return in 6 to 8 weeks.

Foley catheter: You will have a foley catheter, a plastic tube that drains the bladder, in place after surgery. You will have this for 7 to 10 days after surgery. The nurses in the hospital will show you and your family how to care for the catheter. You will be taught how to use a smaller bag during the day which can be worn under clothes. You will be taught how to switch to a larger bag for night time. The catheter should always be secured to the leg so there is no tension or pulling on the catheter. Take care the catheter does not get dislodged when turning in bed, getting into or out of a chair or car.

You may see blood or small debris in the catheter tubing and bag. This is normal. Call the office or come to the emergency room if the catheter does not drain for 4 hours or there are large (dime sized) clots.

Surgical drain: You will have a surgical drain in place after the surgery. This removes excess fluids from the body. If the output is small, it may be removed before you leave the hospital. If there is still quite a bit of fluid draining, you will be instructed how to care for the drain at home. Keep a record of how much fluid comes out of the drain. Bring this record when you return to the office so the nurse can

review it and determine when it is safe to remove the drain. This will likely be a few days after you are discharged from the hospital.

Bathing: You may take a shower as you normally do. You may allow the water to run over the incision then pat dry. Avoid submerging in water for two days. You may have staples in the incision. These will be removed postoperatively. You do not need to place anything over the incision but may place a gauze if there is oozing or spotting.

Medication: You can obtain good pain relief by taking two acetaminophen (Tylenol) every four hours while awake for the first several days. You will also get a prescription for pain pills. You can use these prescription pain pills in addition to acetaminophen every four hours. Do not exceed 4000 mg acetaminophen per day.

Surgery, general anesthesia and prescription pain medicine can all make you constipated. You may receive a prescription for a stool softener to avoid straining after surgery. Take plenty of fiber and water or over the counter stool softener to **avoid constipation**. It may take a few days to have your first bowel movement after surgery. You may use two tabs of over the counter senna (Senekot or Senegen) 8.6 mg by mouth twice daily as needed for constipation. You may also use an over the counter suppository if the oral medication is ineffective. Decrease or hold stool softeners if you have loose stools or diarrhea.

Post operative appointment: You will need a postoperative visit in approximately 7-10 days after your discharge. If surgical staples are placed in the incision, they are typically removed at that time. Call the office to make an appointment if you do not already have one.

Call the office or come to the emergency room for fever over 101°F, difficulty breathing, chest pain, palpitations, nausea or vomiting, leg swelling or pain.