What Should I Expect During my Hospital Stay?

The hospital stay following radical or partial nephrectomy is usually 1 night. There are several important things you can do to help speed up your recovery including walking early and often after surgery, and controlling your pain. If you are to be discharged with a JP drain, you will need to learn to care for the drain before discharge. Most patients will go to the regular surgical floor (4th floor West Wing) after leaving the recovery room, where your family can visit you. There may be specific rules regarding the length and timing of visits. Your nurse will inform you and your family of these rules, if they apply.

When you wake up, your small skin incisions will be covered with skin glue, which usually falls off after 1-2 weeks. You will also have a Foley catheter in your bladder, and a JP drain from one of the incisions. In general, the catheter and JP drain are removed the day after surgery, before the patient leaves the hospital to go home. Patients who undergo a radical nephrectomy will not have a JP drain.

Specifics After Surgery

When you leave the operating room, there will be squeezers around your legs that inflate with air to keep blood flowing in your legs and discourage blood clot formation when you are lying in bed. These squeezers will be removed when you start walking, and patients are encouraged to get out of bed the night of surgery. The morning after surgery, you will be expected to walk around the floor with the help of your nurse. Early ambulation is one of the most important factors for a speedy recovery. In addition, we will give you a blood thinner the night of surgery to prevent any blood clots in your legs from forming.

After surgery, there are usually a few different types of pain experienced by the patient – bloating, incisional pain, and pain with movement. It is important to take early action to control your pain as soon as it starts because it is more difficult to relieve pain once it has become severe. Bloating pain is actually best treated with early and often ambulation, as it is usually related to return of bowel function. Incisional pain and pain with movement is best treated with pain medications. Take your pain medication before you participate in any activity that may increase your level of discomfort. Each person experiences pain differently. You can help your doctors and nurses rate your pain on a scale from 0 to 10. A zero on the scale means no pain and a ten on the scale means the worse pain you can imagine. Most patients will be placed on a regimen of intravenous Tylenol after surgery. In some cases, Toradol (a strong NSAID) may also be given if kidney function is normal. These medications are very effective in controlling pain without many of the side effects of opioids such as morphine and dilaudid. In addition to these, patients can ask for opioid pills as needed. The goal is to have your pain adequately controlled so that you can ambulate and take deep breaths comfortably.
Oftentimes, bracing a pillow against your abdomen during coughing or deep breaths will reduce the discomfort dramatically.

Initially after surgery you will be started on a clear liquid diet again to ensure you do not have any nausea and vomiting from the anesthetic. You will then be advanced to a post-surgical diet for dinner, and a regular diet the day after surgery as you prepare for possible discharge.

Preparing to Go Home
Discharge usually occurs in the afternoon, the day following surgery. Case managers are available to assist you with getting ready to go home. Case managers and financial counselors are also available to assist with concerns about financial matters. You should start talking with a case manager after surgery if you have special needs. Home health care is not usually necessary but can be arranged for patients after discharge. Nurses can come to your home and assist with management of the drain, if necessary.

On the day of discharge, you will receive detailed instructions from your doctor and your nurse. The following precautions should be taken after surgery:
- You may shower the day after surgery but do not scrub your incisions
- No heavy lifting more than 10 lbs for 4 weeks following surgery.
- Continue walking after discharge and each day, you should try to walk more.
- Normal activity and exercise can start gradually 4 weeks after surgery.
- You may resume driving if you are not taking narcotic pain medications.

It usually takes 2 weeks after surgery until your normal stamina returns. It is usually advisable to take 3-4 weeks off from work after surgery. Patients who do office work can usually start half time 2 to 3 weeks after surgery. Patients who do heavy work should plan to be off for 4 to 6 weeks. Disability forms can be filled out through your doctor’s office.

Most patients are not sent home with any drains or tubes. After discharge, you should call your doctor’s office to arrange for an appointment in 2 weeks to discuss the pathology results and blood tests.