

About Your Kidney Surgery

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About Your Surgery

This guide will help you prepare for your kidney surgery at Memorial Sloan Kettering (MSK), and help you understand what to expect during your recovery. Read through this guide at least once before your surgery and then use it as a reference in the days leading up to your surgery. Bring this guide with you every time you come to MSK, including the day of your surgery, so that you and your healthcare team can refer to it throughout your care.

The type of surgery you'll have depends on the size and location of the cancer. Your surgeon will talk with you about the option that is right for you.

- A **partial nephrectomy** is the removal of the part of the kidney that has the cancer and the tissue surrounding it. If necessary, the lymph nodes will also be removed. Some of your kidney will remain in your body.
- A **radical nephrectomy** is the removal of the entire kidney and the tissue that surrounds it. If necessary, the lymph nodes and the adrenal gland will also be removed.
- A **nephroureterectomy** is the removal of the entire kidney, surrounding tissue, lymph nodes, the adrenal gland if necessary, all or part of the ureter, and part of the bladder.

If the cancer spreads, one of the first places it spreads to is usually the lymph nodes. Your doctor may decide to remove some of your lymph nodes and check them for cancer cells. You have many lymph nodes, so your body will not miss these few.

Kidney

Kidneys are bean-shaped organs about the size of your fist, located near the middle of your back. You have 2, one on each side. They filter blood, regulate hormone levels, and regulate your blood pressure.

Lymph nodes

Lymph nodes are small oval or round structures found throughout your body. Lymph nodes make and store cells that fight infection.

Adrenal glands

Adrenal glands produce hormones that help you cope with stress.

Ureter

Your ureter is the tube that connects your kidney to your bladder.

Bladder

Your bladder stores your urine.

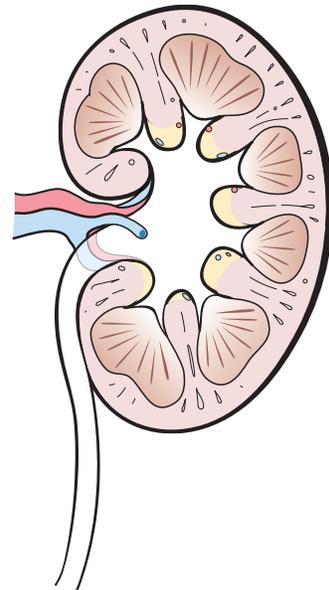
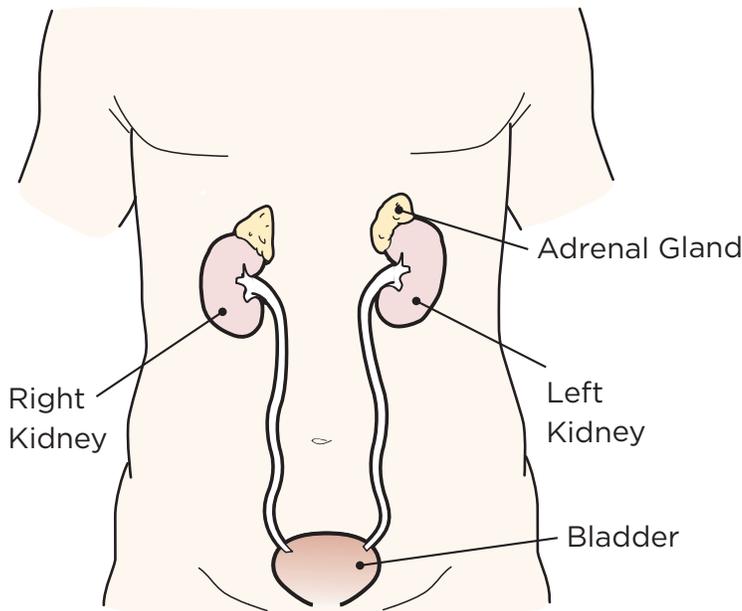
Kidney surgery can be done using different techniques. Your surgeon will talk with you about which options are right for you.

Laparoscopic or Robotic Kidney Surgery

Your surgeon will make 3 to 5 small incisions (surgical cuts). Using small tools and a camera, he or she will remove all or part of your kidney, depending on the cancer.

Open Kidney Surgery

Your surgeon will make 1 incision (surgical cut), usually about 5 inches long. He or she will remove all or part of your kidney, depending on the cancer.



Notes _____

The information in this section will help you prepare for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It contains important information about what you need to do before your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

Preparing for Your Surgery

You and your healthcare team will work together to prepare for your surgery.

About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It is important that you talk with your healthcare providers about your alcohol intake so that we can plan your care.

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you are at risk for these complications, we can prescribe medicines to help prevent them.
- If you use alcohol regularly, you may be at risk for other complications during and after surgery. These include: bleeding, infections, heart problems, greater dependence on nursing care, and longer hospital stay.

Here are things you can do to prevent problems before your surgery:

- Be honest with your healthcare provider about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or cannot sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you cannot stop drinking.
- Ask us any questions you have about drinking and surgery. As always, all of your treatment information will be kept confidential.

About Smoking

People who smoke can have breathing problems when they have surgery. Stopping even for a few days before surgery can help. If you smoke, your nurse will refer you to our Tobacco Treatment Program. You can also reach the program at 212-610-0507.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren't sure.

- I take a blood thinner. Some examples are heparin, warfarin (Coumadin®), clopidogrel (Plavix®), and tinzaparin (Innohep®). There are others, so be sure your doctor knows all the medications you're taking.
- I take prescription medications, including patches and creams.
- I take over-the-counter medications, herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia in the past.
- I have allergies, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.

About Sleep Apnea

Sleep apnea is a common breathing disorder that causes a person to stop breathing for short periods while sleeping. The most common type is obstructive sleep apnea (OSA). This means that the airway becomes completely blocked during sleep, so no air can get through. OSA can cause serious problems when you have surgery. Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing machine (CPAP) for sleep apnea, bring it with you the day of your surgery.

Within **30** Days of Your Surgery

Presurgical Testing (PST)

Before your surgery, you will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon's office.

You can eat and take your usual medications the day of your PST appointment. During your appointment, you will meet with a nurse practitioner who works closely with anesthesiology staff (doctors and specialized nurses who will be giving you medication to put you to sleep during your surgery). He or she will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your nurse practitioner may also recommend you see other healthcare providers.

Your nurse practitioner will talk with you about which medications you should take the morning of your surgery. To help you remember, we've left space for you to write these medications down on page 10 of this guide. It is very helpful if you bring the following with you to your PST appointment:

- A list of all the medications you are taking
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study
- The name(s) and telephone number(s) of your doctor(s)

Complete a Health Care Proxy

If you haven't already completed a Health Care Proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you are unable to communicate for yourself. The person you identify is called your health care agent. If you are interested in completing a health care proxy form, talk with your nurse. If you have completed one already, or if you have any other advanced directive, bring it with you to your next appointment.

Breathing and Coughing Exercises

Practice taking deep breaths and coughing before your surgery. You will be given an incentive spirometer to help expand your lungs. For more information, please read *How to Use Your Incentive Spirometer*, located in the "After Your Surgery" section of this guide. If you have any questions, ask your nurse or respiratory therapist.

Exercise

Try to do aerobic exercise every day, such as walking at least 1 mile, swimming, or biking. If it is cold outside, use stairs in your home or go to a mall or shopping market. Walking will help your body get into its best condition for your surgery and make your recovery faster and easier.

Eat a Healthy Diet

You should eat a well-balanced, healthy diet before your surgery. If you need help with your diet talk to your doctor or nurse about meeting with a dietitian.

10 Days Before Your Surgery

Stop Taking Certain Medications

If you take vitamin E, stop taking it 10 days before your surgery. If you take aspirin, ask your surgeon whether you should continue. Medications such as aspirin, medications that contain aspirin, and vitamin E can cause bleeding. For more information, please read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in this section.

Purchase Hibiclens® Skin Cleanser

Hibiclens is a skin cleanser that kills germs for 6 hours after using it. Showering with Hibiclens before surgery will help reduce your risk of infection after surgery. Hibiclens is available at your local pharmacy without a prescription.

7 Days Before Your Surgery

Stop Taking Herbal Remedies

Stop taking herbal remedies or supplements 7 days before your surgery. If you take a multivitamin, talk with your doctor or nurse about whether you should continue. For more information, please read *Herbal Remedies and Cancer Treatment*, located in this section.

2 Days Before Your Surgery

Stop Taking Certain Medications

Stop taking non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (e.g., Advil®, Motrin®), and naproxen (e.g., Aleve®). These medications can cause bleeding. For more information, please read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in this section.

1 Day Before Your Surgery

Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. He or she will tell you what time you should arrive at the hospital for your surgery. If you are scheduled for surgery on Monday you will be called on the Friday before. If you do not receive a call by 7:00 PM, please call 212-639-5014.



Use this area to write in information when the clerk calls:

Date _____ Time _____

MSK Presurgical Center
1275 York Avenue
Between 67th and 68th Street
New York, NY
B elevator to 6th floor

Eat a Light Diet

Eat a light diet, such as small sandwiches, eggs, toast, crackers, soup, or cereal. Limit the amount of dairy products, and avoid fried foods and foods with a lot of seasoning.

The Night Before Your Surgery

Shower with Hibiclens

The night before your surgery, shower using the Hibiclens solution. To use Hibiclens, open the bottle and pour some solution into your hand or a washcloth. Rub it gently over your body from your neck to your waist and rinse. Do not let the solution get into your eyes, ears, mouth, or genital area. Do not use any other soap. Dry yourself off with a clean towel after your shower.

Sleep

Go to bed early and get a full night's sleep.



Do not eat or drink anything after midnight the night before your surgery. This includes water, hard candy, and gum.

The Morning of Your Surgery

Shower with Hibiclens

Shower using Hibiclens just before you leave for the hospital. Use the Hibiclens the same way you did the night before. Do not use any other soap. Do not put on any lotion, cream, powder, deodorant, makeup, or perfume after your shower.

Take Your Medications as Instructed

If your doctor or nurse practitioner instructed you to take certain medications the morning of your surgery, take only those medications with a sip of water. Depending on what medications you take and the surgery you're having, this may be all, some, or none of your usual morning medications.

Medication	Dose	Doctor/Nurse



Do not eat or drink anything the morning of your surgery. This includes water, hard candy, and gum. Take any medication as instructed with a small sip of water.

Things to Remember

- Do not put on any lotion, cream, deodorant, make-up, powder, or perfume.
- Don't wear any metal objects. Remove all jewelry, including any body piercings. The equipment used during your surgery can cause burns if they touch metal.
- Leave valuables, such as credit cards, jewelry, or your checkbook at home.
- Before you are taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles such as a rosary.
- If you wear contact lenses, wear your glasses instead.
- _____
- _____
- _____



What to Bring

- A pair of loose-fitting pants (sweat pants are a good choice).
- Sneakers that lace up. You may have some swelling in your feet, lace up sneakers can accommodate this swelling.
- Only the money you may need for a newspaper, bus or taxi or parking costs.
- A CD player and CDs or an iPod, if you choose, however someone will need to hold it for you when you go into surgery.
- Your incentive spirometer, if you have one.
- Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- If you have a case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles such as a rosary, bring it with you.
- Your Health Care Proxy form, if you have completed one.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
- _____
- _____
- _____

Parking When You Arrive

Parking at MSK is available in the garage on East 66th Street between York and First Avenues. To reach the garage, turn onto East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that you can walk through that connects the garage to the hospital. If you have questions about prices, call 212- 639-2338.

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.



P = Parking
M = Memorial Sloan Kettering

Once You're in the Hospital

You will be asked to state and spell your name and birth date many times. This is for your safety. Patients with the same or similar names may be having surgery on the same day.

Get Dressed for Surgery

You will be given a hospital gown, robe, and non-skid socks.

Meet With Your Nurse

Your nurse will meet with you before your surgery. Tell him or her the dose of any medications (including patches and creams) you took after midnight and the time you took them. Your nurse will insert an intravenous (IV) line into a vein in your arm.

Marking Your Surgical Site

In addition to being asked your name and birth date, you may also be asked the name of your surgeon, what operation you are having, and which side is being operated on. Your surgeon or another member of the surgical team will use a marker to initial the site on your body that will be operated on. This is for your safety; it ensures that all members of the surgical staff are clear about the plan for your surgery.

Notes _____

Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

This information will help you identify medications that contain aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). It's important to stop these medications before many cancer treatments.

Medications such as aspirin and other NSAIDs, vitamin E, and COX-2 inhibitors can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding. If you take aspirin or other NSAIDs, vitamin E, or a COX-2 inhibitor such as celecoxib (Celebrex[®]), tell your doctor or nurse. He or she will tell you if you need to stop taking these medications before your treatment. You will also find instructions in the information about the treatment you're having.

If you're having surgery:

- Stop taking medications that contain aspirin or vitamin E 10 days before your surgery or as directed by your doctor. If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor before you stop taking it.
- Stop taking NSAIDs 48 hours before your surgery or as directed by your doctor.
- Ask your doctor if you should continue taking a COX-2 inhibitor.

If you're having a procedure in Radiology (including Interventional Radiology, Interventional Mammography, and General Radiology):

- If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor before you stop taking it. If your doctor instructs you to stop taking aspirin, you should stop 5 days before your procedure or as directed by your doctor.
- Stop taking NSAIDs 24 hours before your procedure.
- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.

Chemotherapy can decrease your platelet count, which can increase your risk of bleeding. Whether you're just starting chemotherapy or you've been receiving it, talk with your doctor or nurse before taking aspirin or NSAIDs.

Medications are often called by their brand name, which can make it difficult to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the list of common medications in this leaflet. While this list includes the most common products, there are others. Please check with your healthcare provider if you aren't sure. Always be sure your doctor knows all the medications you're taking, both prescription and over-the-counter.

The following common medications contain aspirin:

Alka Seltzer®	Cama® Arthritis Pain Reliever	Genprin®	Roxiprin®
Anacin®	COPE®	Gensan®	Saleta®
Arthritis Pain Formula	Dasin®	Heartline®	Salocol®
Arthritis Foundation Pain Reliever®	Easprin®	Headrin®	Sodol®
ASA Enseals®	Ecotrin (most formulations)	Isollyl®	Soma® Compound Tablets
ASA Suppositories®	Empirin® Aspirin (most formulations)	Lanorinal®	Soma Compound with Codeine Tablets
Ascriptin® and Ascriptin A/D	Epromate®	Lortab® ASA Tablets	St. Joseph® Adult Chewable Aspirin
Aspergum®	Equagesic Tablets	Magnaprin®	Supac®
Asprimox®	Equazine®	Marnal®	Synalgos® DC Capsules
Axotal®	Excedrin® Extra-Strength Analgesic Tablets and Caplets	Micrainin®	Tenol-Plus®
Azdone®	Excedrin Migraine	Momentum®	Trigesic®
Bayer® (most formulations)	Fiorgen®	Norgesic Forte® (most formulations)	Talwin® Compound
BC® Powder and Cold Formulations	Fiorinal®	Norwich® Aspirin	Vanquish® Analgesic Caplets
Bufferin®	Fiorinal® (most formulations)	PAC® Analgesic Tablets	Wesprin® Buffered
(most formulations)	Fiortal®	Orphengesic®	Zee-Seltzer®
Buffets II®	Gelpirin®	Painaid®	ZORprin®
Buffex®		Panasal®	
		Percodan® Tablets	
		Persistin®	
		Robaxisal® Tablets	

The following common medications are NSAIDs that do not contain aspirin:

Advil®	Children's Motrin®	Indomethacin	Mobic®	Piroxicam
Advil Migraine	Clinoril®	Indocin®	Motrin	Ponstel®
Aleve®	Daypro®	Ketoprofen	Nabumetone	Relafen®
Anaprox DS®	Diclofenac	Ketorolac	Nalfon®	Saleta 200
Ansaid®	Etodolac®	Lodine®	Naproxen	Sulindac
Arthrotec®	Feldene®	Meclofenamate	Naprosyn®	Toradol®
Bayer Select Pain Relief Formula Caplets	Fenoprofen	Mefenamic Acid	Nuprin®	Voltaren®
Celebrex	Flurbiprofen	Meloxicam	Orudis®	
	Genpril®	Menadol®	Oxaprozin	
	Ibuprofen	Midol®	PediaCare Fever®	

Most multivitamins contain vitamin E, so if you take a multivitamin be sure to check the label. The following products contain vitamin E:

Amino-Opt-E	Aquavit	E-400 IU	E complex-600
Aquasol E	D'alpha E	E-1000 IU Softgels	Vita-Plus E

Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn't affect platelets, so it will not increase your chance of bleeding. The following common medications contain acetaminophen; those in bold require a prescription:

Acephen®	Datril®	Norco®	Tylenol with Codeine No. 3
Aceta® with Codeine Acetaminophen with Codeine	Di-Gesic®	Panadol®	Vanquish
Aspirin-Free Anacin	Esgic®	Percocet®	Vicodin®
Arthritis Pain Formula	Excedrin P.M.	Repan	Wygesic®
Aspirin-Free	Fiorcet®	Roxicet®	Zydone®
Darvocet-N 100®	Lorcet®	Talacen®	
	Lortab	Tempra®	
	Naldegesic®	Tylenol	



Read the labels on all your medications.

Acetaminophen (Tylenol) is a very common ingredient found in over-the-counter and prescription medications. It's often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications. The full name acetaminophen is not always written out, so look for these common abbreviations, especially on prescription pain relievers: APAP, AC, Acetaminoph, Acetaminop, Acetamin, and Acetam.

Acetaminophen is safe when used as directed, but there is a limit to how much you can take in 1 day. It's possible to take too much acetaminophen without knowing because it's in many different medications, so always read and follow the label on the product you are taking. Do not take more than 1 medication at a time that contains acetaminophen without talking with a member of your healthcare team.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call _____. If there's no number listed, or you're not sure, call (212) 639-2000.

Herbal Remedies and Cancer Treatment

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical home remedies or other dietary supplements because they can:

- Interact with other drugs
- Increase or lower blood pressure
- Thin the blood and increase the risk of bleeding
- Make radiation therapy less effective
- Lower the effects of medications that suppress the immune system
- Increase the effects of sedation or anesthesia

■ Common Herbs and Their Effects

Echinacea

- Can cause an allergic reaction such as a rash or difficulty breathing
- Can lower the effect of drugs used to suppress the immune system

Garlic

- Can lower blood pressure, fat, and cholesterol levels
- Can prevent platelets (the blood cells that help stop bleeding) from sticking together, which increases the risk of bleeding

Ginkgo (also known as ginkgo biloba)

- Can change how platelets function, which can increase the risk of bleeding

Ginseng

- Can act as a stimulant, which can decrease the effects of anesthesia or sedation
- Can interfere with platelet function, which can increase the risk of bleeding
- Can lower blood glucose (sugar) level

Turmeric

- Can reduce the antitumor action of chemotherapy drugs

St. John's Wort

- Can interact with medications given during surgery
- Can make the skin more sensitive to laser treatment

Valerian

- Can have a sedative effect, which can increase the effects of anesthesia or sedation

Herbal formulas

- Many herbal formulas contain different herbs. We don't know their side effects. You must also stop taking these products 1 week before and during treatment

For more information about herbs and botanicals, visit the About Herbs, Botanicals & Other Products website at mskcc.org/aboutherbs.

You can also download the Memorial Sloan Kettering About Herbs app from the Apple App Store at itunes.apple.com/us/app/about-herbs/id554267162?mt=8.

This information does not cover all possible side effects. Please share any questions or concerns with your doctor or nurse.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call _____. If there's no number listed, or you're not sure, call (212) 639-2000.

Information for Family and Friends for the Day of Surgery

This information explains what to expect on the day your friend or family member is having surgery at Memorial Sloan Kettering (MSK).

■ Before the Surgery

After arriving at the hospital, the patient will be asked to provide contact information for the person who will be meeting with the surgeon after the surgery. This is the same person who will get updates from the nurse liaison during the surgery. If the patient is having an outpatient procedure, he or she will also be asked to provide contact information for the person who will be taking them home.

Once the patient is checked in, he or she will go to the Presurgical Center (PSC) to be examined before surgery. One person can come along, but other visitors should wait in the waiting area. If the patient wishes, other visitors may join him or her when the nurse has finished the exam.

When the operating room (OR) is ready, the surgical team will take the patient there. They will prepare the patient for surgery, which can take 15 to 90 minutes. Then, the surgery will begin.

Please remember the following:

- Do not bring food or drinks into the waiting area or the PSC. Patients are not allowed to eat before their surgery or procedure.
- Our patients are at high risk for infection. Please do not visit if you have any cold or flu symptoms (fever, sneezing, sniffles, or a cough). We may ask you to wear a mask if there are any concerns about your health.
- If the patient brought any valuables, such as a cell phone, iPod, iPad, etc., please keep them safe for him or her during surgery.
- Sometimes, surgeries are delayed. We make every effort to tell you when this happens.

■ During the Surgery

After the patient is taken to the OR, please wait in the main lobby on the 1st floor. While you are waiting, here are some things you can do:

- Food and drinks are available on the 1st floor in the cafeteria and in the gift shop. You can also bring your own food and eat it in the cafeteria.
- The coat-check room is located at the bottom of the escalator on the ground level. It is open Monday through Friday from 11:00 AM to 4:00 PM.
- Wireless Internet access is available in most areas of the hospital. You can also use the computers in

the rooms off the main lobby.

- Please be courteous and mindful of others while using your cell phone. Use the designated area to accept and make calls on your cell phone. It may be useful to bring your phone charger to the hospital.
- The Mary French Rockefeller All Faith Chapel is an interfaith chapel located in room M106 near the main lobby on the 1st floor. It is open at all times for meditation and prayer.
- The Patient Recreation Pavilion is open daily from 9:00 AM to 8:00 PM for patients and their visitors. Children are allowed in the pavilion as long as they are supervised by an adult. Arts and crafts, a library, an outdoor terrace, and scheduled entertainment events are available in this area. To get to the pavilion, take the M elevators to the 15th floor.

Surgery updates

A nurse liaison will keep you updated on the progress of surgery. He or she will:

- Give you information about the patient.
- Prepare you for your meeting with the surgeon.
- Prepare you for visiting the patient in the Post Anesthesia Care Unit (PACU).

To contact the nurse liaison:

- From inside the hospital, use a hospital courtesy phone. Dial 2000 and ask for beeper 9000. Please be patient; this can take up to 2 minutes.
- From outside of the hospital, call 212-639-2000. Ask for beeper 9000.
- You can also ask the information desk staff to contact the nurse liaison for you.

■ After the Surgery

Meeting with the surgeon

When the patient's surgery is completed, we will call you and ask you to return to the concierge desk to tell you where to go to meet with the surgeon.

After you have met with the surgeon, return to the concierge desk and tell them that you have finished your consultation.

Visiting the patient in the PACU

After surgery, the patient will be taken to the PACU. It can take up to 90 minutes before the patient is ready to have visitors. You can use this time to take a walk or just relax in the waiting area until the patient is ready to see you.

When the patient is able to have visitors, a staff member will take you to the PACU. Please remember that only a limited number of visitors can go into the PACU. This is to keep the area quiet and avoid overcrowding. The patients in the PACU need time for rest and nursing care after surgery.

While visiting in the PACU

- Silence your cell phone.

- Apply an alcohol-based hand sanitizer (such as Purell®) before entering. There are hand sanitizer stations located throughout the hospital.
- Speak quietly.
- Respect other patients' privacy by staying at the bedside of your friend or family member.
- Do not bring food or flowers into the PACU.
- If any PACU patient needs special nursing attention, we may ask you to leave or to delay your visit.

After your visit, the nurse will escort you back from the PACU. He or she will update you on the patient's condition. He or she will also explain the plan of care for the patient, such as whether the patient is staying overnight and when he or she will be moved to an inpatient room. If the patient is going home the same day, a responsible adult must take him or her home.

We will give you a card with the PACU phone number. Please appoint one person to call for updates.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call _____. If there's no number listed, or you're not sure, call (212) 639-2000.

The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You will learn how to safely recover from your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

What to Expect

When you wake up after your surgery, you will be taken to the Post Anesthesia Recovery Unit (PACU). You will stay there until you are awake and your pain is under control. Most patients return to their room after a few hours in the PACU, but some will need to stay in the PACU overnight for observation.

You will receive oxygen through a thin tube called a nasal cannula that rests below your nose. A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels.

Your visitors can see you briefly in the PACU, usually within 90 minutes after you arrive there. A member of the nursing staff will explain the guidelines to them. After your stay in the PACU, you will be taken to your hospital room in the inpatient unit. There, your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- It is important to walk around after surgery. Walking every 2 hours is a good goal. This will help prevent blood clots in your legs.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. When using your incentive spirometer or other breathing exercises, it may help to splint your incision. To do this, hold a pillow or blanket against the incision sites. This will reduce movement in your muscles. Instructions on how to use your incentive spirometer are located in this section.

Commonly Asked Questions

Will I have pain?

You will have pain on the side where you had your surgery and in area of your incisions. Your doctor and nurse will ask you about your pain often, and give you medicine to manage your pain. Your goal is to feel comfortable enough to increase your activity every day. The pain will slowly get better as your body heals.

If you had an open nephrectomy, you will have patient-controlled analgesia (PCA). See the insert titled “PCA” located in this section for more information.

Will I be able to eat?

You will have a full liquid diet when you are transferred to your hospital room. The first day after surgery, you can have a light breakfast and light foods during the day (sandwich, yogurt, soup, and liquids). Drinking plenty of liquids is important during the first few days after your surgery. Soups and broth are good choices until you regain your appetite.

When you go home, you can eat your normal diet again. We recommend eating 3 to 6 meals a day, depending what feels the most comfortable for you. Because you might have fewer red blood cells for the first couple months after your surgery, you should eat foods high in iron, such as:

- Red meat
- Cooked clams, oysters, beef, and all types of liver
- Iron enriched baked goods and cereals
- Legumes and spinach

You should also eat foods high in protein, such as chicken, fish, and eggs. Protein will help you heal after your surgery.

How can I prevent constipation?

It is common to have constipation after surgery, especially while you're taking pain medication. Take a stool softener such as docusate sodium (Colace®), 3 times a day to prevent constipation. Continue taking the stool softener until you are no longer taking pain medications. Drinking plenty of liquids and walking also help prevent constipation. If you are constipated, talk with your nurse. He or she can give you suggestions, as well as written information about what you can do.

How do I care for my incisions?

You will have an incision along your side. Sutures (stitches) and Steri-Strips™ (small strips of tape) will hold your incision closed. If you had laparoscopic kidney surgery, you will have 4 or 5 small incisions, which may also have Steri-Strips. Before you leave the hospital, your nurse will show you how to clean your incision(s).

You can shower anytime after your surgery. When you shower, remove the bandage and let the water run over the incision, but don't scrub the area. After showering pat your incision dry. You don't need to put a bandage on your incision if it's not leaking any fluid. You must wait until your incision is completely healed before taking a bath. It usually takes 3 to 4 weeks for the incision to heal.



Call your doctor if you see any redness or fluid draining from your incision.

Will I have any drains when I go home?

You may have a urinary catheter (thin, flexible tube) after surgery. The urinary catheter, also called a Foley catheter, drains the urine from your bladder into a bag. It's usually removed the day after surgery, but in some situations the catheter is left in longer. If you go home with the catheter still in, your nurse will teach you how to take care of it, and will insert information into this guide called *Caring for Your Urinary (Foley) Catheter*.

You might have a Jackson Pratt® drain after your surgery. The drain is used to collect extra fluid to decrease your risk for infection and help your body heal. Your doctor will decide when to remove the drain, depending on how much fluid is coming out. If you will need to go home with the drain still in, your nurse will teach you how to care for it and insert information into this guide called *Caring for Your Jackson-Pratt Drainage System*.

When can I go back to work?

Most patients return to work 3 to 4 weeks after the surgery. In some cases it's OK to return to work earlier, with light activity only. If your work requires heavy physical activity, you may need more time. You may be comfortable with desk or office work. Talk to your doctor about when it would be safe to return to work.



Call your doctor immediately if you:

- Have swelling or tenderness in your calves or thighs
- Have one leg that is more swollen than the other
- Become short of breath
- Cough up blood
- Have a temperature of 101° F (38.3° C) or higher
- Have blood in your urine

Follow Up

You will see your doctor 4 weeks after your surgery to talk about:

- Your final pathology results
- Any problems with your recovery
- Any further treatment that may be needed

The next visit with your doctor will be in 6 months. You might have more blood tests at that time. After your second visit with your doctor, your surveillance protocol begins. This might include tests such as x-rays, CT scans, ultrasounds, or magnetic resonance imaging (MRI) to watch for signs that the cancer is coming back.

How to Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer.

An incentive spirometer will help you expand your lungs by encouraging you to breathe more deeply and fully. Using your incentive spirometer after your surgery, along with deep breathing and coughing exercises, will help keep your lungs active throughout the recovery process and prevent complications such as pneumonia.

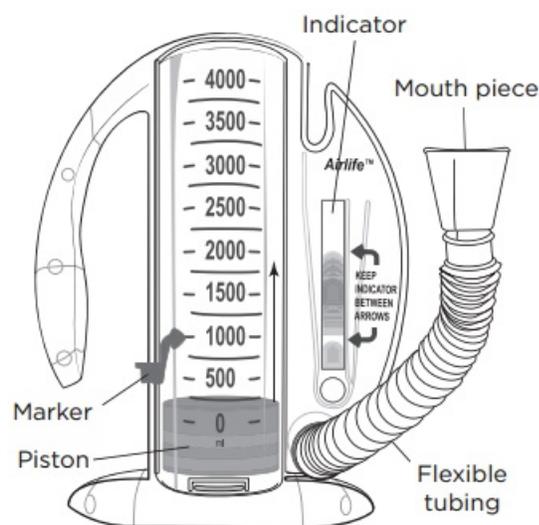
A video demonstrating how to use your incentive spirometer can be found on the Memorial Sloan Kettering (MSK) website at:

www.mskcc.org/videos/how-use-your-incentive-spirometer

The first time you use it, you will need to take the flexible tubing with the mouthpiece out of the bag. Expand the tubing and connect it to the outlet on the right side of the base (see figure). The mouthpiece will be attached to the other end of the tubing.

To use your incentive spirometer:

1. Sit upright in a chair or in bed. Hold the incentive spirometer upright at eye level.
2. Exhale (breathe out) once slowly. Put the mouthpiece in your mouth and close your lips tightly around it.
3. Take a slow, deep breath in through your mouth. As you take a slow, deep breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see figure). If the indicator does not stay between the arrows, you are breathing either too fast or too slowly.
4. Try to get the piston as high as you can, while keeping the indicator between the arrows.
5. When you get it as high as you can, try to keep it at that level for 2 to 5 seconds or longer, if possible.
6. Exhale slowly, allowing the piston to fall all the way back to the bottom. Rest for a few seconds.
7. Take 10 breaths with your incentive spirometer every hour while you are awake, or as instructed by your clinician. Try to get the piston to the same level with each breath.
8. After each set of breaths, cough 3 times. This will help loosen or clear any secretions in your lungs.



■ Special Points

- If you feel dizzy at any time, stop and rest. Try again at a later time.
- If you had surgery on your chest or abdomen, hug or hold a pillow to help splint your incision. This will help decrease pain at your incision.
- Breathe through your mouth. If you breathe through your nose the incentive spirometer will not work properly. You can plug your nose if you have trouble.
- Keep the incentive spirometer clean by covering the mouthpiece when it is not in use.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call _____. If there's no number listed, or you're not sure, call (212) 639-2000.

Patient-Controlled Analgesia (PCA)

This information will help you understand what patient-controlled analgesia (PCA) is and how to use your PCA pump.

Patient-controlled analgesia (PCA) helps you control your pain by administering your pain medication. PCA uses a computerized pump to deliver pain medication into a vein (intravenous, or IV) or epidural space (in your spine). Whether you have an IV PCA or epidural PCA depends on what you and your doctor decided was right for you. When you have pain, you simply press the button attached to the pump. The pump will deliver a safe dose that your doctor has prescribed. Only you should push the PCA button.

Family and friends should never push the button.

■ How Medication is Given with PCA

The pump can be programmed to deliver your medication in 2 ways:

- As needed - You get your pain medication only when you press the button. It will not allow you to get more medication than prescribed. The pump is set to allow only a certain number of doses per hour.
- Continuous - You get your pain medication at a constant rate all the time. This can be combined with the as needed mode. That allows you to take extra doses safely if you are having pain.

■ Possible Side Effects

Pain medication delivered by the PCA pump can have side effects. Tell your doctor or nurse if you have any of these or any other problems:

- Constipation
- Nausea, vomiting
- Dry mouth
- Itching
- Changes in your vision, such as seeing things that are not there
- Drowsiness, dizziness, or confusion
- Weakness, numbness, or tingling in your arms or legs
- Difficulty urinating



■ Special Instructions

PCA is not right for everyone.

- People who are confused or cannot follow these instructions should not use PCA.
- If you have been told you have sleep apnea, tell your doctor. This may affect the way we prescribe your PCA.
- If you have weakness in your hands and may have trouble pushing the PCA button, talk with your doctor or nurse.

When using PCA, tell your doctor or nurse if:

- The medication is not controlling your pain.
- You are having side effects.
- Your pain changes, such as if:
 - It gets worse
 - You feel it in a new place
 - Feels different than before

Your doctor may be able to change the medication to one that may work better for you or give you fewer side effects.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call _____. If there's no number listed, or you're not sure, call (212) 639-2000.

Constipation

This information describes the symptoms, causes, prevention, and treatment of constipation.

The normal length of time between bowel movements varies from person to person, but generally going 3 days without a bowel movement is too long. If you are having fewer bowel movements than what is normal for you, you are constipated. Other symptoms include having difficulty passing stool (feces), hard stools, and being unable to empty your bowel completely.

■ Causes of Constipation

- Medications, such as:
 - Pain medication
 - Chemotherapy
 - Antiemetics (medications to control nausea)
 - Antidepressants
 - Anticonvulsants
 - Blood pressure medication
 - Antihistamines (allergy medicine)
 - Antacids
 - Dietary supplements, such as iron and calcium
- Ignoring the urge to have a bowel movement
- Not having enough time or privacy to use the toilet
- Not moving around or walking enough
- Not drinking enough liquids
- Not eating enough fiber
- Age
- Illnesses, such as:
 - Diabetes
 - Depression
 - Diverticulosis
 - Parkinson disease
 - Hypothyroidism
 - Hypercalcemia

- Spinal cord compression
- Intestinal obstruction

■ Preventing and Treating Constipation

- Go to the bathroom at the same time everyday. Your body will get used to going at that time.
- If you feel the urge to go, do not put it off. Try to use the bathroom 5 to 15 minutes after meals.
- After breakfast is a good time to move your bowels because the reflexes in your colon are strongest then.
- Exercise if you can; walking is an excellent form of exercise.
- Drink eight, 8-ounce glasses (2 liters) of liquids daily, if you can. Drink water, juices, soups, ice cream shakes, and other drinks that do not have caffeine. Beverages with caffeine, such as coffee and soda, pull fluid out of the body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Fruits, vegetables, whole grains, and cereals contain fiber. If you have an ostomy or have had recent bowel surgery, check with your doctor or nurse before making any changes in your diet.
- Both over the counter and prescription medications are available to treat constipation. Start with 1 of the following over the counter medications first:

Docusate sodium (Colace[®]) 100 mg. Take _____ capsules _____ times a day. This is a stool softener that causes few side effects. Do not take it with mineral oil.

Polyethylene glycol (MiraLAX[®]) 17 grams daily.

Senna (Senokot[®]) 2 tablets at bedtime. This is a stimulant laxative, which can cause cramping.

- Bulk-forming laxatives, such as psyllium (Metamucil[®], Fiberall[®], Perdiem[®]), polycarbophil (Fibercon[®]), and methylcellulose (Citrucel[®]) can also be helpful when taken with 8 ounces of fluid. Do not use these if your constipation is due to pain medication. Use caution if you are unable to get out of bed or if you are only able to have a limited amount of liquids everyday. If you have strictures or a partial blockage in your intestines, talk with your doctor before trying bulk-forming laxatives.
- If these medications do not help, talk with your doctor or nurse. He or she may adjust the medication, suggest others, or your doctor might recommend prescription medication.
- Do not use suppositories or enemas unless your doctor or nurse tells you to.

■ Call your doctor or nurse if

- You have not had a bowel movement for 2 days.
- You have diarrhea after taking any of the medications listed above. Do not take any medication to manage the diarrhea without speaking to your doctor or nurse first.
- You have any questions or concerns.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call _____. If there's no number listed, or you're not sure, call (212) 639-2000.

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This section contains a list of MSK support services, as well as the resources that were referred to throughout this guide. These resources will help you prepare for your surgery and recover safely. Write down any questions you have and be sure to ask your doctor or nurse.

MSK Support Services

Admitting

212-639-5014

Call the Admitting office to discuss private room or luxury suite options. If you want to change your room choice after your Presurgical Testing visit call 212-639-7873 or 212-639-7874.

Anesthesia

212-639-6840

Call with questions about anesthesia, the medicines used to make you sleepy for your surgery.

Blood Donor Room

212-639-7643

If you are interested in donation blood or platelets call for more information.

Bobst International Center

1-888-675-7722

MSK welcomes patients from around the world. If you are an international patient, call the International Center for help coordinating your care.

Chaplaincy Service

212-639-5982

Spiritual and religious resources provide comfort and strength for many patients. The chaplains at MSK are available to help you access those resources. They can provide spiritual support for anyone. If you have a specific religious need, please call the number above. The interfaith chapel is located near the main lobby of 1275 York Avenue. It is open 24 hours a day. If there is an emergency, please call the hospital operator and ask for the chaplain on call.

Counseling Services

646-888-0100

Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

Integrative Medicine Service

646-888-0800

Integrative Medicine Service offers patients many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

Patient Financial Services

212-639-8242

Call Patient Financial Services with any questions regarding preauthorization with your insurance company. This is also called preapproval. Patient Financial Services can also help you with your billing or other insurance questions.

646-497-9176

Call the number above for general information about your insurance coverage. Remember, you must call your insurance company for preauthorization.

Patient Representative

212-639-7202

Call the Patient Representatives office if you have any questions about the Health Care Proxy Form or if you have any concerns about your care.

Patient-to-Patient Support Program

212-639-5007

You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient-to-Patient Support Program, we are able to offer you a chance to speak with former patients and caregivers.

Perioperative Clinical Nurse Specialist

212-639-5935

If you have any questions about MSKCC releasing any information while you are having surgery, call the Clinical Nurse Specialist.

Private Nursing Options

212-639-6892

Patients may request private nurses or companions. For more information call the Private Duty Nursing Office.

Resources For Life After Cancer (RLAC) Program

646-888-8106

At MSK, care doesn't end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

Social Work

212-639-7020

Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide counseling on getting used to a serious illness, advice on how to communicate with family, friends, and young children, and help with employment issues.

Tobacco Treatment Program

212-610-0507

If you want to quit smoking MSK has specialists who can help. Call for more information

For additional web based information visit LIBGUIDES on MSK's library website at <http://library.mskcc.org> or the Kidney Cancer section of MSKCC.org. You can also contact the library reference staff at 212-639-7439 for assistance.

External Resources

American Cancer Society

www.cancer.org

National Cancer Institute

www.cancer.gov