

Procedure:

Nephrectomy

Indication:

Donor nephrectomy, CA

Description:

Can be performed laparoscopically, robotically, or open. A flank incision, or retroperitoneal approach gains access to the kidney. The kidney is then either resected (partial nephrectomy), or completely removed, then incisions are closed.

Post-op Implications:**Complications:**

bleeding: observe for hgb/hct drop, flank/back pain, and hematoma around surgical area/back/flank of operative side.

Pneumothorax: (flank incisions have this potential regardless of procedure.).

Urine leak: requires drainage and sometimes ureteral stent.

UTI: diagnose and treat ASAP, imperative to retain function of remaining kidney.

Peritonitis: can be caused by perforation of duodenum or colon.

Acute Adrenal insufficiency (acute addisonian crisis): when all adrenal tissue is removed, hypoglycemia, hyponatremia, hyperkalemia, hypotension, hyperpigmentation, fatigue and weakness, nausea and vomiting, and abdominal pain, needs corticosteroids to treat.

Meds:**Principles:**

Respond quickly to decreased urine output, keep well hydrated, decreased urine output can put remaining kidney tissue at risk. Treat UTI ASAP as this can put remaining kidney tissue at risk. Maintain drainage tube patency (if applicable), backup can cause hydronephrosis.

Care Plan:

Wound care, strict I&O monitoring, manage IVF, Skin care, ureteral stent care (if applicable), foley care (if applicable), pain control, early ambulation.

Course of Care:

POD#1: OOB, advance diet as tolerated, restart home Rx as able.

Room Setup:

Humidified O2, oral suction, standard IV-pump, possible PCA, and, SCDs.