



PERCUTANEOUS NEPHROLITHOTRIPSY

Date of Surgery _____

Please bring this booklet the day of your surgery.

QHC#48

Percutaneous Nephrolithotripsy is a surgical procedure to remove kidney stones. The surgeon will make 1 or 2 small openings in your flank. A telescope is used to look into the kidney through the opening to remove the stone or to break up the kidney stones into smaller pieces and then remove them. Sometimes when there are many or bigger stones, it is necessary to look back into the kidney to remove any remaining pieces of stone. This is usually done a few days after the first procedure.

Preparation for Surgery

Your surgeon may have you take antibiotics before your surgery to prevent infection.

Average length of stay in hospital is 2-3 days. Have assistance of family/friends to help you when you get home.

Day of Surgery

Arrive at the hospital at your scheduled time. After admission for surgery, you will go to the Operating Room. The anaesthetist will administer a general anaesthetic (puts you to sleep). The surgery takes about 1-2 hours.

After Surgery

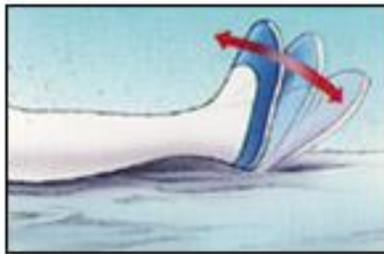
You will remain in the Recovery Room 1-2 hours while recovery from anaesthetic is monitored. You will then be taken to your hospital room. Your family will then be able to see you.

You may have an intravenous for fluid/medication, an oxygen tube on your nose, a tube coming out of the incision in your back (flank) to drain urine (nephrostomy tube) and a catheter into the bladder.

Activity

Deep breathing and coughing is very important. To help prevent lung congestion or pneumonia, inhale deeply through your nose, then slowly exhale through your mouth. Repeat 2-3 times, then cough twice. Do this 10 times every hour while awake. Support your incision sites with your hands or a pillow when coughing. A breathing device called an incentive spirometer may also be taught and used.

Leg and foot exercises (i.e. moving your feet up and down) are encouraged 10 times per hour to promote good blood flow and decrease chance of blood clots. Your surgeon may want you to wear support stockings (anti-embolic or Teds) to aid circulation while in the hospital.



You will start, with help, by sitting up on the side of the bed, usually the evening of your surgery and then progress to short walks with assistance. As your strength returns, you will be able to get up on your own. Ask for help as needed.

Diet

You may experience nausea related to the anaesthetic. Medication is available to help with this. You will be given ice chips, small amounts of clear fluids and then your diet increased according to how you feel and as your doctor decides. The intravenous usually is stopped when you are tolerating fluids with no nausea or when no longer required for medication

Wound/Catheter

There will be a dressing over the operated area that will be changed as needed. The urine draining from both the bladder catheter and tube from the kidney may be bloody at first. This will clear in 2-3 days and improve as you are drinking more. The bladder catheter will usually be removed the day after your surgery. You will be asked to pass your urine in a container so the nurse can measure the amount of urine and note the colour.

The nephrostomy tube is usually removed the evening of the day following your surgery or the morning of the second day and may be clamped for a day prior to being removed. The dressing will absorb any leakage and will be changed as needed. The area closes over on its own. If you have excessive drainage, the dressing may be converted to an appliance. This does not affect the outcome of the surgery.

Guidelines at Home

Most patients are able to return to full activity in 2-3 weeks. This will vary according to age, health, type of work you do etc. No heavy lifting (greater than 10 lbs.) for the first couple of weeks.

A light gauze dressing over the nephrostomy tube site may be required for a couple of days.

Take pain medication as needed and any other prescribed medications as directed.

Some burning, frequency and urgency may be experienced when passing urine and will gradually improve. Avoiding alcohol and caffeine will help.

The urine may be dark blood coloured for a couple of weeks. Drink extra water to help keep urine clear and to keep bowels soft.

To prevent constipation, it is helpful to increase the amount of fruit, raw vegetables, whole grains and prune juice in your diet.

No heavy lifting or vigorous activity for 2 weeks.



Call your Doctor or go to the nearest Emergency Department if you develop:

- Fever
- Increased redness or drainage from the flank tube site
- Unable to pass urine or increased pain or burning when urinating
- Increased pain not relieved by pain medication
- Urine bright red
- Pain in calf of legs and/or shortness of breath

Appointment

Call your surgeon's office when you get home from the hospital to make a follow-up appointment.

Special Instructions

Questions?

Developed By: Surgical Preadmission Clinic, 2003
Approved By: Department of Urology, Quinte Health Care
Revised: July, 2008