

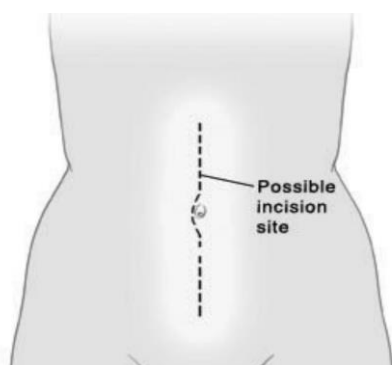
Patient information

Nephrectomy In Trauma – Discharge Advice

Major Trauma Centre Collaborative - Aintree Hospital

What is a Nephrectomy?

A Nephrectomy is an operation to remove a kidney. It involves incision or cut into the abdominal cavity (figures below).



What is the Kidney?

The kidneys are a multi functioning organ.

Their roles include making urine, help controlling blood pressure and filtering your blood.

Your kidneys are located left and right in your lower back.

They have a large blood supply provided to them from your Renal Arteries.

The diagram below shows the kidneys location in the body.



How is the kidney injured?

- Injuries to the kidney can be as a result of intentional or unintentional, blunt or penetrating
- Injury to the stomach or lower back, resulting from sudden external energy.
- Kidney injuries account for 1-5 % of injuries associated with trauma to a person's back or stomach

How is a Kidney Injury Diagnosed?

Kidney injuries are normally diagnosed by a CT scan.

This is a scan where the patient has a 3D X-ray taken whilst an X-ray dye is injected into the vein, which will highlight the blood vessels.

This investigation will show the trauma team the extent of the kidney injury.

Why was a Nephrectomy needed?

During your initial major trauma management it was felt by your trauma surgeon that the injury to your kidney was so severe, that without removing the kidney to stop the bleeding you would have died.

Risks

Every surgical procedure has a spectrum of risks that are being classified within four categories:

1. Risks common to general anaesthesia.
2. Risks common to all surgical procedures.
3. Risks and possible complications of an emergency Nephrectomy.
4. Risks or complications of the proposed surgical treatment that is specific and unique to the patient.

Don't I need two kidneys?

You are born with two kidneys, but you really only need one. A single healthy kidney can work as well as two kidneys.

After the operation

You will be either kept in hospital as many days as its felt required by your treating team.

Length of stay can be longer if you have sustained any other injuries during your trauma.

Drains

Drains can be used and temporarily left in the abdominal cavity for a day or two.

Sometimes they can be left longer (even after discharge). The management of drains will be discussed at time of discharge.

Skin staplers or stitches

Your team will give you advice about how your wounds were closed and how to care for them.

If you have skin staplers or stitches which need to be removed, this can usually be done by the practice nurse at your GP surgery or walk-in centre 10 – 14 days after your operation.

Your discharging nurse will inform you what arrangements have been made for the removal of your staples/sutures.

Dressings

You need to keep the scar / scars covered after an emergency laparotomy.

You do not need to worry about getting the wound wet. Dressing acts as a barrier against water.

Many patients have concerns that standing up straight will pull at the stitches. Don't worry about this.

Getting out of bed and standing up straight will actually help you to recover more quickly.

Discharge

Whilst you were in the Major Trauma Centre, we closely observed you, monitored your blood pressure, heart rate and blood count for signs of possible bleeding and other complications related to your injury.

Now you are ready for discharge. However remember that your wounds may not have healed yet.

Discharge summary, medical advice, sick note, and medicines will be given to you on the day of discharge from the hospital.

The inpatient pain team will have spoken to you about your painkillers to take home.

They will also write to your GP about the plan to step down your pain killers whilst in the community

The first 24 hours post discharge

You should be accompanied by a responsible adult on returning home from the hospital that can stay with you for at least 24 hours.

Some symptoms can be normal following the operation

They do not require a return to hospital but you should be aware of them.

These symptoms are as follows:

- ✓ mild pain in your stomach
- ✓ mild pain to lower back
- ✓ Intermittent nausea
- ✓ Mild tummy distension
- ✓ Mild elevation of body temperature
- ✓ Specs of blood in the urine

Some discomfort around the operation site is normal. However, if symptoms are constant or if they are increasing you should seek advice from:

- ✓ Your GP
- ✓ Major Trauma Nurse Coordinators
- ✓ Nursing staff on Major Trauma Ward

You may also contact the secretary of your consultant and leave a message for the surgical team.

If you think that your condition is serious then it is best to come straight to Aintree Accident and Emergency department.

VTE (venous thrombo-embolism)

VTE is a collective term for two conditions:

- DVT (deep vein thrombosis) – this is a blood clot most commonly found in a deep vein that blocks the flow of blood.
- PE (Pulmonary embolism) – a potentially fatal complication where a blood clot breaks free and travels to the lungs.

Whilst you are less mobile, the risk of VTE is higher. VTE is a major health risk in the UK.

Your consultant will discuss with you if intervention with anticoagulation (blood thinners) is required.

Things that you can do to prevent VTE:

- Mobilise as instructed by the consultant and therapy teams.
- Keep well hydrated – drink plenty of water.
- We strongly advise you not to smoke. This is a great opportunity to stop smoking.

The ward staff or your GP can help you to access smoking cessation services.

- If you have been recommended anticoagulation therapy, please comply fully with the treatment for the duration of the course.

Some patients will be discharged home with blood thinning injection. Your Consultant, Pharmacist and Nursing team will speak to you re this.

Symptoms

- Swelling – you may already have some swelling of the legs, but increase in swelling needs to be assessed.
- Calf tenderness and increased pain.
- Heat and redness in one or both legs.
- Unexplained shortness of breath.
- Chest pain when breathing in.

A blood clot can occur without any symptoms. If you have any concerns seek immediate advice

When should you return to hospital?

We know that most people recover well after a nephrectomy, and they do not experience complications.

Your recovery may be affected by other injuries you have sustained and or any previous medical problems.

However, you should bear in mind that there always is a risk of developing complications after every injury and operation, either minor or major.

That would mean:

- ✓ You have to return to A&E or Major Trauma Centre at once if left upper stomach pain begins suddenly or worsens, or general weakness, dizziness, or any fits, i.e. collapsing or passing out suddenly, occur.

Sudden vomiting is also a sign of an emergency condition.

- ✓ You should also return to A&E or Major Trauma Centre if anyone is telling you that you are pale.
- ✓ You should return to A&E or Major Trauma Centre if you suffer from spikes of fever, rigors, shivering or chills, for this may be the signs of infection.

Care of the remaining kidney

Tests will be done on a regular basis to check how well the remaining kidney is.

A (urine test) and blood pressure check should be done every year, and kidney function tests (creatinine, glomerular filtration rate [GFR]) should be checked every few years (or more often if abnormal results are found).

Regular urine tests for protein should be performed as well.

The presence of protein in the urine may mean that the kidney has some damage.

These tests will be done by your GP.

Preventing complications

Until informed otherwise we advise you not to:

1. No work for, at least, two weeks
2. No school, college, or university for, at least, two weeks.
3. No driving for four weeks; you must inform the DVLA of your injury who may also advise you in regards to when you can drive.
4. No physical activity for six weeks (including physical education).
5. No strenuous physical activities for, at least, 12 weeks (three months).

These activities include skiing, skating, mountain biking, diving, skydiving, contact sports, military combat, rigorous sexual intercourse, and lifting of heavy objects.

People with one kidney should avoid sports that involve higher risks of heavy contact or collision.

This includes, but is not limited to, boxing, field hockey, football, ice hockey, lacrosse, martial arts, rodeo, soccer and wrestling.

This may also include extreme activities such as skydiving.

Anyone with a single kidney who decides to participate in these sports should be extra careful and wear protective padding.

He or she should understand that losing the remaining kidney is a very serious situation.

It is important that you do not miss any of your follow up appointments

Your surgeon will inform you prior to discharge if you will require a follow up in our Major Trauma, Urology or Emergency General Surgery Clinic to ensure that your injury is healing and for us to also monitor how you as a whole are recovering from your injury.

Pain control

Painkillers will be prescribed for you for about 5 – 10 days.

They may well cause constipation, so it's important to get plenty of fibre in your diet while you are recovering.

Fresh fruit and vegetables will help to keep your bowels moving regularly.

Whilst at home

Try to keep a normal daily routine. Get up at your normal time in the morning, get dressed, and move about the house.

As you build up your routine activities, you may feel more tired than normal. If so, stop and rest until your strength returns.

If you feel pain, you have probably just overdone it a little. Ease back and then gradually increase again.

If you are concerned, consult your GP or Major Trauma Nurse Coordinators.

- Eat a healthy diet. In general, special diets are not needed by individuals who have one healthy kidney.
- Do not smoke.
- Keep social contact with people, talk to your friends, neighbours, relatives, and co-workers.

This will help you recover more quickly.

Employment

Getting back to your normal work routine sooner rather than later can actually help you to recover more quickly.

People whose work involves a lot of heavy lifting, or standing up or walking for long periods of time, will not be able to return to work as quickly as those who have office jobs which are less demanding physically.

Test your fitness to drive

You should speak to the DVLA prior to attempting to drive.

Before resuming driving, you should be free from the sedative effects of any painkillers you may be taking.

You should be comfortable in the driving position and able to safely control your car, including freely performing an emergency stop.

It is advisable not to restart driving for about 14 days after discharge. However, after about a week, you might want to test your fitness to drive.

Do this in a safe place without putting the keys in the ignition: simply sit in the driving seat and practise putting your feet down on the pedals.

If you feel pain, stop immediately. Only when you can put enough pressure on the foot pedals to perform an emergency stop – without feeling any pain or soreness afterwards – should you think about driving again. It is advisable not to restart driving with a long journey.

***When you come to the hospital please bring this and any other relevant discharge documents that you may have been given at the time of discharge to help the A&E doctors to decide your management**

Feedback

Your feedback is important to us and helps us influence care in the future. Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you have questions or concerns please contact

- ✓ Major Trauma Practitioner:
Tel: 0151 529 2551- please leave your name, date of birth, brief issue and contact number.
- ✓ Nursing staff on Major Trauma Ward:
Tel: 0151 529 6255
- ✓ If you think that your condition is serious then it is best to go to your local Emergency Department.
- ✓ Seek advice from your GP.

Author: Trauma Care Collaborative

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