

COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

# NEPRECTOMY SURGERY INSTRUCTIONS

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This packet will help you prepare for your upcoming kidney surgery. Please review this information before surgery and have it available as a reference after surgery. Should you have any questions, please contact our office at (212) 305-0144. There will be someone available to answer questions 24 hours a day, every day of the week including holidays. For non-urgent issues, please call between 9am and 5pm.

## I. IN THE MONTH LEADING UP TO SURGERY

- You must have blood and urine tests within 30 days of surgery. You may also require a chest x-ray and an electrocardiogram (EKG). If you have these tests done locally then you must have the results faxed to us.
- You may be asked to have a clearance letter from your primary medical doctor. In addition, if you have a history of heart or lung disease, you may need a clearance letter from your cardiologist or pulmonologist. If your preoperative clearance is done outside of Columbia, the letter must be faxed to our office at least 5 days prior to surgery.
- We recommend you stop smoking cigarettes as soon as you decide to have surgery.
- Avoid drinking alcohol in the week leading up to surgery. If you use alcohol regularly then stopping suddenly could be dangerous. Let your doctor know if you are a heavy drinker or are unable to stop drinking.
- Please stop taking the following medications **one week** prior to surgery:
  - Any blood thinners, including Plavix, Coumadin, Effient, Brilinta, Ticlid, Persantine, Pradaxa, Eliquis, and Xarelto. **You must discuss stopping these medications with the doctor who prescribes them**
    - You may continue taking low-dose aspirin (81mg) if you have a history of heart disease or stroke.
  - All herbal medications, supplements, and vitamins, including vitamin E, fish oil, garlic, and ginkgo biloba.
  - Ibuprofen-containing medications or other non-steroidal anti-inflammatory medications (NSAIDS). Medications for arthritis often contain these drugs. If you are unsure whether you are taking one of these medications, ask your doctor.
- If you take any of the following medications for diabetes or weight loss, please stop them before surgery:
  - Stop dapagliflozin (Farxiga), empagliflozin (Jardiance), canagliflozin (Invokana) or ertugliflozin (Steglatro) 4 days before surgery
  - Stop liraglutide (Victoza, Saxenda), exenatide (Byetta) or semalutide (Ryblesus) 1 day before surgery.
  - Do not take your injection of dulaglutide (Trulicity), exenatide (Bydureon BCise) or semaglutide (Ozempic, Wegovy) 7 days before surgery.
  - These medications may all be restarted at home after your surgery.

COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

# NEPRECTOMY SURGERY INSTRUCTIONS

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## II. THE DAY BEFORE SURGERY

1. You will receive a call from a Milstein Hospital Preoperative nurse the business day prior to your scheduled operation between the hours of 2:30-5:30 PM.
  - If you do not receive this call, please call 212-305-7000. The preoperative unit is open Monday-Friday 6:00AM to 6:30PM.
  - This call will include the following instructions:
    - o Arrival time: 2 hours before your scheduled operation
    - o Admitting location: 173 Fort Washington Ave, Milstein Heart Center Admitting Desk. The lobby is inside the Milstein Hospital Building and the operating room is on the 3<sup>rd</sup> floor.
    - o What medications to take before your surgery.
2. Drink plenty of fluids throughout the day and eat a light diet.
3. Wear a set of comfortable loose-fitting clothing. This includes loose underwear and lace-up shoes. Leave all valuables and jewelry at home.
4. You must arrange for an adult to transport you to and from the hospital. You cannot be discharged home unless you have an adult to take you home.
5. **Do not eat or drink anything after midnight.**

## III. THE MORNING OF SURGERY

- Do not eat or drink anything on the day of your surgery, including gum, hard candy and cigarette smoking. You may brush your teeth, but do not swallow any water.
- If you were instructed to take any medications on the day of surgery, you may do so with a small sip of water.
- We recommend that patients wash with antibacterial soap the night before and morning of surgery to decrease the risk of surgical site infections.
- Bring your insurance card and personal identification information to the hospital.
- Consider appointing a healthcare proxy. This is the person who will help make healthcare decisions for you if you are unable to communicate. You may discuss this with your nurse once you arrive at the hospital. If you have already done this, or have an advanced directive, bring this paperwork with you for your surgery.
- If you have obstructive sleep apnea, please bring your breathing mask with you to the hospital. The hospital will provide the machine

COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

# NEPRECTOMY SURGERY INSTRUCTIONS

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- Please remove all metal objects, including jewelry and piercings. You will have to remove hearing aids, dentures, glasses, wigs, and any other prosthetic devices before you are brought to the operating room.
- Surgery times may vary based on emergencies or surgeries that take place before yours. The operating room staff will keep you informed of any changes that may occur on the day of your procedure.
- You will be given a discounted valet parking ticket for your surgery day.
- **Please arrive on time.**

## IV. HOSPITAL INSTRUCTIONS FOR FAMILY AND FRIENDS

- Your family may accompany you in the preoperative holding area, and will be directed to the waiting area of the Milstein Hospital building where they can wait during surgery.
  - Your family will receive text updates about your surgery
  - After the surgery is over, the doctor will contact your family.
- The cafeteria is located on the 2<sup>nd</sup> floor of the Milstein Hospital building.
- Your family can visit you in the recovery room once you are fully awake, usually no more than 2 hours after the surgery is over.
- Your family can visit you when you are in your hospital room and can learn about visiting hours from the nursing staff on the floor.

## V. IN THE HOSPITAL AFTER SURGERY

- After surgery you will spend a few hours in the recovery room as you continue to wake up. You will be transferred to a hospital room later that day.
- You will wake up from surgery with a catheter draining your bladder. You may also have a small drainage tube through your skin, which is usually removed before you leave the hospital.
- You will be given oral and intravenous pain medications that you can use as needed.
- Most patients can start eating and drinking a light diet the night of surgery.

COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

# NEPRECTOMY SURGERY INSTRUCTIONS

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- You should walk at least every 2 hours starting as early as the night of your surgery.
- The nurses will periodically check on you and record your vital signs, urine output, and pain level.
- You will have some blood drawn the morning after your surgery.
- Most patients are discharged home after 1-2 days in the hospital.

## VI. BEFORE YOU ARE DISCHARGED

- You will receive a copy of your discharge instructions.
- If you have a long trip home, make sure you stand up and walk every 45 minutes.

## VII. AT HOME AFTER SURGERY

### ACTIVITY

- No heavy lifting (more than 10 pounds) for one month. This includes pets and children.
- No vigorous activity for one month, such as running, tennis, or golfing. You may not push anything heavy, such as a lawnmower.
- You should walk regularly.
- You may shower, but no soaking or baths until your incisions have fully healed.
- You may ride in a car, but no driving until you are not taking narcotic pain medications.

### DIET

- You may eat a normal diet and should stay well hydrated.
- You may consume alcohol in moderation (no more than 1 drink per night), but only if you are not taking narcotic pain medications.

### WOUND CARE

- Most incisions will be closed with skin glue, which will slowly flake off over several weeks.
- You may shower after leaving the hospital and gently wash the incisions with warm soapy water. The water will not harm the incision.
- Drainage: Some patients develop drainage from the incisions. This can either be clear fluid or blood tinged fluid, which is generally not worrisome. You can use sterile gauze to cover the area.
- If there is redness, heat, or whitish drainage from the incision, contact the office as there may be an infection.
- Incisions can sometimes open slightly. If an incision opens larger than 1 cm, contact the office.

# NEPRECTOMY SURGERY INSTRUCTIONS

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- Bruising around your incisions is common. This is typically not an issue and will resolve.

## POSTOPERATIVE ISSUES

- **Clots in the legs:** During the first 4-6 weeks after surgery, there is the 1-2% risk of a blood clot forming in a vein in your leg (deep venous thrombosis, or DVT). This can produce pain in your calf or swelling in your ankle or leg. These clots can break loose and travel to the lung, producing a life-threatening condition known as pulmonary embolus, or PE. A pulmonary embolus can occur without any pain or swelling in your leg. The symptoms of a PE are chest pain (especially when you take a deep breath), shortness of breath, sudden onset of weakness or fainting, and/or coughing up blood. If you develop any of these symptoms, or pain/swelling in your leg, call immediately and/or seek local medical attention. If the diagnosis is made early, treatment with blood thinners is effective.
- **Pain:** Temporary abdominal pain is common after surgery, either bowel cramping or pain around the incisions. Most incisional pain resolves or is significantly improved over 2-3 days, and can be managed with ibuprofen and Tylenol. It is not uncommon to have sensitivity around the incisions for several months after surgery. Finally, you may notice firm areas in the incisions, which is part of the normal healing process. If you are concerned about your incisions, please consult your doctor.
- **Fatigue:** It is common to be fatigued for the first 3-6 weeks after surgery, and this resolves in time.
- **Blood in the urine:** patients can rarely have mild blood in the urine after kidney surgery. If you experience a large amount of blood in the urine, you should call your doctor.
- If you experience fevers >101.5 degrees, nausea, vomiting, redness around your incisions, thick drainage from the incisions, chest pain, shortness of breath, leg swelling, severe pain around the surgery site, or any other concerning symptom, **call the office immediately or come to the emergency room.**

## MEDICATIONS

- You will have mild to moderate pain for the first several days after surgery. This may include abdominal pain, bloating, or pain around the incisions. Treat pain with ibuprofen or acetaminophen. You may be discharged with a *limited amount* of narcotic medication that can be used as needed for severe pain. If you have severe pain despite these medications, let your doctor know.
- You should take a stool softener (Colace 100mg three times daily) while you are taking narcotic pain medication to avoid constipation. You should avoid straining with bowel movements. If you become constipated despite Colace, you may use an over-the-counter oral laxative, such as milk of magnesia, Senna, or Dulcolax. Follow the dosing directions on the medication packaging.
- If you were taking blood thinners before surgery, you may resume them one week after surgery, unless directed otherwise.

COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

# NEPRECTOMY SURGERY INSTRUCTIONS

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## VIII. FOLLOW-UP

- You will be seen in clinic around 2 weeks after surgery. Please call your surgeon's office to arrange a time for this appointment, or arrange a time with your surgeon's office prior to the surgery.
- The pathology report is available to review at the time of the first follow-up visit.
- **Return to work:** You may gradually start performing non-strenuous office duties after 2 weeks. It is reasonable to resume work-related travel by 4 weeks.

## SUPPORT FOR THE COLUMBIA UNIVERSITY DEPARTMENT OF UROLOGY

Patients often ask how they can help support the mission of our Department. Not only are we committed to providing excellent patient care, but also to advancements in prostate cancer research and teaching the next generation of prostate cancer experts. Our Department relies on private support to maintain and advance our research, education, and patient care goals.

If you are interested in learning more, please contact Cynthia Gorey at [cg3334@cumc.columbia.edu](mailto:cg3334@cumc.columbia.edu), or you may contact your surgeon directly.

If you wish to opt out of receiving fundraising communications, please contact the CUMC Office of Development at [fundraising.opt.out@columbia.edu](mailto:fundraising.opt.out@columbia.edu) 212-305-7315.