

Laparoscopic Kidney Removal (Nephrectomy)

Urologist: _____

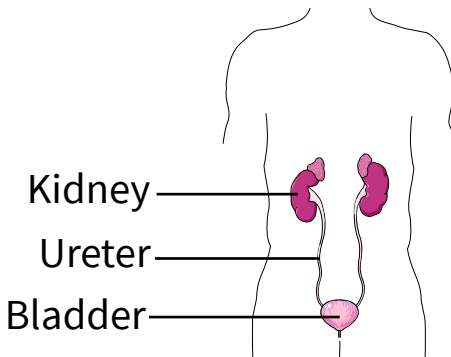
Clinic phone: _____

Laparoscopic Kidney Removal (Nephrectomy)

During your laparoscopic kidney removal, your surgeon will use a laparoscope (tiny telescope) to take out 1 of your kidneys. This pamphlet will go over what to expect during and after your surgery.

How do my kidneys work?

- A kidney is the same shape as a kidney bean. It is about the size of your fist. The kidneys are just above your waist and are partly covered by your rib cage.
- The kidneys make urine (pee) by taking away waste material from your blood that your body does not need. The urine then travels through hollow tubes (ureters) to the bladder. It is stored here until you urinate (pee).



Can I be healthy with only 1 kidney?

- Yes, if your other kidney is healthy, it can do all the work. You will need to be more careful to protect your remaining kidney from getting hurt. For example, after your surgery, we recommend that you no longer play contact sports (like football, hockey, rugby).

What happens during surgery?

- Your surgeon will use a laparoscope to see into your abdomen (stomach area). The surgeon will make tiny incisions (cuts) or punctures to take out your kidney.

Before your surgery

- To get ready for surgery, ask a member of your health care team for a copy of the pamphlet 1395, *Planning for your Hospital Stay After Surgery*, scan the QR code below, or visit:
 - › www.nshealth.ca/patient-education-resources/1395

Scan the QR code on your device (open the camera on your device, point the camera at the code, and tap the banner or border that appears)



After your surgery

- You will be taken to the recovery area. Your breathing, pulse (heart rate), and blood pressure will be checked often.
- When you are fully awake and stable, you will be taken to your hospital room.

Eating and drinking

- For about 24 hours (1 day) after your surgery, you will likely have an intravenous (I.V.).
- The I.V. will be used to give you fluids.
- When your surgeon feels you are ready to eat and drink on your own, your health care team will take out your I.V.

Bladder catheter

- You may have a catheter (thin tube) in your bladder connected to a collection bag to empty your bladder.
- The catheter is usually taken out 24 to 48 hours (1 to 2 days) after surgery.

Incision (cut)

- Your incision will be closed with sutures or staples. Most sutures dissolve (go away on their own). If you have your sutures that do not dissolve or staples, they will be taken out before you leave the hospital.

Discomfort and/or pain

- It is normal to have pain after your surgery. We will give you pain medication as needed. Take pain medication regularly for the first 24 hours and before doing any activity. You and your nurse can plan activities around when your medication is given.

After you leave the hospital

Controlling pain

- **Do not** drink alcohol while taking pain medication.
- **Do not** drive while taking pain medication.



Eating and drinking

- It may take a while for your appetite (feeling hungry) to go back to normal. During this time, it may help to eat smaller meals more often throughout the day.
- Healthy meals will help your body heal faster.
- Try to stay hydrated (have enough fluids).



- Eat high fibre foods like bran cereal, whole wheat bread, vegetables, and fresh fruit. This will help avoid constipation (not being able to poop). Remember that you do not need to have a bowel movement (poop) every day to be healthy.

Activity

- You will find that you will get tired easily and may need extra rest. Your energy will come back slowly over time.
- You may do light housework, prepare small meals, and ride as a passenger in a car for short distances.
- Walking is the best thing you can do after surgery. Start slowly and go further each day.

For the next 2 weeks:

- › **Do not** lift anything heavier than 10 pounds (like children, laundry, groceries, luggage).
- › **Do not** take long car trips (if you have to take a long car trip, have someone else drive).
- › **Do not** do any strenuous (hard) exercise or work (like move furniture, mow the lawn, or shovel snow).

Going back to work

- When you can go back to work will depend on your health, your recovery, and the type of work you do. Talk about this with your surgeon or primary health care provider.

Care of your incision (cut)

- You may shower 2 days after your surgery.
 - › If your bandage must be left on, tape plastic wrap (like Saran Wrap®) over it to keep it dry.
 - › Pat the incision lightly to wash and dry it.
Do not rub.
 - › If there is drainage (pus) from the incision or the area around the incision is more red, follow the directions on the back cover.
- You may have a bath when the sutures and staples are taken out.

Follow-up care

- You will get an appointment with your surgeon a few weeks after you leave the hospital. **It is very important to keep this appointment.**
- You will get a letter to give to your primary health care provider (family doctor or nurse practitioner).

Call your primary health care provider or surgeon if you have:

- › Fever (temperature above 38 °C or 100.4 °F) and/or chills
- › Nausea (upset stomach) and/or vomiting (throwing up)
- › More redness, swelling, or warmth around the incision
- › More pain or tenderness around the incision
- › The edges of your incision come apart
- › Drainage (pus) from your incision
- › Blood in your urine
- › Trouble urinating (peeing)

If you cannot reach your primary health care provider or surgeon, go to the nearest Emergency Department right away.

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

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