

Notes:

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.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

Prepared by: Department of Urology, Central Zone
Illustration by: LifeART Super Anatomy 4 Images, Copyright © 1994,
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Laparoscopic Adrenalectomy

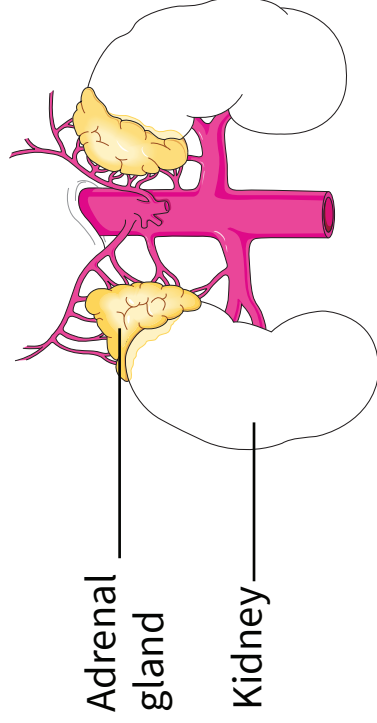
Urologist: _____
Clinic phone: _____

Laparoscopic Adrenalectomy

Your doctor has arranged for you to have a laparoscopic adrenalectomy. This is surgery on your adrenal gland(s). This pamphlet will help you learn about your stay in the hospital and how to care for yourself after surgery.

What are the adrenal glands?

- The adrenal glands are 2 triangle-shaped glands that make hormones. You have 1 gland on top of each of your kidneys.
- Each gland is made up of 2 parts:
 - › Adrenal cortex
 - › Adrenal medulla



Adrenal gland

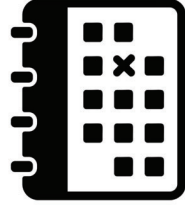
Kidney

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

- › Vomiting (throwing up)
- › Fever (temperature above 38 °C or 100.4 °F) or chills
- › Redness, swelling, or warmth around the incision
- › More pain or tenderness around the incision
- › Drainage (fluid) or bleeding from the incision
- › The edges of the incision come apart
- › Weakness
- › Dizziness

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

Follow-up care



- Before you leave the hospital, you may be given:
 - › An appointment to see your urologist after discharge. **It is very important to keep this appointment.**
 - › A letter to give to your primary health care provider (family doctor or nurse practitioner).
 - › A prescription for pain medication.
 - › A prescription for hormone replacement medication, if needed.
 - › A staple remover for your primary health care provider to remove your staples.
- Your nurse will teach you about your medications and when to take them.
- Remember to have your blood pressure and blood work checked regularly as told by your doctor. If you had a pheochromocytoma (tumour in your adrenal gland), it may take up to 3 months for your blood pressure to go back to a normal range.

Adrenal cortex

- The adrenal cortex makes hormones called:
 - › **Aldosterone:** This helps to balance your body fluids and blood pressure.
 - › **Cortisol:** This helps to protect your body from physical and mental stress. It also helps your body control the amount of sugar in your blood.
 - › **Sex hormones:** These include estrogens and androgens, needed for reproductive health.

Adrenal medulla

- The adrenal medulla makes a hormone called:
 - › **Epinephrine (also called adrenaline):** This helps your body when you are stressed.

Getting ready for surgery

- You may be admitted to the hospital a few days before your surgery. This is so you can start taking medications to help get your body ready for surgery.
- We will check your blood pressure often.

Surgery

- Your urologist (urinary tract specialist) will make tiny incisions (cuts) or punctures in your abdomen (stomach area).
- They will insert (put in) a laparoscope (a tiny telescope) in your abdomen to help them see clearly.
- Then they will take out your adrenal gland(s).
- The benefits of laparoscopic surgery include:
 - › Less discomfort
 - › Less chance of infection
 - › A smaller scar
 - › A shorter hospital stay
 - › Going back to your usual activities sooner

After surgery

Blood pressure checks

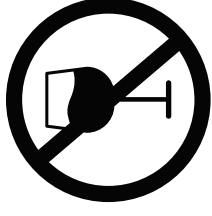
- You may be taken to the Intensive Care Unit (ICU) or the Intermediate Care Unit (IMCU) so we can watch your blood pressure closely.

Food and fluids

- You will have an intravenous (I.V.) in a vein in your arm or hand. You will get fluids through the I.V. until you are able to eat and drink on your own.

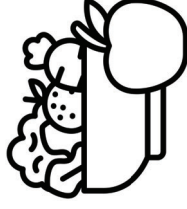
Medication

- Take medication as prescribed by your doctor.
- **Do not drink alcohol while taking pain medication.**



Healthy eating

- It may take time for your appetite (feeling hungry) to go back to normal. It may help to eat smaller meals more often.
- Eating healthy meals will help you get your strength back.
- If you are constipated (not able to poop):
 - › Eat foods that are high in fibre (like fruits, vegetables).
 - › Drink 8 to 10 glasses of water a day, unless you are not allowed to because of another health problem.
 - › Ask your doctor about using stool softeners, if needed. Remember, you do not need to have a bowel movement (poop) every day to be healthy.



After you leave the hospital

Activity

For the first 14 days (2 weeks):

- **Do not** do any strenuous (hard) activities (like sports, mowing the lawn, shoveling, or vacuuming).
- **Do not** lift anything over 10 pounds (like children, laundry, groceries, luggage).
- **Do not** drive unless your doctor says it is OK. It takes some time for concentration and reflexes to go back to normal. **Do not drive if you are taking pain pills.**

- When you feel stronger, you may start doing light activities, like:

- › Light housework
- › Making small meals
- › Riding as a passenger in a car for a short distance

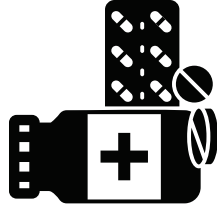
- Slowly increase your activity over time. Walking is best. Start slowly and walk farther each day.
- You may get tired easily and need more rest. Your energy will increase slowly over time.
- It usually takes 6 to 8 weeks to recover fully.
 - › You may be able to go back to work before this. This will depend on what type of work you do. Talk with your doctor about when you can go back to work.

- A member of your health care team will listen for bowel activity with a stethoscope. This tells them when you can start eating and drinking again.
- **It is important to eat small amounts at first and follow the instructions you are given.** You will be able to eat more as you can tolerate (handle) it.
- Your I.V. will be taken out when you are drinking well.

Catheter

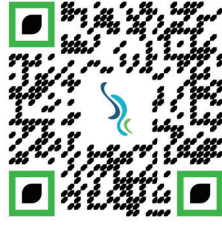
- You may have a catheter (thin, hollow tube) in your bladder connected to a collection bag. The bag should **always** hang below your waist.
- The catheter is usually taken out 24 to 48 hours (1 to 2 days) after surgery.

Discomfort and pain



- It is normal to have pain after surgery. We will give you pain medication as needed.
- We recommend taking pain medication regularly for the first 24 hours (1 day) after surgery and before doing any activity. Your nurse will help you plan your activities for when you take your medication.
- Moving is the best way to help you recover faster.
- For more information, ask a member of your health care team for pamphlet 0453, *Managing Pain After Surgery*, scan the QR code below, or visit:
 - › www.nshealth.ca/patient-education-resources/0453

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



Incision(s)

- The incision(s) for this surgery is usually very small (about 2 to 3 cm).
- You will have a dressing over the incision. You can remove the dressing after 2 to 3 days.
- You will have sutures (stitches) in the incision(s). These are usually dissolvable (go away on their own). If you have sutures or staples that need to be removed, we will arrange for this before you are discharged.
- It is OK to get your incision wet after your surgery.
 - › For the first 48 hours after surgery, **do not** shower. Use a wet cloth to wash your body.
 - › After 48 hours, you can shower. Pat the incision dry. **Do not** rub.