

Patient Information Leaflet (PAGE 1 of 2)

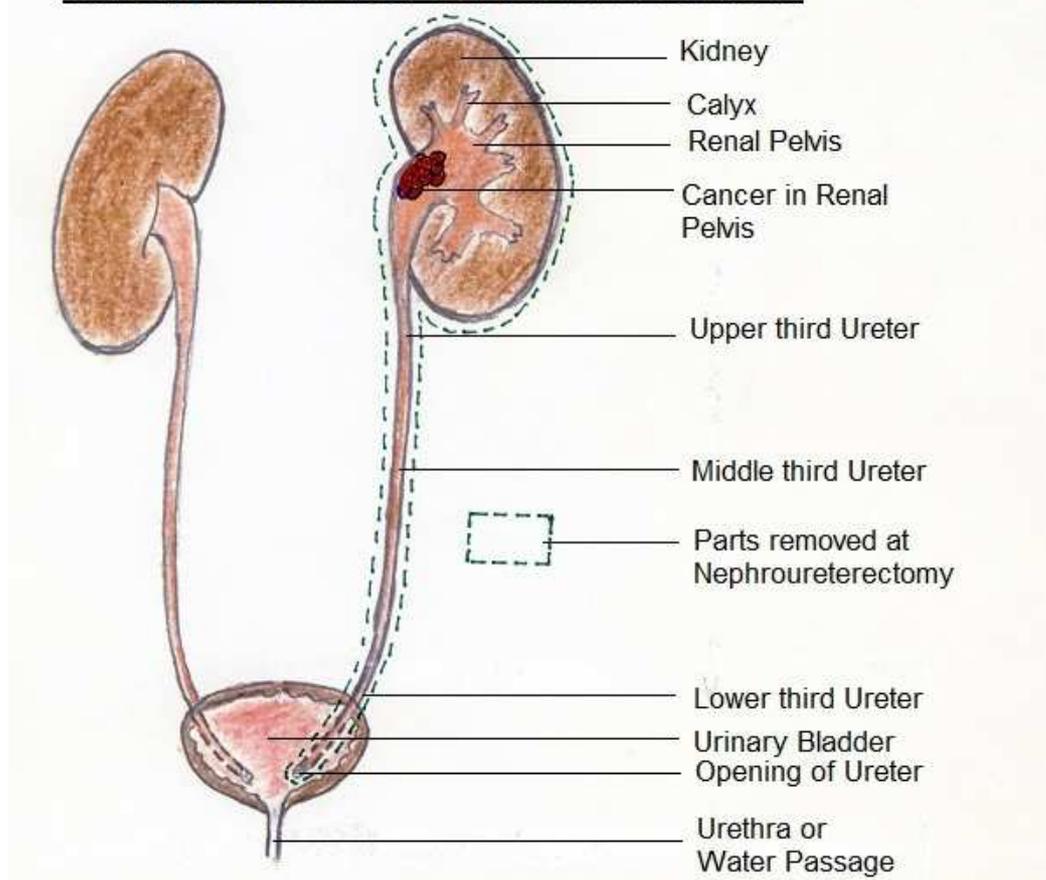
NEPHROURETERECTOMY

WHY IS THE KIDNEY AND URETER REMOVED AT NEPHROURETERECTOMY ?

The inner lining of the kidney, ureter and bladder is lined by the same type of cells referred to as “Transitional Cells”. Majority of the cancers arising from the inner lining of the kidney (renal pelvis, calyx) or ureter or bladder are transitional cells cancers.

If there is transitional cell cancer in the renal pelvis or ureter this could occur in isolation or it can occur at multiple sites in the ureter and bladder. Moreover, cancer cells from the renal pelvis could potentially seed lower down in the ureter or in the bladder. Leaving a part of the ureter behind and removing only the kidney with the cancer in the renal pelvis will necessitate the need to check the ureter left behind regularly for years, as there is a significant risk of the cancer coming back in the ureter. This also is the reason why regular flexible cystoscopy is done 3 or 6 monthly after the nephroureterectomy, to ensure similar transitional cell cancer does not occur in the bladder. This surveillance of the bladder with flexible cystoscopy and opposite kidney, ureter with CT scan will continue for many years.

DIAGRAM TO ILLUSTRATE NEPHROURETERECTOMY



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Continued in Page 2

Patient Information Leaflet (PAGE 2 of 2)

NEPHROURETERECTOMY

The first part of Nephroureterectomy involves removing the kidney along with the upper and middle third of the ureter using either a keyhole route (Laparoscopic) or through an open procedure via an incision about 10 to 15 centimetres below your ribcage.

The second part of Nephroureterectomy involves removing the lower end of the ureter, the ureteral opening with small cuff of bladder lining around it. This is done through the water passage as an endoscopic procedure using a telescope. There are different ways to remove the lower end of ureter and will vary depending on the Urologist performing the surgery. Therefore this part of the surgery may also be done as the first part of the nephroureterectomy.

If there is cancer in the lower third of the ureter, to ensure the tumor is removed safely, completely and without any possible spillage, this part is done as an open procedure needing a second incision/wound. A separate 7 to 9 centimetre incision is made close to the pubic bone to dissect the lower third ureter. The bladder is opened to remove the ureteral opening with a cuff of bladder lining, instead of the endoscopic procedure described above. The first part of the surgery to remove the kidney, upper and middle part of the ureter is done through a Laparoscopic route. If there is any contraindication to laparoscopic surgery this is done as an open surgery.

LAPAROSCOPIC NEPHROURETERECTOMY

This is referred to as keyhole surgery to remove the kidney and ureter. There will be two or three small incisions on your abdomen measuring 1 centimeter each to introduce the camera and working ports. Initially the ureter is clipped (to prevent any potential tumor spillage from upper ureter) and then the kidney is dissected free. The lower end of the ureter is then disconnected through your water passage/ Urethra. Using an endoscope which has a telescope and a knife at the tip of the working element, a cut is made around the ureter opening and this cut is carried around the ureter through the bladder and the ureter is disconnected. The kidney specimen with the entire ureter attached is then removed through an incision in the abdomen measuring about 6 centimetre. A catheter is left to drain the bladder for 5 to 10 days while the hole in the bladder (where the ureter was removed) heals over.

Risks and complications of nephroureterectomy are rarely injury to surrounding structures in the abdomen which may be bowel, spleen, liver, gallbladder or vascular structures. Blood loss is less than 100 cc rarely requiring transfusion. If there is technical difficulty at Laparoscopic surgery the procedure may need to be converted to an open procedure. Infection of wounds can occur occasionally despite giving prophylactic antibiotic before the start of the surgery. Other specific complications will be discussed in detail with you by your Urologist.

Discharge – Patients are usually discharged 2-4 days after Laparoscopic Nephroureterectomy, provided the patient has proper support at home after discharge from Hospital. The catheter is removed by the district nurse or by a specialist urology nurse in the hospital after 5 to 10 days.