

POTENTIAL COMPLICATIONS FOLLOWING THE PROCEDURE

Bleeding / blood transfusion (less than 1%)

Infection (less than 1%)

Occasionally people will suffer from a urinary tract infection due to the catheter, this is usually easily treatable. Rarely people will suffer from a wound infection and very rarely a chest infection.

Open Conversion (1%)

Occasionally due to very difficult anatomy, patient safety or equipment malfunction the Robot has to be de-docked and the operation completed through the older style incision.

Hernia – port site (1%)

The wounds are smaller and as such the chance of hernia is low. However it is still important to avoid heavy lifting or straining with a bowel action for six weeks after your operation.

Urine leak (5%)

If your cancer is situated deep within the kidney then there is a small chance that urine may leak out of the repair site. This usually settles but may require simple insertion of a stent (internal temporary drain tube).

Radical nephrectomy conversion (5%)

The bigger your cancer the higher the chance that you may need your whole kidney out despite all effort to spare the normal part of it. Through extensive review and consultation with Dr Elmes this is usually worked out before your procedure.

AV fistula (5%)

In larger lesions many small veins and arteries are cut in order to remove the cancer. Occasionally they can join and form an abnormal pathway known as a fistula. This may result in bleeding on about Day 7-10 and usually requires a radiologist to assist with a specialised procedure to block it off under local anaesthesia.



DR MARTIN ELMES
UROLOGICAL SURGEON

Specialising in
Robotic Prostate and Kidney
surgery

Advanced BPH treatments
Erectile Dysfunction treatment

With over 15 years of expertise in the field of Urology, Dr Elmes provides a full range of high quality urological services for patients with the use of advanced techniques and cutting edge equipment to perform procedures. Dr Elmes is highly qualified in the field of urology having completed extensive surgical training throughout Melbourne and Sydney.

His main interests in the field include:

Minimally invasive Robotic Prostate & Kidney surgery

Advanced BPH treatments

Laser prostate enucleation (HoLEP)
Rezum water vapour steam therapy
UroLift

Erectile Dysfunction

Penile Prosthesis (no-touch technique)

Visit our website or call us on (07) 5575 7922 for more information about our urological services.

Varsity Lakes
Suite 2 Level 1
2 Lake Street
Varsity Lakes QLD 4227

Pindara
Suite 8 Level 1 – Pindara Place
13 Cararra St
Benowa QLD 4217

Contact us
Phone: 07 5575 7922
Fax: 07 5575 8922

Email: admin@goldcoasturologist.com.au
www.goldcoasturologist.com.au

A PATIENT GUIDE TO Robotic Assisted Partial (or Radical) Nephrectomy



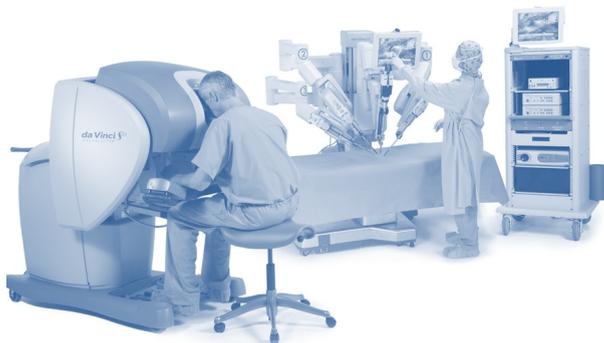
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WHAT IS A ROBOTIC NEPHRECTOMY

Nephrectomy is the surgical removal of a kidney. The procedure is done to treat kidney cancer as well as other kidney diseases and injuries. There are two types of nephrectomy for a diseased kidney: partial and radical. In partial nephrectomy, only the diseased or injured portion of the kidney is removed. Radical nephrectomy involves removing the entire kidney, along with a section of the tube leading to the bladder (ureter), the fatty tissues surrounding the kidney and sometimes the gland that sits atop the kidney (adrenal gland).

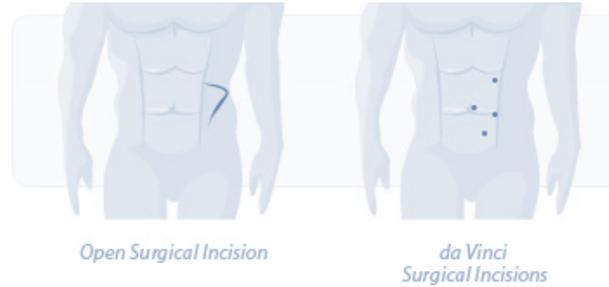
THE DA VINCI ROBOT

Dr Elmes utilises the Da-Vinci Robot for these procedures which provides a faster recovery for patients. Dr Elmes makes small cuts in the abdomen, and the camera and instruments are inserted through the cuts to perform the surgery. He has a 3D view that can be magnified up to 10–12 times and carries out the surgery using a console to control the robotic arms.



BENEFITS OF THE DA VINCI ROBOT

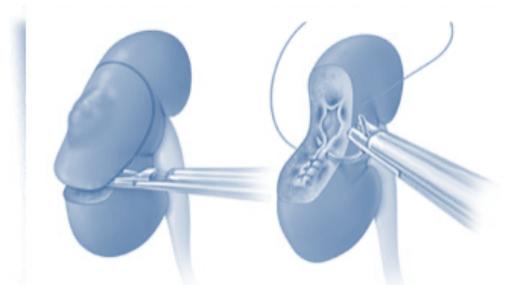
- Significantly less pain
- Less blood loss
- A shorter hospital stay
- A faster return to normal daily activities
- Quicker return to work



ABOUT THE PROCEDURE

The procedure initially involves Dr Elmes operating by the patient's side to place the operating ports in the appropriate positions and dock the surgical cart of the da Vinci robot. Once the ports are placed and surgical cart docked, Dr Elmes then sits at the robotic console and performs the operation, with an assistant surgeon at the patient's side.

All up the procedure may take a few hours and consists of either removal of the kidney cancer and suturing up the defect, sparing as much normal kidney tissue as possible and then closing the small incisions, or complete removal of the kidney (radical nephrectomy).



PRE OPERATIVE AND POST OPERATIVE INFORMATION

Pre operative:

You will be instructed by the hospital or Dr Elmes' rooms when to fast (food & fluid).

TABLETS AND BLOOD THINNERS

Dr Elmes rooms will advise you to cease or continue medications prior to your procedure. Consult Dr Elmes rooms if you have questions and be sure to follow instruction given by Dr Elmes regarding ceasing any medications.

INSULIN

Please let Dr Elmes know if you are on insulin.

PATHOLOGY TESTS

Dr Elmes rooms will advise you pre-operatively when to do any pathology tests required, usually 1-2 weeks pre-operatively.

Post operative:

Diet

You will be able to drink fluids on the first night and in most cases be able to eat food the next morning.

DVT Prevention

- You will have calf compression stockings on, which should only be taken off when showering. These should also be worn for 2 weeks after the operation even if you are at home.
- You will also have calf compressors on whilst you are in bed for the first 24hrs
- It is important to begin walking and moving your feet around in the bed ASAP.

Pain

Although the pain is minimised with Robotic Procedure, you will still get strange pains / bruising / swelling around the wound sites.