

2023

**Centre intégré de  
santé et de services  
sociaux de Laval**



## **Preparation guide for a surgery Nephrectomy and Adrenalectomy**



**This guide will help you understand and get ready for your surgery.**

**Read it over with your family and bring this guide with you the day of your surgery.**

**A publication of**

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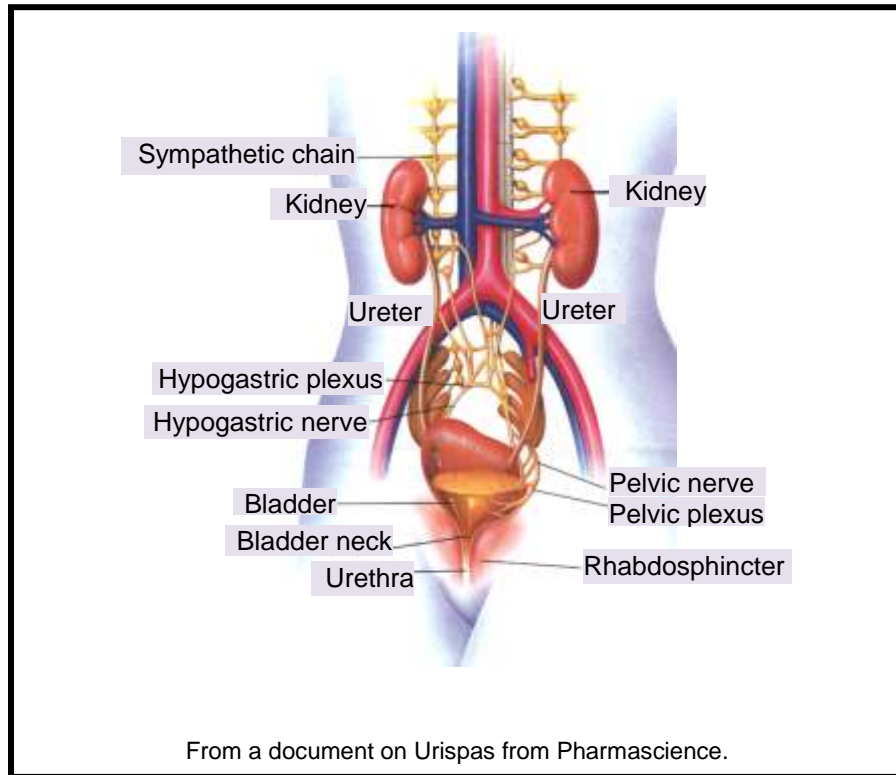
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## ANATOMY

The urinary system consists of 2 kidneys, 2 ureters, the bladder, the urethra and the urinary meatus.

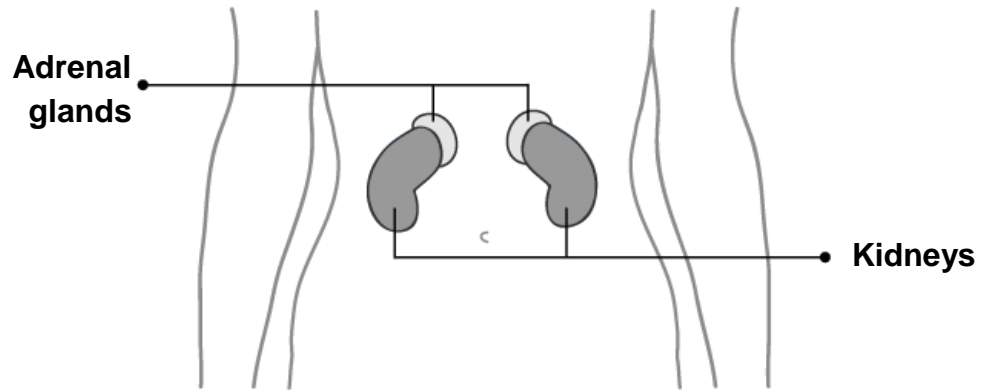
The kidneys are located at the sides of each side, under the ribs, at the bottom of the back and filter the blood and then eliminate waste from the body. This waste is dissolved in the urine generated by the kidneys and flows through the urinary tract (calyces, renal pelvis and ureters) into the bladder.



The kidneys also help maintain a normal fluid and electrolyte (sodium, potassium) balance. They are essential for maintaining proper blood pressure and for the proper functioning of the body.

The adrenal glands located on each kidney (upper part) produce hormones.

## Location of the adrenal glands

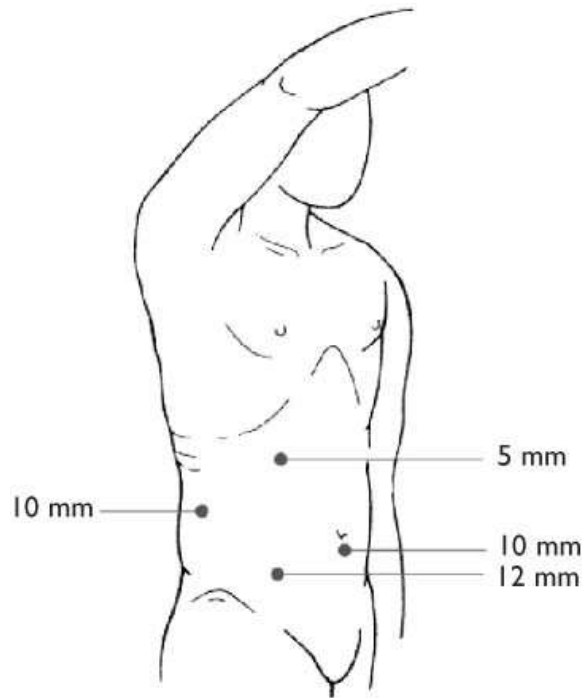


## YOUR INTERVENTION

### Laparoscopic nephrectomy and adrenalectomy.

Nephrectomy/adrenalectomy is very frequently performed laparoscopically. The urologist decides whether the surgery is performed by laparoscopy or by open surgery (laparotomy).

The laparoscope is a video camera attached to a thin "endoscope" instrument inserted into the abdominal cavity to view and perform the surgery. Specialized instruments are inserted through small incisions (3 to 4 mm). The abdomen is inflated with carbon dioxide to create space for the instruments. This gas is removed at the end of the operation and the incisions are closed with melting stitches and/or staples.



## Kidneys

The renal mass or tumor is often discovered incidentally during abdominal imaging.

Also, surgery can be performed when the kidney is diseased (vascular nephropathy, lithiasis) and is non-functional.

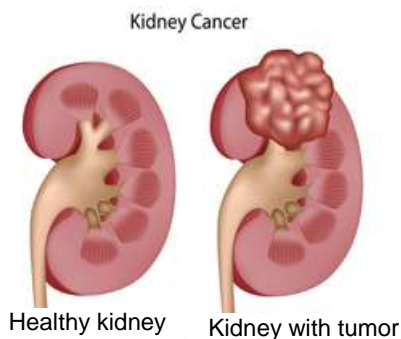
## Benign tumor

- Angiomyolipoma: does not always require surgery, however follow-up is required.
- Oncocytoma (rare): surgery often required, as difficult to identify on imaging test.

## Kidney cancer

It is the 6th most common cancer in men, and the 10th most common in women.

It progresses slowly and without symptoms. Blood appears in the urine and/or pain when the tumor is larger.



- Laparoscopic radical nephrectomy: removal of the entire kidney.
- Laparoscopic nephro-ureterectomy: removal of the kidney and associated ureter.
- Laparoscopic partial nephrectomy: removal of the part of the kidney that contains the tumor. The rest of the normal kidney is left in place and will continue to function.

## **Adrenal glands**

Laparoscopic adrenalectomy: Removal of one or both adrenal glands when there is a tumor. The urologist may perform the surgery openly (laparotomy) if necessary.

If both glands are removed, the patient will need to take a lifelong steroid (cortisone) supplement.

Only one adrenal gland is required for normal function.

## ADMISSION DATE AND TIME

You will receive a call from the hospital's pre-admission department. The secretary will inform you of the date of your surgery. You will be informed of the time of your arrival at the hospital by phone **24 to 48 hours before** the surgery.



Date of your surgery: \_\_\_\_\_

Arrival hour: \_\_\_\_\_

Location: \_\_\_\_\_

### SYMPTOMS TO MONITOR

If you have any of these symptoms or conditions one week before the date of your surgery:

- You have a sore throat, a cold or the flu.
- You have a fever.
- You are taking antibiotics.
- You have a contagious disease (e.g., chicken pox), or you have recently been exposed to someone with a contagious disease.
- A possible or unconfirmed pregnancy.
- Redness, inflammation, discharge, wound or any other problem at the operating site.
- Any other discomfort.



**Call immediately to inform the administrative officer at:**

Urology..... 450 975-5394

## WHEN TO STOP OR CONTINUE YOUR MEDICATION

**At your appointment** with your surgeon or preadmission nurse, you will be informed whether you need to stop or continue your medication before your surgery.



- Aspirin<sup>®</sup>,  Asaphen<sup>®</sup>,  Rivasa<sup>®</sup>,  Entrophen<sup>®</sup>,  Novasen<sup>®</sup>,  Persantine<sup>®</sup>,  MSD AAS,  Aggrenox<sup>®</sup> (dipyridamole/ASA), etc.  
 Stop \_\_\_\_ days before your surgery.  
 Do not stop this medication.
- Plavix<sup>®</sup> (clopidogrel)  
 Stop \_\_\_\_ days before your surgery.  
 Do not stop this medication.
- Prasugrel<sup>MD</sup> (Effient),  
 Ticlid<sup>MD</sup> (Ticlopidine)  
 Ticagrelor<sup>MD</sup> (Brilinta)  
 Stop \_\_\_\_ days before your surgery.  
 Do not stop.
- **Anti-inflammatory drugs** (e.g., ibuprofen such as Advil<sup>®</sup>, Motrin<sup>®</sup> (including for children), Celebrex<sup>®</sup>, Maxidol<sup>®</sup>, Aleve<sup>®</sup>, Naprosyn<sup>®</sup>, etc.)  
Stop 3 days before your surgery.
- **Anti-inflammatory drugs:** meloxicam (Mobicox), piroxicam (Feldene)  
Stop 7 days before your surgery.
- **Anti-inflammatory drugs:** tenoxicam (Mobiflex)  
Stop 10 days before your surgery.
- **All natural products** (except for melatonin): glucosamine, omega 3, vitamin E, etc.  
Stop 7 days before your surgery.

You can keep taking drugs such as Tylenol<sup>®</sup>, Tylenol<sup>®</sup> Extra-Strength, acetaminophen and Tempra<sup>®</sup> until midnight the night before your surgery.

If you are taking Coumadin<sup>®</sup>, Sintrom<sup>®</sup>, Pradaxa<sup>®</sup>, Xarelto<sup>®</sup>, Eliquis<sup>®</sup>, Lixiana<sup>®</sup>:

A hospital pharmacist will call you approximately 1 to 3 weeks before your surgery and may ask you to have a blood sample taken.

When the pharmacy department has received your results, you will be called again about when to stop taking this medication.



**You must follow this instruction.**

## BEFORE YOUR VISIT TO THE PREADMISSION CLINIC

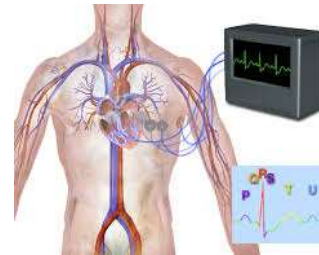
Your record will be transferred to the hospital's Preadmission Clinic. Someone will call you with the date and time of your Preadmission Clinic appointment.

Date and time of your appointment: \_\_\_\_\_

### During your Preadmission Clinic visit

#### You will:

- Meet with a nurse, who will explain how to prepare for surgery and what to expect during your hospital stay.
- Have an ECG (electrocardiogram) if the nurse determines that you need one.
- Have blood taken, if required. You will be sent to the hospital's test centre.
- The nurse will tell you if you need more tests or have to meet with other doctors or professionals.



## CONSENT TO SURGERY AND ANESTHESIA



At your preadmission meeting, the nurse will ask you to sign the consent to surgery and anesthesia.

This consent means that the surgeon clearly explained why you need this operation, what the procedure entails, the potential risks, and the desired results of the operation.

If you did not get the proper information, you must contact your surgeon. The preadmission clinic nurse can help you. You will need to sign the consent form the morning of your surgery.

**For further information about anesthesia, please read the guide on anesthesia and pain relief Information guide which the nurse will provide when attending your preadmission meeting.**

The anesthesiologist will discuss with you on the morning of the operation which anesthesia is best for you.

## TOBACCO

Quitting smoking or reducing the amount you smoke will decrease your risk of respiratory problems after your surgery, aid in the healing of your surgical wound, and help you better manage pain. We strongly suggest that you stop smoking completely 2 to 4 weeks before the surgery

If you need help to quit smoking, don't hesitate to contact:

**If you need help to quit smoking, don't hesitate to contact:**

- Your CLSC at **450 978-8300, extension 3169** (for Laval residents).
- Your pharmacist or family doctor.
- The Quit Smoking Centre nearest you at **1-866-JARRETE (527-7383)**.

Website: <https://www.tobaccofreequebec.ca/iquitnow>

## ALCOHOL

Avoid drinking alcohol **7 days before your surgery**. Alcohol can interact with some medications and increase the risk of bleeding and complications.



**To get help to stop right now, contact the regional hotline (for Laval residents):**

Alcochoix+ Laval at 450 622-5110, ext. 64005.

<https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus/>

## DISCHARGE PLANNING

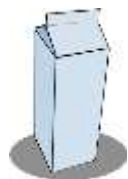
Before your operation, it is important that you prepare in advance for your return home.



- Ask another adult to come pick you up at the hospital. You must organize a ride home in advance. This person must be available to pick you up once your discharge is signed.
- Prepare meals in advance for the days after your operation.
- Get help for errands, housework and appointments.
- If you live by yourself and your operation reduces your mobility, you need to think about having another adult stay with you during your recovery.
- Your urine must not be infected in order to operate. The operation can be postponed if this is the case. A urine analysis and culture will be done during your pre-admission visit.
- A blood group will be taken during your preparatory tests and units of blood will be set aside by the hospital's blood bank, in case a complication should arise during the operation.
- The length of stay is 48 to 72 hours (and a little longer for adrenalectomy) or as advised by your urologist.

## PREOPERATIVE DIET

### Suggestions to boost your protein intake



Add this	To this
Skim milk powder or protein powder supplement (Nestlé Beneprotein®)	Cooked cereals, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, cream desserts, custards, etc.
Milk (2% or 3.25% MF)	Hot cereals, soups, casseroles, hot chocolate (instead of water)
Soy beverage	Smoothies, soups
Greek yogurt	Fresh or canned fruit, vegetables, potatoes, rice, pancakes, casseroles, stews, soups, vegetable or fruit dips
Hard-boiled eggs	Sandwiches, salads, vegetables, potatoes, sauces and soups
Peanut butter or nut butter	Cookies, milkshakes, sandwiches, crackers, muffins, fruit slices, toast, ice cream
Tofu	Milkshakes, soups, casseroles, stir-fries, salads
Canned dried peas or beans, legumes and lentils (if you can tolerate these)	Casseroles, soups, stews, salads, rice, pasta and dips
Seeds and nuts (if you can tolerate these)	Salads, cereal, ice cream, yogurt
Pieces of cooked beef, pork, poultry, seafood or fish	Salads, soups, scrambled eggs, quiches, baked potato, pasta



To complete your diet, you can also take a supplement such as Ensure or Boost.

## PREOPERATIVE DIET

### The night before your surgery

You can eat normally.



### The day of your surgery

#### For all users

Starting from midnight the night before your surgery:

- Do not eat solid food.
- Do not consume dairy products.
- Do not consume alcohol and do not smoke.
- For the consuming of clear liquids, refer to the tables on the following page.



## THE DAY OF YOUR SURGERY

### At home

The nurse will tell you if you need to follow the following beverage instructions:

- **You MUST remain fasting** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.



You can brush your teeth but avoid swallowing the water.

OR

- **You MUST drink clear fluids** before the surgery.
  - Allowed clear fluids include:
    - Water
    - Juice without pulp (no pulp is mandatory)
    - Coffee or black tea (no milk)



Make sure that you **ONLY** drink these clear fluids and nothing else.

### When should I stop drinking clear fluids?

You must stop drinking these fluids the morning of your surgery. The exact time depends on when you need to arrive at the hospital that morning.

Someone will call you 24 to 48 hours before your surgery and will give you at what time you must arrive at the hospital.

I need to arrive at the hospital at...	I have to stop drinking clear fluids at...
Before 10 a.m.	6 a.m.
After 10 a.m.	8 a.m.
I do not have a specific time and have to wait at home to be called for my surgery.	11 a.m.



**You must follow these instructions to ensure your surgery is safe and to prevent serious complications.**

**If you have not done this correctly, you must notify the nurse upon arrival at the hospital.**

## HYGIENE BEFORE YOUR SURGERY

- Dexidin disinfectant soap (4%)**: The morning of the surgery, you must shower using the antimicrobial soap you purchased at the gift shop at the main entrance of Block C or Block D or at the pharmacy. You must use the soap from your chin to your toes and then rinse



**Put on clean clothes after your shower.**



No makeup, no nail polish (fingers and toes), no fake nails, no fake eyelashes, no cream, deodorant or perfume/cologne, no jewelry or body piercings.

**Do not shave** the area to be operated on.



### Medication

Take these medications **ONLY**  
(with some water).

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**If you do not follow all these instructions  
your operation may be cancelled.**

## WHAT TO BRING TO THE HOSPITAL

- This guide.
- Your valid, unexpired health insurance card.
- Your hospital card.
- Your medications, drops and pumps in their original containers. 
- A complete list of your medications (ask your pharmacist for this list).
- Slippers, dressing gown, clothing and comfortable shoes. 
- Tissues, toothbrush and soap. 
- Notebook and pencil.
- If you wear glasses, contact lenses, a hearing aid or dentures: bring your kits or containers and label them with your name.
- If you use a cane, crutches or a walker, bring them to the hospital and label them with your name. 
- If you need them, bring sanitary napkins, diapers or incontinence pants.

Please leave all your jewelry and other valuable objects at home.

**The hospital is not responsible for lost or stolen items.**

**(The lockers do not have locks).**

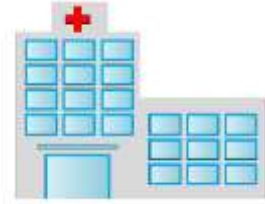
**Rings will have to be cut off if not removed beforehand.**



## WHEN YOU ARRIVE AT THE SURGERY UNIT

You must stay in the hospital after your operation: go to the reception desk in block C, first floor, room RC.5.

- **Only one person** can accompany you.
- After you arrive at the unit, you should expect to wait a moment until being called for your surgery.



- Bring something to entertain yourself if you want (something to read, a music player with headphones, etc.).



- Your room might not be ready when you arrive. In this case, you will be prepared in the day surgery unit. **Please leave your suitcase in your car.** The suitcase can be retrieved after your surgery once your room is available.

## THE DAY SURGERY UNIT OR THE CARE UNIT

At your arrival, the nurse will help you get ready for your surgery. The nurse will:

- Give you a hospital gown to put on (you must remove all other clothing before leaving for the operating room).
- Proceed to a blood test if necessary.
- Check that you have followed the preparation instructions (beverages, fasting, etc.).

## OPERATING ROOM

When leaving for the operating room, you should wear only the hospital gown and no other personal clothing.



**You must remove your:**

- Glasses, contact lenses;
- Underwear, jewelry and body piercings;
- Dentures, hearing, hair piece;



Staff will direct you to the operating room.

The anesthesiologist will meet with you when you arrive in the operating room to discuss with you the most suitable methods of anesthesia and pain relief for you.

**For further information about anesthesia, please read « Role of anesthesia information guide », the nurse will provide when attending your preadmission meeting.**

## IN THE RECOVERY ROOM

- You will wake up in the recovery room.
- No visitors are allowed in the recovery room.
- The staff will make you comfortable on your stretcher or bed.
- You will not be able to eat or drink right away. The nurse will allow you to do so when you are stable.
- When your condition is stable and your pain is well controlled, you will be transferred to the care unit.

## RETURN TO HOSPITAL UNIT

The staff will make you comfortable on your stretcher or bed and take your vital signs several times. The nurse will also check your dressing.

A urinary catheter, draining urine from the bladder, will be installed during surgery to check the quantity and color of the urine. It will be removed before you leave the hospital, except for the Nephro-ureterectomy.



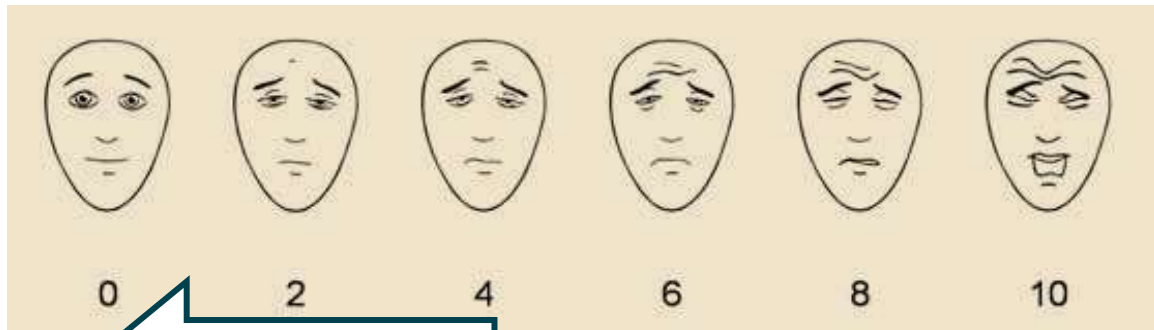
A drain will be placed in the abdomen at the surgical site for patients who have had a partial nephrectomy. It is used to drain fluids and help healing. It will be removed before you leave the hospital.

Adrenalectomy may require a stay in the intensive care unit after surgery for close monitoring of your condition.

## CONTROLLING YOUR PAIN

It is normal to have pain after an operation. The amount of pain is different for everyone. However, you can control your pain with the medication prescribed by your surgeon.

**You will be asked to assess your pain on a scale of 0 to 10.**



**Our goal is to keep your pain below 4/10**

**Pain relief is important because this will help you:**

- Breathe more easily.
- Move around more easily.
- Sleep better.
- Eat better.
- Recover more quickly.
- Do things that are important to you.

### Techniques to relieve pain

#### Analgesia (pain medication)

- An ACP pump (patient-controlled analgesia) can be installed in the recovery room (see document on anesthesia given during your pre-admission visit). **Not available at the moment.**
- Injections (shots) will be given to you if your pain is too great.
- Medication in tablet form (pill) will be given to you as soon as you can tolerate it or eat.

Laparoscopy can cause muscle pain in the chest radiating to the shoulder some time after the surgery because of the carbon dioxide inserted into the abdomen. It can irritate the diaphragm (muscle that separates the lung cavity from the abdomen).

This pain is not pleasant, but it is not dangerous. It will disappear on its own after a few days.

## BREATHING EXERCICES

### Deep breathing

#### To do as soon as you wake up

1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.
- 
2. Keep your lips pursed and exhale **slowly** through your mouth. This will double the length of your breath. Move your belly back in to expel the air from your lungs.
  3. **Inhale slowly and deeply through your nose or mouth.** Feel your lungs inflate. Just the hand on your belly should rise.



**This exercise is not easy to do.**  
**Therefore, you need to practice before your operation.**

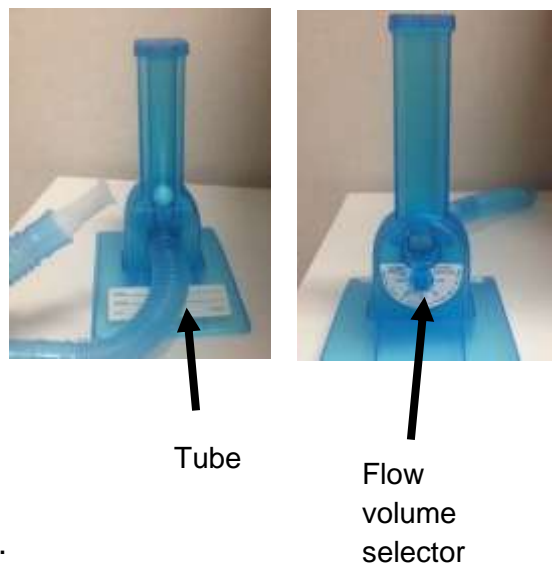
### Spirometer

*The preadmission nurse will give you this device if you need it.*

#### How do I use it?

Remove the device from the package. Connect the mouthpiece to the tubing. Connect the tubing to the outlet on the other side of the flow volume selector.

1. Get into a comfortable seated position.
2. Adjust the level by turning the flow volume selector to the right that will increase the difficulty of the exercise).
3. Hold the device upright in front of you (if you lean it to the front or back, the exercise is too easy). Exhale normally.



4. Place your lips snugly around the mouthpiece and then inhale. Take in enough air to lift the ball.
5. Continue inhaling to keep the ball elevated for 3 seconds. This step lets you expand your lungs as much as possible. Hold your inhalation for 3 seconds, even if the ball drops back down.
6. Then, breathe out through your mouth through pursed lips. Take a break to breathe normally, and then try again.
7. Repeat steps 4 to 6 for about 5 minutes per hour or as per your nurse's instructions.

Keep the device near you so that you remember to do the exercises. Between uses, you can keep the mouthpiece attached to the end of the tubing.

**Spirometer breathing exercises helps you:**

- Eliminate lung secretions to prevent respiratory complications.
- Regain and maintain good lung expansion.
- Stimulate the breathing reflex, which is slowed by anesthesia and pain medication.
- Improve your well-being and resume your usual activities more quickly.

## CIRCULATION EXERCICES

These exercises encourages blood circulation in your legs while you are lying down. They are very important because they can prevent serious complications, such as blood clots in the veins of your legs (thrombophlebitis).

### Toe flexion and extension

While lying on your back or sitting with your legs stretched out, point your toes to the foot of the bed and then point them toward your chin. Repeat the exercise 30 times a minute for 1 to 2 minutes, every 2 hours.



Image: Wikimedia Commons (2017)

### Ankle rotation

While lying on your back or sitting, make ankle circles from left to right and then from right to left. Repeat this exercise 30 times a minute for 1 to 2 minutes, every two hours.

Anti-embolic and sequential stockings will be fitted during your surgery and hospital stay to ensure good blood circulation.

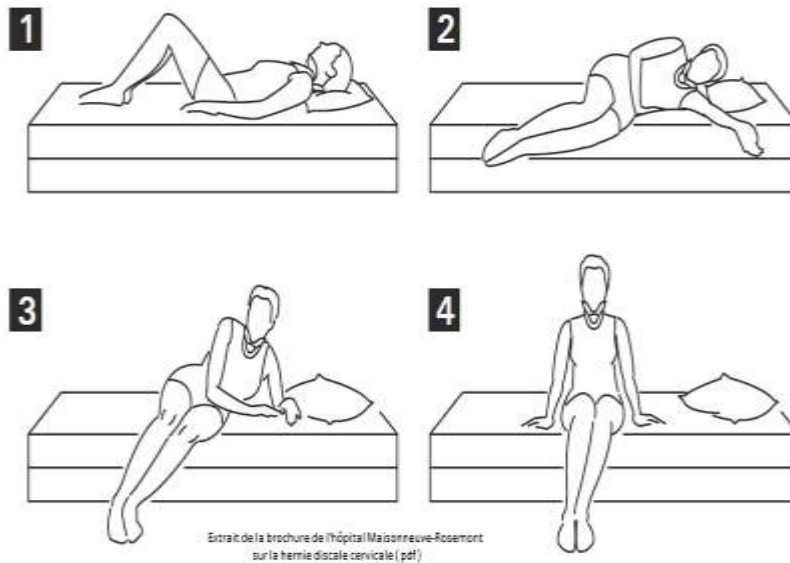


Image: Wikimedia Commons (2017)

## GETTING UP

The staff will be present to assist you if needed on your first lift, but do it on your own at your own pace. You must walk and increase the distance you walk each time you get up. Go gradually.



**To help you get in and out of bed, you need to raise slightly the head of your bed.**



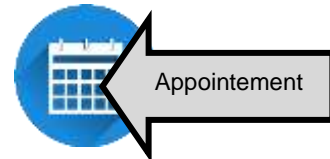
1. Lie on your back and bend your knees.
2. Turn over to your non-operated side.
3. Push against the mattress with your elbow on the non-operated side and your hand on the other side to sit on the edge of the bed. Slide your legs off the bed at the same time.
4. Stay in this position for a few minutes. Take deep breaths and move your feet.
5. If you do not feel well, tell the nurse or attendant right away.

The staff will help you sit in the chair if you need to.

## YOUR DISCHARGE FROM THE UNIT

- Your urologist is the one who will discharge you.
- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home. 
- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for safety reasons.
- The nurse may give you a prescription for pain medication, which you must get at your pharmacy. Your nurse will also give you a pamphlet about what you need to know if you need to take a narcotic medication for pain. 

The nurse will give you a follow-up appointment with your urologist. You must absolutely go to this appointment, even if you feel well:



Urologist name: \_\_\_\_\_

Date & time of appointment: \_\_\_\_\_

Location: \_\_\_\_\_

You will receive a proof of hospitalization or medical leave from work form if you need one. Your urologist should be notified if you need these documents.



**If you have insurance forms that need to be completed, contact your urologist secretary at his private office. (See urologist referral on page 33).**

All forms must be forwarded to the private office. No forms will be filled out at the hospital on the day of surgery.

## ONCE YOU GET BACK HOME - INSTRUCTIONS

### Your incision

3 to 4 small incisions will be needed to perform the laparoscopy and closed with melting stitches or staples. Laparotomy (open surgery) requires a large incision and staples.



A sensation of numbness or burning around the wounds is possible. This sensation will gradually disappear.

### Hygiene

1. Showering is permitted only when the dressing and drain are removed and there is no discharge for 48 hours at the incision sites.
2. If you have steri-strips, they will fall off in 8-10 days, otherwise they can be removed.
3. You can shower with the diachylons (Steri-strips) after 48 hours if no discharge.
4. The wound can be cleaned with a mild, unscented soap, rinsed well and dried well.
5. If you have staples, they will be removed after 7 to 10 days by a CLSC nurse. A reference will be made when you are discharged from the hospital.
6. Laparoscopic nephro-ureterectomy requires that you keep the urinary catheter at home for 7 to 10 days, because there is a scar in the bladder. The urinary catheter will be removed by the CLSC nurse. A referral will be made when you are discharged from the hospital, and the nurse will teach you how to take care of the catheter and the drainage bag. You can shower with a urinary catheter.
7. Bladder spasms:
  - a. The bladder catheter may cause you discomfort.
  - b. You may feel the need to urinate. You need to relax, as urine flows uncontrolled through the catheter (a tube in the bladder that is installed naturally during surgery).
  - c. This discomfort is related to spasms caused by the inflated balloon at the end of the catheter. The balloon allows the catheter to stay in place, but when it touches the bladder wall, it can make you feel like you need to urinate.



8. If bladder spasms are severe, they may cause urine to leak around the catheter, but this is not dangerous.

N.B.: Pantliners sold in pharmacies are specifically designed to protect against this discomfort.

9. Blood will be present in the urine after the surgery. It is recommended that you hydrate more (8 to 10 glasses of liquid per day maximum), unless medically restricted, to help clean the urinary tract.
10. It is recommended that you do not drink alcohol for 3 weeks after surgery to prevent bleeding and burning.

### Back to work

Depending on your procedure, your urologist and the nurse will explain the details of your recovery. It depends on the operation and the type of work you are doing. In general, the recovery period is 6 to 8 weeks.



### Breastfeeding

If you are breastfeeding, ask the surgeon or the nurse if you can continue.

Generally, you must wait 2 to 3 hours after a general anesthesia to breastfeed your baby. As soon as you get home, you can breastfeed if you are alert and comfortable.



## NUTRITION AND HYDRATION

Generally, you can eat normally after your surgery. Start with light meals and gradually increase as you can tolerate.



If you have nausea (you feel sick to your stomach), start by drinking clear fluids and gradually increase the amount and change the texture of the foods you eat as you can tolerate them.

**To avoid constipation**, which can be caused by pain medication:

- Eat plenty of fiber (grains, whole-grain bread, fruit, vegetables, etc.).
- Drink 7 to 8 glasses of water a day (unless you have a medical restriction).
- Walking can help with bowel function.



**If, despite these tips, you are unable to have a bowel movement:**

You can use a mild laxative such as Metamucil<sup>®</sup>, Colace<sup>®</sup>, Lax A day<sup>®</sup>

or

Prodiem<sup>®</sup> at a pharmacy. Ask your pharmacist for advice.

**If you have not had a bowel movement  
for at least 3 days despite these tips, consult a health care  
professional  
(family doctor, pharmacist, Info-Santé at 811).**

## ACTIVITIES



### You can drive when:

- You no longer feel dizzy.
- You no longer have pain and you have stopped taking narcotic medications for at least 24 hours.

1. Depending on your procedure, you may have to follow certain instructions. The urologist or the nurse will give you the necessary instructions. Do not hesitate to ask questions.
2. You should continue to be active after surgery, but alternate with periods of rest. It is normal to feel tired
3. Pain should not prevent you from doing your daily activities such as dressing, bathing or eating. Take your pain medication if the pain is too severe and at least 30 minutes before doing your activities, if applicable.
4. You must restrict your activities during the first week. You will resume your activities gradually thereafter according to your tolerance. You can go up and down the stairs.
5. Walking is one of the best exercises. Increase the distance you walk each day and alternate with rest periods.
6. Avoid vigorous exercise, sudden movements and contact sports.
7. Physical activities should be stopped as directed by the urologist. You must follow the specific instructions for your operation, if any.
8. Avoid lifting weights over 10 lbs for 4 to 6 weeks after your surgery.
9. You can resume most activities, including sexual intercourse, when you are pain free.





## COMPLICATIONS


If you have difficulty breathing:

**Immediately call  
Urgence-santé at 911**



If you have one or more of the following signs or symptoms:

 <p>Fever (38.5 °C or 101 °F or higher) for more than 24 hours</p>	<p>Your pain increases and is not relieved by medication.</p> 
 <p>You have cramps or constant pain in your calf.</p>	<ol style="list-style-type: none"><li>1. Signs of infection at the site of surgery:<ul style="list-style-type: none"><li>• Redness.</li><li>• Pain.</li><li>• Swelling.</li><li>• Yellowish or greenish discharge.</li></ul></li><li>2. Urinary burning during urination.</li><li>3. Important bleeding from the operated area or in the urine.</li></ol> 



**Contact an Info-Santé nurse at 811 at any time (24 hours a day)**

**For all other questions, contact one of the resources listed on the next page.**

## RESOURCES



**Pour toute urgence, composez le 911.**  
**Pour des conseils de santé, composez le 811.**  
**24 heures sur 24, 7 jours sur 7**

### Outpatient clinics

Preadmission (preoperative only) ..... 450 975-5566  
Urology ..... 450 975-5913, option 4

### Private offices of Urologist surgeons in Laval

Policlinique Concorde  
300, boulevard de la Concorde est, Laval..... 450 667-5310

### CLSC

#### Laval area

Accueil première ligne..... 450 627-2530, ext. 64922  
CLSC des Mille-Îles ..... 450 661-2572  
CLSC du Ruisseau-Papineau ..... 450 682-5690  
CLSC et CHSLD Sainte-Rose..... 450 622-5110  
CLSC de l'Ouest-de-l'île ..... 450 627-2530  
CLSC et CHSLD Idola-Saint-Jean ..... 450 668-1803

#### Laurentian area

Centre intégré de santé et de service sociaux des Laurentides:

Thérèse de Blainville ..... 450 433-2777  
Des sommets ..... 819 324-4000  
St-Jérôme..... 450 432-2777  
Pays d'en haut ..... 450 229-6601  
Jean-Olivier Chenier..... 450 433-2777  
Argenteuil ..... 450 562-3761  
Antoine Labelle ..... 819 275-2118

#### Lanaudière area

Lanaudière Sud ..... 450 654-2572  
Lanaudière Nord ..... 450 839-3864

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Hôpital Maisonneuve-Rosemont. (2003). *Hernie discale cervicale : avant, pendant et après la chirurgie*.

Treuthardt, C., Doerfler, A., Jichlinski, P. (Dec. 2008), Néphrectomie par laparoscopie : aspects techniques. *Rev Med Suisse*, (182), 2636–2640.

### Websites:

Association des urologues du Canada  
<https://www.cua.org/fr>

Canadian Cancer Society  
What is adrenal gland cancer?  
<https://cancer.ca/en/cancer-information/cancer-types/adrenal-gland/what-is-adrenal-gland-cancer>



**Centre intégré  
de santé  
et de services sociaux  
de Laval**

**Québec** 

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