



## OPEN REMOVAL OF THE ADRENAL GLAND

Information about your procedure from  
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

[http://www.baus.org.uk/\\_userfiles/pages/files/Patients/Leaflets/Adrenalectomy open.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Adrenalectomy%20open.pdf)

### Key Points

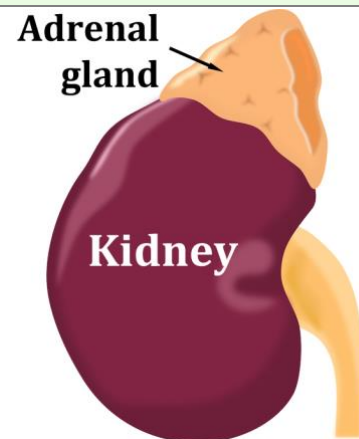
- The aim of this operation is to remove your adrenal gland
- You have two adrenal glands in the body, one sitting above each kidney (pictured below)
- Reasons for removing the adrenal gland include benign tumours that produce hormones and suspected (or confirmed) adrenal cancer

### What does this procedure involve?

This involves removal of one of your adrenal glands, together with the fat surrounding it, usually for suspected cancer of the adrenal.

### What are the alternatives?

- **Observation** – this may be an option when your tumour is very small and the risk of progression is felt to be low
- **Partial adrenalectomy** – this involves removal of the tumour only and preserving the rest of the adrenal gland; it is an experimental technique and is not widely available
- **Laparoscopic (keyhole) surgery** – this involves removal of your adrenal gland through several small incisions. It may not be suitable for all tumours or in patients who have had previous abdominal surgery



## What happens on the day of the procedure?

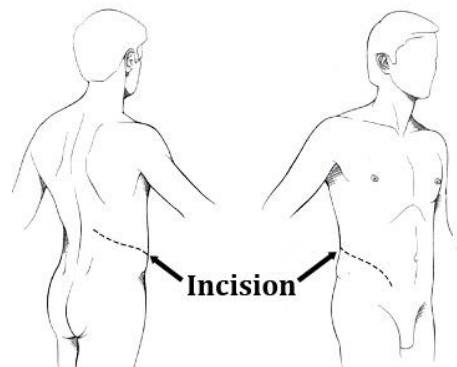
Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and we may give you an injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

## Details of the procedure










- we normally use a full general anaesthetic and you will be asleep throughout the procedure
- we usually give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we carry out the procedure through an incision (cut) in your loin (pictured); sometimes, the incision is made in the front of your tummy or extended into your chest area
- we normally put in a bladder catheter during the operation to measure urine output.
- we may put a drainage tube through your skin into the space left after removal of the adrenal gland
- we normally use absorbable sutures which do not require removal, but may take two to three weeks to disappear
- we will give you fluids to drink immediately after the operation and encourage you to move as soon as you are comfortable (to help prevent blood clots forming in your legs)
- we normally remove your wound drain and catheter after three to five days
- the average hospital stay is five to ten days






## Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed

very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Temporary shoulder-tip pain	 Almost all patients
Temporary abdominal bloating (gaseous distension)	 Almost all patients
Temporary insertion of a bladder catheter and wound drain	 Almost all patients
Bulging of your wound due to damage to the nerves serving the abdominal wall	 Between 1 in 2 & 1 in 10 patients
Entry into the lung cavity requiring insertion of a temporary drain	 Between 1 in 10 & 1 in 50 patients
Bleeding requiring further surgery or blood transfusion	 Between 1 in 10 & 1 in 50 patients
Wound infection	 Between 1 in 10 & 1 in 50 patients
A hernia forming in your loin scar (an incisional hernia)	 Between 1 in 10 & 1 in 50 patients
Need for hormone replacement if the other adrenal gland is not functioning normally	 Between 1 in 10 & 1 in 50 patients

Involvement of, or injury to, local structures (blood vessels, spleen, liver, kidney, pancreas, bowel) requiring more extensive surgery (either immediate or deferred)	 Between 1 in 50 & 1 in 250 patients
The abnormality in the adrenal gland may turn out not to be cancer	 Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	 Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

## What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. Individual hospitals may have different rates, and the medical staff can tell you the risk for your hospital. You have a higher risk if you have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or
- multiple hospital admissions.

## What can I expect when I get home?

- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- it will be at least 6 weeks before healing of the wound occurs and it may take up to 2 months before you feel fully recovered from the surgery
- you may return to work when you are comfortable enough and when your GP is satisfied with your progress
- if you develop a temperature, increased redness, throbbing or drainage at the site of the operation, you should contact your GP immediately
- many patients have twinges of discomfort in the loin wound which can go on for several months

- after surgery on your loin, the wall of the abdomen around your scar will bulge due to nerve damage; this is not a hernia but it can be helped by exercises to strengthen up the muscles
- a follow-up outpatient appointment will normally be arranged for you at 6 to 12 weeks after the operation when we will let you know the results of pathology tests on the adrenal gland
- it will be 14 to 21 days before the biopsy results on the tissue removed are available. All biopsies are discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

Your remaining adrenal gland will function normally on its own. It is sometimes necessary to take drugs to help the remaining gland recover (e.g. in patients with Cushing's syndrome). If both glands have to be removed (this is very rare), you will need to take drugs to replace their function.

## **General information about surgical procedures**

### ***Before your procedure***

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

### ***Questions you may wish to ask***

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

### ***Before you go home***

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and

- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

### ***Smoking and surgery***

Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP
- access your local [NHS Smoking Help Online](#)
- ring the free NHS Smoking Helpline on **0300 123 1044**.

### ***Driving after surgery***

It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to [contact the DVLA](#) if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

### **What should I do with this information?**

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

### **What sources have we used to prepare this leaflet?**

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

## **Disclaimer**

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

### **PLEASE NOTE**

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.