

MINIMAL ACCESS RADICAL or PARTIAL NEPHRECTOMY (including robotic-assisted procedures)

EVENT	ACTION	ADDITIONAL COMMENTS
Outpatients	Treatment options discussed Written information given Introduction to Specialist Nurse	MDT guided procedure & disease-specific with enhanced recovery information
Pre-Admission	Surgical/anaesthetic pre-assessment Manage outstanding medical issues Manage social issues Discharge planning Pre-operative investigations	including guidance on medications may include FBC, U&E, G&S, ECG, CPEX
Admission	Day of surgery admission Consent & documentation Fasting Carbohydrate loading No bowel preparation	WHO checklist, correct-site surgery, VTE prophylaxis no solids for 6hr, clear fluids up to 2hr pre-op up to 2hr pre-op
Surgery	Antibiotic prophylaxis VTE prophylaxis Positioning Minimally-invasive access No nasogastric tube Ureteric stent No routine wound drain No routine urethral catheter Analgesia	single dose at induction (e.g. gentamicin & flucloxacillin) TED stockings, calf compression, low molecular weight heparin minimal break, external warming & pressure area protection inserted before main procedure unless partial nephrectomy or risk of injury to other organs unless partial nephrectomy, high risk of AUR or haemodynamically unstable local anaesthetic & wound/regional blocks
Post-Operative	Analgesia Anti-emetics Diet & oral fluids Early mobilisation Remove drain on day 1 Remove catheter on day 1 Prepare discharge medication Do not wait for bowel action	regular oral analgesia; avoid PCAS, spinal & epidural optimise anti-emesis free oral fluids (from day 0) & chewing gum 15 minutes every 2 hours from day 0 if still draining, OPA in 5-7 days for removal or teach catheter care oral analgesia & laxatives before catheter removal or discharge
Follow-Up	Specialist Nurse telephone contact Flexible cystoscopy & stent removal ... Consultant outpatient review	within 7 days at 4 weeks if inserted (e.g. partial nephrectomy/injury to other organs) at 4 weeks with histology

MEDICATIONS FOR PATIENTS ON THE ENHANCED RECOVERY PATHWAY

Minimal Access Radical/Partial Nephrectomy (including robotic-assisted procedures)

TIME	CLASS OF DRUG	DRUG NAME(S)	SPECIFIC ADVICE
P R E O P E R A T I V E	Analgesics	Paracetamol 1g PO Gabapentin 300mg PO avoid if >65 years old Paracoxib 40mg IVat induction if GFR is normal	
	Antacids	Ranitidine 150mg PO Proton pump inhibitor POrisk of <i>C difficile</i> infection	
	Antiemetics	Dexamethasone 4-8mg IV at induction Ondansetron 4-8mg IV	
	Laxatives	None required	
	Antibiotics (prophylactic)	Cefuroxime 1.5g IV orat induction only Amoxicillin 1g IV orcheck for penicillin allergy Augmentin 1.2g IV check for penicillin allergy Trimethoprim 200mg PO orif allergic to penicillin Gentamicin IVage/weight-related dose	
	VTE prophylaxis	TED stockings pre-operative Pneumatic calf compression intra-operative	
P O S T O P E R A T I V E	Analgesics	Paracetamol 1g PO QDS Tramadol 50-100mg PO/IV 4-6 hourly Gabapentin 300mg PO BD Discretionary (see above)	
	Antacids	Omeprazole 20mg PO OD if using NSAIDs	
	Antiemetics	Metoclopramide 10mg PO TDS	
	Laxatives	Magnesium hydroxide 20ml PO BD or Laxido 1 sachet BD	
	VTE prophylaxis	TED stockings until mobility is normal Low molecular weight heparin SC ON	
	As required	Ibuprofen 400mg PO QDSif GFR is normal Oromorph 10-20mg PO 2-4 hourly Cyclizine 50mg PO TDS (or IV) Ondanestron 4-8mg IV BD	
D I S C H A R G E	Analgesics	Paracetamol 1g PO QDSfor 14 days Ibuprofen 400mg PO QDSfor 3 days (if GFR is normal) then stop Codeine phosphate 30-60mg PO QDS or Tramadol 50-100mg PO QDS	
	Antacids	Omeprazole 20mg PO OD if using NSAIDs	
	Laxatives	Magnesium hydroxide 20ml PO BD	
	VTE prophylaxis	Low molecular weight heparin SC ON minimal access : stop at discharge <i>or</i> open: continue for 28 days	