

## 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 (10%)

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 10 and usually requires a radiologist to assist with a specialised procedure to block it off under local anaesthesia.



### DR MARTIN ELMES

With over 10 years of expertise in the field of Urology, Dr Elmes provides a full range of high quality urological services for patients needs 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, BPH treatments (Advanced laser prostate enucleation (HoLEP) & UroLift) and Erectile Dysfunction (needle-free intracavernosal injections and penile prosthesis surgery). Dr Elmes is dedicated to teaching and training today's medical students, junior doctors and surgeons to ensure there is continuous development in the field of Urology.

Please visit our website or call us on (07) 5598 0098 for more information about what is best suited for you.

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PROCEDURE DATE:	
PROCEDURE LOCATION:	

TIME TO BE ADVISED BY ROOMS THE WEEK  
PRIOR TO PROCEDURE DATE

## A PATIENT GUIDE TO ROBOTIC ASSISTED PARTIAL NEPHRECTOMY



UROLOGICAL SURGEON  
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## Robotic Assisted Partial Nephrectomy

Robotic Partial Nephrectomy is the newest and most advanced surgical option for the treatment of patients with localised kidney cancer and is available on the Gold Coast at the John Flynn Hospital.

Typically a patient who has undergone a Robotic Partial Nephrectomy using the da Vinci Surgical System can expect to leave hospital in just one to three days and return to normal activities within a week or two. Depending on your occupation you can expect to return to work between 1 and 4 weeks.

### The da Vinci Robot

The da Vinci system enables Dr Elmes to operate the robotic instruments in a full range of motions, transforming hand movements into corresponding movements of the surgical instruments within the patient. The da Vinci robot comprises the surgeon's console and surgical cart.

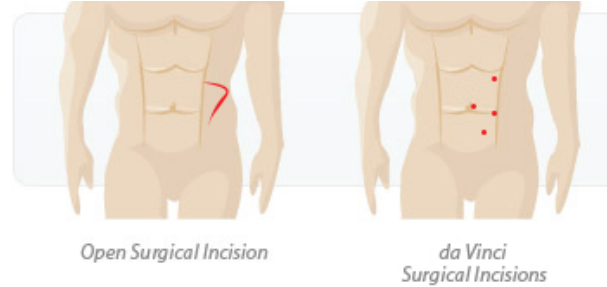


The surgical cart utilises one robotic arm to control the endoscopic camera that provides 3D vision, and three robotic arms to control surgical instruments. It is located next to the patient and allows the ability to rotate the instruments with unrivalled precision and control, using only a few small incisions.

The robot only requires incisions of less than 1cm with one slightly larger to allow removal of the kidney cancer, compared with an incision of up to 25cm for a traditional radical prostatectomy.

## Benefits of the da Vinci Robot

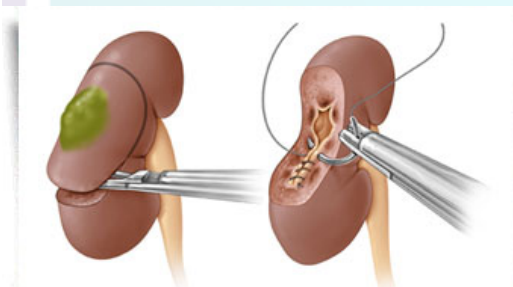
- Significantly less pain
- Less blood loss
- A shorter hospital stay
- A faster return to normal daily activities
- Quicker return to work



### The Robotic Partial Nephrectomy 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 removal of the kidney cancer and suturing up the defect, sparing as much normal kidney tissue as possible and then closing the small incisions.



A catheter is placed through the urethra into the bladder and a drain is placed through one of the operating ports to the space outside the kidney to drain any blood or fluid that may accumulate after the procedure.

## Patient preparation for the Partial Nephrectomy

### Pre operative:

#### 1. Diet

You will have to fast from midnight the night before, however, take all your usual medications on the morning of the procedure with a small sip of water (unless otherwise instructed).

#### 2. Blood Thinners

- All blood thinners need to be stopped 5-10 days prior to the procedure. Examples of these are - Aspirin, Warfarin, Plavix (Clopidogrel), Xarelto, anti-inflammatory pain medications and some natural medicines.

- Do not stop any of these medications without discussion with Dr Elmes as he will advise you of the exact timing to cease any medication

#### 3. Insulin

If in the unlikely event that you are on insulin you must let Dr Elmes know and he will guide you to peri-operative dose adjustments

### What to expect after the procedure

#### 1. Diet

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

#### 2. 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.

#### 3. Pain

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