

Robotic Kidney Surgery

Post-Operative / Discharge Instructions: Partial Nephrectomy, Simple Nephrectomy, and Radical Nephrectomy

Read this first

These instructions explain what is expected at home and when to call. Follow your surgeon's specific instructions if they differ from this handout. If you had a partial nephrectomy, pay special attention to the delayed bleeding warning section.

What was done?

Partial Nephrectomy	Simple / Radical Nephrectomy	Hospital Tubes
A kidney mass was removed while trying to preserve as much normal kidney as possible. The kidney was repaired after the mass was removed.	The kidney was removed. This may have been done for a kidney mass, a nonfunctional kidney, infection, inflammation, obstruction, or other severe kidney disease.	The Foley catheter is usually removed the morning after surgery. A drain is common after partial nephrectomy and occasional after simple/radical nephrectomy.

What to expect during recovery

Common Symptoms	Eating / Bowels	Energy Level
Abdominal soreness, incision tenderness, bruising, bloating, gas pain, shoulder discomfort, fatigue, and decreased appetite are common.	Appetite is often not normal at first. Eat small meals. Avoid heavy or greasy foods until bloating improves. Constipation is common after anesthesia and pain medicine.	Most patients improve each day, but it is common to not feel fully like yourself for about 2-3 weeks. Full internal healing takes longer.

Activity instructions

Do This	Avoid This	Driving / Work
Walk several times per day. Short, frequent walks are better than staying in bed. Stairs are okay if you feel steady.	No heavy lifting, abdominal workouts, running, strenuous exercise, heavy yard work, or pushing/pulling heavy objects.	Do not drive while taking narcotic pain medicine. Desk work may be possible sooner; physical work usually needs more time.

Typical restriction

No lifting more than 10-15 pounds for about 4-6 weeks, or until cleared by your surgeon.

Patient education guide - follow your surgeon and anesthesia team instructions if they differ from this handout.

Incisions, Urination, and Warning Signs

Small changes are expected. Worsening symptoms or sudden severe symptoms should be taken seriously.

Incision and drain care

Incisions	Drain Site	Call If You Notice
Keep incisions clean and dry. Shower when allowed. Let water run over the incisions and pat dry. Do not scrub.	If the drain was removed, the site may leak clear, yellow, or pink fluid for a few days. Cover with gauze and change as needed.	Increasing redness, thick drainage, pus, worsening swelling, incision opening, fever, severe pain at one incision, or a worsening bulge.

Do not soak in a bathtub, pool, or hot tub until cleared.

Urination after catheter removal

Expected	Call the Office	Urgent Issue
Mild burning, urgency, or light blood-tinged urine can happen after catheter removal and usually improves quickly.	Call if burning worsens, you develop fever, or blood in the urine increases.	Seek urgent care if you cannot urinate, have severe bladder pain, or pass large clots.

Partial nephrectomy: delayed bleeding warning

Why This Matters	Warning Symptoms	What To Do
After partial nephrectomy, the kidney was repaired. Rarely, delayed bleeding can occur days to weeks after surgery, especially during the first several weeks.	Heavy blood in the urine, clots, sudden flank or abdominal pain, dizziness, fainting, severe weakness, or a sudden drop in how well you feel.	Call urgently or go to the ER. Tell them you recently had a partial nephrectomy. Do not ignore new heavy blood in the urine or sudden severe pain.

Pain and constipation

Pain Control	Constipation Prevention	Avoid Problems
Use pain medicine as prescribed. Many patients transition to acetaminophen as they recover.	Walk, drink fluids if allowed, use stool softeners or laxatives as recommended, and avoid straining.	Do not drive, drink alcohol, or operate machinery while taking narcotic pain medicine. Avoid extra acetaminophen if your pain pill already contains it.

Call if you have severe bloating, vomiting, worsening abdominal pain, or inability to pass gas.

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Medications, Follow-Up, and Call Guidelines

Keep your follow-up appointment so pathology, kidney function, wounds, and activity restrictions can be reviewed.

Blood thinners and medications

Restart Only When Told	Examples	Questions
Restart blood thinners only when instructed by your surgeon or prescribing physician.	Aspirin, Plavix, Eliquis, Xarelto, Pradaxa, Coumadin, warfarin, Lovenox, and similar medicines.	If you are unsure whether to restart a medication, call before taking it.

When to call

Call the Office	Call Urgently / ER	Emergency / 911
Fever over 101 F, chills, worsening pain, persistent nausea, poor appetite that is not improving, incision concerns, difficulty urinating, or medication questions.	Heavy blood in the urine, large clots, sudden flank pain, fainting, inability to urinate, severe abdominal pain, or persistent vomiting.	Chest pain, shortness of breath, severe weakness, confusion, stroke symptoms, severe allergic reaction, or passing out.

Pathology and follow-up

Pathology	Kidney Function	Long-Term Follow-Up
If tissue was removed for a mass or cancer concern, it is sent to pathology. Results usually take several business days.	Blood work is used to monitor kidney function after surgery.	If surgery was done for a kidney mass or cancer, follow-up may include labs and imaging. The schedule depends on final pathology and kidney function.

Key reminders

Recovery	Safety	Follow-Up
It is common to feel bloated, tired, and not fully normal for 2-3 weeks.	Walk daily, avoid heavy lifting, prevent constipation, and call for concerning symptoms.	Keep your follow-up visit so pathology, kidney function, wounds, and activity restrictions can be reviewed.

Living with one kidney or reduced kidney tissue

Many people do well with one kidney or with part of one kidney removed. Long-term kidney health includes blood pressure control, routine primary care, kidney function monitoring, diabetes control if applicable, avoiding smoking, and follow-up imaging when recommended.

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