
Children's Services

Nephrectomy/Hemi-Nephrectomy

What is a nephrectomy?

A nephrectomy is an operation to remove the entire kidney.

What is a hemi-nephrectomy?

A hemi-nephrectomy (also known as a partial nephrectomy) is an operation to remove either the upper or lower part of the kidney.

Why is my child having a nephrectomy/hemi-nephrectomy?

A hemi-nephrectomy is carried out because part of the kidney is not working or is damaged. This may be due to an abnormality which has been present from birth or it may be due to repeated infections. If the whole kidney is affected/diseased and therefore not functioning, a nephrectomy will be carried out. Leaving the diseased/damaged part of the kidney in place can predispose to infection or, less commonly, to high blood pressure.

What happens when my child is admitted to hospital?

Most children will be reviewed 7-14 days prior to admission in our 'pre-operative assessment clinic.' The purpose of the clinic is:

- To ensure you and your child are fully informed.
- To ensure your child's hospital stay is as straight forward and seamless as possible.

You will be asked to bring your child to one of our children's wards, usually on the morning of surgery. You will be seen by nursing staff, your doctors and an anaesthetist. Usually a urine specimen will be collected from your child before the operation and blood tests may also need to be performed. Where possible these specimens will be collected during the pre-operative assessment clinic visit but if this has not been possible, these tests will be completed on the morning before surgery. You will be able to be present while your child goes to sleep for their operation and also in the recovery area when your child wakes up.

What happens during the operation?

The operation will be carried out under a general anaesthetic. An incision ('cut') will be made, usually on the child's side. The affected part/whole kidney is removed and then dissolvable stitches are used to close the wound. Paper tapes ('steri-strips') are often also applied but usually there is no large dressing. Occasionally a small tube called a stent or a catheter will be left in place after the operation to drain urine. These tubes can be removed with ease on the ward by a member of nursing staff once they are no longer needed.

What are the complications/risks?

Complications/risks are rare. They include:

- Bleeding (very occasionally a blood transfusion will be required).
- Urinoma, ie, a leak of urine which collects outside the kidney.
- Damage to the 'good' part of a duplex kidney.

How do I look after my child at home?

- All stitches used are dissolvable so these do not need to be removed.
- Your child may have some discomfort and should be given Paracetamol (calpol) or other pain killers as directed by the nursing/medical staff.
- Your child should rest for the first few days at home and should avoid strenuous activities, for example PE/swimming for two weeks.
- The wound site should be kept clean and dry. It should not be submersed (for example, bathed) in water for five days. If paper tapes were applied these should be allowed to fall off naturally or be removed when your child is allowed a bath.
- If your child develops a fever or has increased pain you should contact your GP/Nurse Specialist.

Follow up

Your child will have an outpatient appointment to provide follow up, usually three months after discharge. This appointment is sent to you in the post.

For further information please contact

The ward you were on:

Your Nurse Specialist:



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

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Contact number	01223 245151
Publish/Review date	September 2010/September 2013
File name	Nephrectomy/Hemi-Nephrectomy_in_children
Version number/Ref	2/PIN239