

2014

Laparoscopic Adrenalectomy

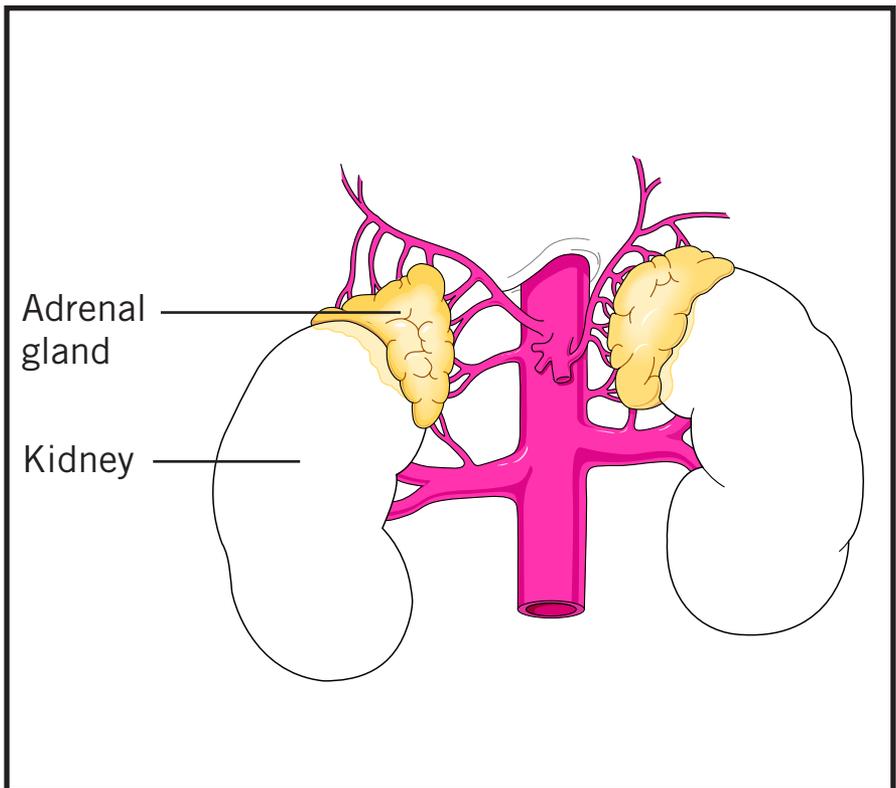
Laparoscopic Adrenalectomy

Your doctor has arranged for you to have surgery on your adrenal gland(s). This pamphlet will help you learn about your stay in hospital and how to care for yourself at home.

Your surgery is called a laparoscopic adrenalectomy.

What are the adrenal glands?

The adrenal glands are triangle-shaped glands that sit on top of your kidneys. Each gland is made up of 2 parts, the adrenal cortex, and the adrenal medulla. These glands make several hormones.



Adrenal cortex

- The hormone **aldosterone** helps balance body fluids and your blood pressure.
- **Cortisol** helps protect your body against physical and mental stress. It also helps your body control the amount of sugar in your blood.
- **Sex hormones** from the adrenal glands are the main source of the male hormone (testosterone) for women.

Adrenal medulla

- The medulla makes epinephrine (adrenaline) which helps your body during times of stress.

Getting ready for surgery

You may be admitted to the hospital a few days before your operation so you can start on some medications that will get your body ready for surgery. Your blood pressure will be checked often.

Surgery

- A laparoscope is a tiny telescope used by your surgeon to let him/her see clearly into your abdomen. The surgeon will make tiny incisions (cuts) or punctures to take out the adrenal gland.
- The advantage of laparoscopic surgery is that there is less chance of infection, a shorter scar, less discomfort, a shorter hospital stay and a faster return to your normal activities.

After surgery

Blood pressure checks

You may go to the Intensive Care Unit (ICU) or Intermediate Care Unit (IMCU) so your blood pressure can be watched closely.

Food and fluid

An intravenous (IV) will give you the fluid and nourishment you need. Your nurse or doctor will listen for bowel activity with a stethoscope. You will be told when you are able to start drinking and eating.

It is important to start slowly and follow the instructions you are given. You will get more food as you can tolerate it. Your IV will be taken out when you are drinking well.

Catheter

You may have a catheter (hollow tube) in your bladder connected to a collection bag. The bag should always hang below your waist. The catheter is usually taken out 24-48 hours (1-2 days) after your surgery.

Discomfort/Pain

It is normal to have pain after your surgery. Pain medication will be given as needed. Taking pain medication regularly for the first 24 hours and before doing any activity is recommended. You and your nurse can plan the activities to coincide with when your medication is given.

Gas is used with the laparoscopic approach. This gas can cause lots of pain or discomfort that is not usually helped by pain medication. Getting up to move is the best way to help relieve this.

Please read the pamphlet, *Managing Pain After Surgery*.

Incision

- You will have 3-5 small incisions and one that is a bit bigger. These will be closed with staples and covered with a 2x2 inch piece of gauze. The gauze can come off when there is no drainage from the incision.
- You will need to make an appointment with your family doctor to remove the staples 7-10 days after your surgery.
- You may shower when you feel stronger, about 2-3 days after your surgery. Do not let water pound on your incision.

At home

Activity

- The first few days at home are to be quiet. Slowly increase your activity over time. You will find that you will tire easily and may need extra rest. Your energy will return bit by bit. When you feel stronger, you may start doing light housework, preparing small meals, walking, and riding as a passenger in a car for a short distance.
- Walking is the best thing for you after surgery. Start slowly and increase the distance each day.
- **For the next 2 weeks do not:**
 - › Lift anything heavier than 10 pounds (such as children, laundry, groceries, luggage).
 - › Move furniture, mow the lawn, shovel snow, or vacuum.
 - › Take long car trips – if a long car trip is needed, have someone else drive.
- Do not do strenuous (hard) exercise.
- It takes some time for concentration and reflexes to go back to normal. **Do not drive** for 2 weeks after returning home unless told otherwise by your doctor. **Do not drive if you are taking pain pills.**
- You may go back to having sex when you feel well enough.

Care of your incision

- You may shower at home after your surgery. Pat your incision lightly to wash and dry. There should not be any drainage or increased redness in the area. If your bandage must be left on, tape Saran™ Wrap over it to keep it dry.
- You may have a bath after the staples are taken out.

Medication

- Take medication as prescribed by your doctor.
- **Do not drink alcohol while taking pain pills.**

Healthy eating

It may take time for your appetite to go back to normal.

It may help to eat smaller meals more often. Eating healthy meals will help you get your strength back. If constipation is a problem, try to eat foods high in fibre such as fruits and vegetables. Drink 8-10 glasses of water a day unless you are not allowed to because of another health problem.

Ask your doctor about using stool softeners if you need them. Remember, you don't need to have a bowel movement every day to be healthy.

Follow-up care

Before you leave the hospital, you may be given:

- An appointment to see your doctor after discharge. It is very important to keep this appointment.
- A letter to give your family doctor.
- A prescription for pain pills and possibly hormone replacement.
- A staple remover for your family doctor to remove your staples

Your nurse will teach you about your medications and when to take them.

Remember to have your blood pressure and blood checked regularly as recommended by your doctor. It may take up to 3 months for your blood pressure to return to a normal range if you had your adrenal gland(s) removed because of pheochromocytoma.

If you have any questions, please ask.

We are here to help you.

Returning to work

Your general health, recovery, and type of work will determine when you can go back to work. Talk about this with your doctor.

If you need to see a doctor, please contact your family doctor or go to the nearest Emergency Department unless otherwise instructed by your Urologist.

Call your doctor right away if you have:

- Vomiting
- Redness, swelling, or warmth around your incision
- Drainage or bleeding from the incision
- Separation of the edges of the incision
- More pain or tenderness around the incision
- Fever or chills
- Weakness
- Dizziness

Looking for more health information?

Contact your local public library for books, videos, magazines, and other resources.
For more information go to <http://library.novascotia.ca>

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The information in this pamphlet is to be updated every 3 years.