

The Recovery from Laparoscopic Procedures

‘Key-hole’ surgery by its very nature, usually means a faster recovery both in hospital, leading to rapid discharge, and once home.

The most common complaints from patients who have undergone procedures on their kidneys e.g. pyeloplasty, nephrectomy, nephroureterectomy, is a rapid deterioration in energy levels a few days after returning home. The size of the operative wound does not relate to the level of dissection internally and it is therefore not surprising that there will still be a prolonged period of recovery. The general lack of discomfort from the surgical wounds means that tiredness rather than pain dominates the postoperative period. For many, all symptoms will have settled in 2 weeks, however, for those who are older or have other significant medical problems it may take 6 weeks or so to fully recover. Nevertheless, this recovery to normal day-to-day activities is significantly quicker than for open surgery.

As the ‘key-hole’ wounds are small, they are normally closed with ‘dissolvable’ or absorbable suture material, occasionally surgical staples may be used. The latter need to be removed 7 to 10 days following surgery. The laparoscopic surgeons at **Urology Partners** generally employ an extraperitoneal approach for ‘key hole’ surgery on the kidney, and therefore there is minimal risk of ‘port-site’ hernias. When a transperitoneal approach is used, the risk of bowel herniation is somewhat higher. In this circumstance, a painful lump at one of the ‘port sites’ or rapid onset vomiting with abdominal distension in the post operative period, should be treated as a potential strangulated hernia and warrant urgent referral.

An important part of a laparoscopic nephrectomy (for tumours) is the removal of the specimen in the intact state. In order to achieve this, the medial most port is extended. This incision is usually muscle splitting, however, if the specimen is very large then muscle may need to be cut. If this is the case, the patient may often complain of some bulging of the abdominal wall once the wounds have healed. This rarely represents a wound hernia, but probably relates to both nerve and muscle damage during the operation. Happily, for many men the muscle tone improves with time, this is usually hand in hand with a recovery of skin sensation around the wound.

Other rarer complications relating to key-hole surgeries include the usual wound and urinary infections, which should be managed in the normal way.