NURSING CARE • OF CLIENT HAVING A NEPHRECTOMY

PREOPERATIVE CARE
- Provide routine preoperative care as outlined in Chapter 7.
- Report abnormal laboratory values to the surgeon. Bacteriuria, blood coagulation abnormalities, or other significant abnormal values may affect surgery and postoperative care.
- Discuss operative and postoperative expectations as indicated, including the location of the incision (Figure 27–4) and anticipated tubes, stents, and drains. Preoperative teaching about postoperative expectations reduces anxiety for the client and family during the early postoperative period.

POSTOPERATIVE CARE
- Provide routine postoperative care as described in Chapter 7.
- Frequently assess urine color, amount, and character, noting any hematuria, pyuria, or sediment. Promptly report oliguria or anuria, as well as changes in urine color or clarity. Preserving function of the remaining kidney is critical; frequent assessment allows early intervention for potential problems.
- Note the placement, status, and drainage from ureteral catheters, stents, nephrostomy tubes, or drains. Label each clearly. Maintain gravity drainage; irrigate only as ordered. Maintaining drainage tube patency is vital to prevent potential complications. Bright bleeding or unexpected drainage may indicate a surgical complication.
- Support the grieving process and adjustment to the loss of a kidney. Loss of a major organ leads to a body image change and grief response. When renal cancer is the underlying diagnosis, the client may also grieve the loss of health and potential loss of life.
- Provide the following home care instructions for the client and family.
  a. Teach the importance of protecting the remaining kidney by preventing UTI, renal calculi, and trauma. See Chapter 26 for measures to prevent UTI and calculi. Damage to the remaining kidney by UTI, renal calculi, or trauma can lead to renal failure.
  b. Maintain a fluid intake of 2000 to 2500 mL per day. This important measure helps prevent dehydration and maintain good urine flow.
  c. Gradually increase exercise to tolerance, avoiding heavy lifting for a year after surgery. Participation in contact sports is not recommended to reduce the risk of injury to the remaining kidney. Lifting is avoided to allow full tissue healing. Trauma to the remaining kidney could seriously jeopardize renal function.
  d. Teach care of the incision and any remaining drainage tubes, catheters, or stents. This routine postoperative instruction is vital to prepare the client for self-care and prevent complications.
  e. Instruct to report signs and symptoms to the physician, including manifestations of UTI (dysuria, frequency, urgency, nocturia, cloudy, malodorous urine) or systemic infection (fever, general malaise, fatigue), redness, swelling, pain, or drainage from the incision or any catheter or drain tube site. Prompt treatment of postoperative infection is vital to allow continued healing and prevent compromise of the remaining kidney.

NURSING CARE

Nursing Diagnoses and Interventions

Nursing care for the client with renal cancer focuses on needs related to the cancer diagnosis and to the surgical intervention. Postoperative pain may be significant and the risk for respiratory complications is high. The remaining kidney must be protected from damage to preserve renal function. Psychologically, the client may grieve the loss of a major organ and the diagnosis of cancer.

Pain
The size and location of the incision used for a radical nephrectomy (Figure 27–4) make pain management a challenge. Costal blocks, patient-controlled analgesia (PCA), or routine analgesic administration can effectively relieve the discomfort. Nursing care focuses on assessing pain relief, providing supportive measures to enhance analgesia, and ensuring that pain or the fear of pain does not lead to respiratory complications.

- Assess frequently for adequate pain relief. Use a standard pain scale and nonverbal signs such as grimacing, tense body position, apparent dozing, elevated pulse, change of blood pressure, or rapid, shallow respirations. Notify the physician of inadequate pain relief. The client may assume that pain is to be expected or may fear becoming addicted to analgesics. Careful questioning and assessment allow effective pain management. Responses to analgesics are individual, and the prescribed dose may need to be adjusted.
- Assess the incision for inflammation or swelling and drainage catheters and tubes for patency. An obstructed catheter can lead to hydronephrosis, hematoma, or abscess, increasing incisional pain.

PRACTICE ALERT • Assess for abdominal distention, tenderness, and bowel sounds. Intra-abdominal bleeding, peritonitis, or paralytic ileus can cause pain that may be confused with incisional pain.