

Patient information

Laparoscopic Live Donor Nephrectomy

Renal Transplant

The standard operation for removing a kidney was always performed through a cut (incision) in the abdomen involving the removal of a rib. However, we now remove kidneys safely through smaller cuts, reducing the amount of postoperative pain and improving recovery rates. This is known as a laparoscopic assisted procedure.

What is a laparoscopically assisted procedure?

The laparoscopic operation is often described as 'keyhole surgery' as it is performed through very small cuts using special narrow equipment. Another cut, called a retrieval cut, still has to be made to remove the kidney. This cut is made in the pubic or lower abdomen area and is about eight centimetres (three and a quarter inches) long.

This site is chosen as these incisions cause less pain. The laparoscopic operation can take between one and two hours longer than conventional open surgery.

How do the two operations compare?

Both procedures have advantages and disadvantages. The advantages of the open operation are that it is quicker, it gives the surgeons direct access to the large blood vessels of the kidney and this can add an element of safety in the rare event of serious bleeding (haemorrhage).

The disadvantages are that it leaves a visible scar on the upper abdomen and the incision in the muscle may be painful and lead to a longer recovery time.

The advantages of the laparoscopic surgery are that it gives a better cosmetic result with only a small number of visible small stab-like cuts and a retrieval cut in the lower abdomen.

The disadvantage is that the surgery takes longer.

What will happen if there is a problem during surgery?

In some cases, an operation started laparoscopically needs to be converted to an open operation. This would only be necessary in the event of a serious haemorrhage or if there were safety concerns for nearby organs. For major laparoscopic operations on our Unit the conversion risk is 0.5%.

What are the risks for me?

All surgery carries risks, no matter how small. Donor nephrectomies are only performed on people who are in good health and have undergone a rigorous assessment process to reduce these risks, but they cannot be removed completely.

The most common risks associated with a nephrectomy are usually fairly minor and can be treated, such as urinary tract and chest infections.

More serious complications such as bleeding that requires a blood transfusion, injury to other organs and bowel occur in approximately 2% of donors and are dealt with quickly.

Rarely, one in 3000 donors die as a result of the operation. The most common causes of death are pulmonary embolism (blood clot in the lung) or heart attack.

The risks of laparoscopic surgery are similar to those of open donor nephrectomy with the potential risk of long-term bowel obstruction, which is associated with any major abdominal surgery.

Is this a new procedure for the transplant surgeon?

The transplant surgeon who is an expert surgeon in the field of laparoscopic donor nephrectomy will carry out the surgery. This procedure has been offered to patients for many years. The surgeon's technique and patient recovery will be continually monitored and audited to ensure the safety and success of the procedure.

What will happen if I decide not to have this procedure?

If you decide you do not want your kidney removed using laparoscopic surgery you can choose to have the open surgery.

What if I have further questions about this procedure?

The transplant surgeon or the living donor co-ordinator will be able to answer any questions you may have. Please feel free to ask any questions.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you need any further information please contact

Living Donor Transplant Coordinators

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Text phone number: 18001 0151 706 4725/5880

Website: NHS Blood and Transplant – Living Donation ‘Could I be a living kidney donor’.

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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