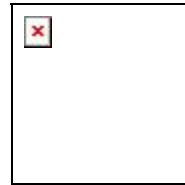


Retroperitoneal Lymphadenectomy / RPLND Care Guide: What to Expect



UHN

	Out Patient Preparation
1. Pre Admission Visit	<ul style="list-style-type: none">• The Preadmission Department is located on the Ground Floor, Eaton Wing, Toronto General Hospital at 200 Elizabeth St.• Please bring someone with you to your appointment.• Make sure that you bring your health card with you and any other insurance cards. You will need the policy number of your extended health insurance if you have any.• If you had any previous tests or have seen a specialist (for example a medical oncologist) please bring copies of the reports with you.• The admitting clerk will register you.• Blood work including tumor markers are done.• ECG and CXR if ordered will be done.• Pulmonary Function Test if you had the chemotherapy Bleomycin before.• The nurse will enter your health history information in the computer.• The nurse in pre admission will give you an in depth assessment to help us manage your stay safely and effectively.• You will have an appointment with the anesthetist if you had Bleomycin before surgery or have had previous health issues or conditions your surgeon may want reviewed before your surgery.

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	Out Patient Preparation
2. Teaching	<ul style="list-style-type: none"> • Before your surgery, nurses will go over information about your surgery with instructions to follow at home. • Plans are discussed about your return home after surgery. • Information regarding the bowel preparation with the laxative, will be reviewed with you • Pre-op teaching including post-op activity, foley catheter, PIV, CL, possible NG tube, DB&C, incentive spirometry and leg exercises. • No heavy lifting after surgery. Nothing greater than 5kg/10 lbs for 6 weeks. • You will meet the Urology clinical co-ordinator who will review specific information regarding the surgery. This may include: <ul style="list-style-type: none"> ○ Possibility of DVT Deep Vein Thrombosis (blood clots) ○ Possibility of blood loss and transfusion ○ Ensure sperm banking before surgery ○ Return to work recommendations vary by individual ○ Pain management options for after your surgery (e.g. Epidural or PCA) ○ Process of follow up appointments and what to expect
3. Day of Surgery	<ul style="list-style-type: none"> • Arrive 2 hours before your scheduled surgery time at the Surgical Admission unit 2nd floor NCSB • Prepare for surgery • Surgery • Wake up in Post Anesthetic Care Unit / Recovery room • Return to nursing unit 6A West <p>Your Surgeon and his surgical team will follow your progress everyday while you are in hospital.</p>

Recovery and Follow-up	In Patient and Follow-Up
<p>4. Return to Nursing Unit 6A West</p>	<ul style="list-style-type: none"> • You will have a peripheral intravenous (PIV) for 2-3 days until you are drinking well. Then it will be discontinued. • You may have central line (CL) for 2-3 days. • You may have a nasogastric tube (NG) for 1-2 days. • You will have a foley catheter for 24 hours. <p>Nurses will monitor and assess you on a regular basis. They will:</p> <ul style="list-style-type: none"> • Encourage deep breathing and coughing exercises and use of incentive spirometry every hour while you are awake. • Encourage range of motion exercises to keep circulation moving in your legs. • Check your pulse and blood pressure on a regular basis. • Monitor your urine flow. • Check your incision. • Reinforce teaching everyday.
Recovery and Follow-up	In Patient and Follow-Up
<p>5. Post op: Days 1 - 5</p>	<ul style="list-style-type: none"> • The first day after your operation, you may be allowed to take sips of water. Your diet is advanced to clear fluids when you are passing gas. If you tolerate well, your diet will be increased to a regular diet on the 3rd or 4th day. • The nurse will help you walk on the morning after surgery. This is very important as it helps to clear your lungs and increases circulation. Gradually you will progress to walking by yourself. • You will have blood work done for 3 days. • PIV and CL will be removed when you are drinking well (usually 2-3 days after surgery). • Your EPIDURAL / PCA will be stopped when you are drinking well and passing gas after surgery. You will be ordered pain medication that may be taken by mouth. • You will be started on stool softeners when you are eating and drinking. • Your incision is left open to air on the second day after your operation.

Recovery and Follow-up	In Patient and Follow-Up
6. Discharge Planning	<ul style="list-style-type: none"> • Discharge teaching checklist will be reviewed with you before you leave the hospital, including: <ul style="list-style-type: none"> ○ Incision care: wash with mild soap and water. Pat dry. Do NOT use creams or lotions on incision. ○ Lifting and straining limitations. No heavy lifting after surgery -- nothing greater than 5kg or 10 lbs for 6 weeks ○ Reinforce signs and symptoms of infection ○ Reinforce signs and symptoms of DVT (blood clots) ○ Your activity progression to regular walking (2-3 walks outside daily or you may use treadmill) ○ Your feeling of fatigue improves ○ Return to your regular diet at home (smaller, more frequent meals at first) ○ Follow up in 1 month at PMH Testes clinic ○ Prescriptions and follow up appointment will be given to you
Follow-up Appointment	
Princess Margaret Hospital	<ul style="list-style-type: none"> • Follow up appointment on the 4th Floor, PMH Testes Clinic • Your Pathology results will be reviewed with you during this appointment