

# RPLND

## Retroperitoneal Lymph Node Dissection

### **For patients with testicular cancer who are having surgery**

Read this brochure to learn more about:

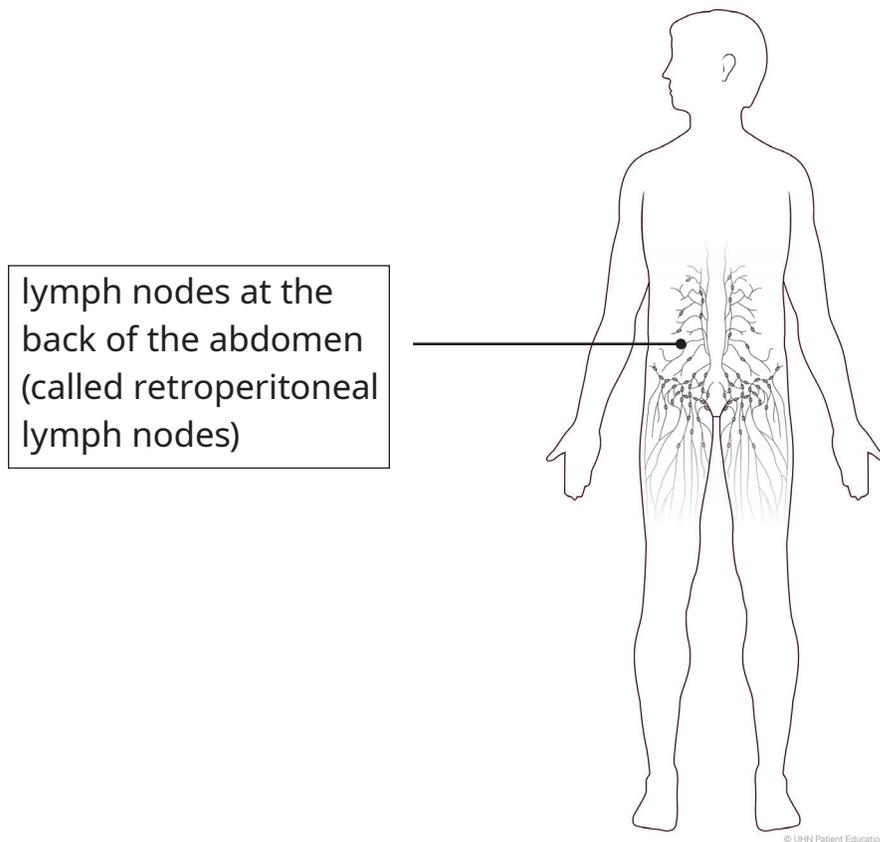
- What to expect before, during and after surgery
- How to take care of yourself at home
- Problems to watch for
- Who to contact in case of emergency



## What is RPLND?

RPLND is a surgery to remove the lymph nodes from the back of the abdomen (belly). The surgeon usually does this by making a cut from the belly button to the sternum.

The surgeon is careful to prevent nerve damage and side effects linked to fertility issues.



## Why am I having this surgery?

You may have RPLND to treat testicular cancer, or another type of cancer that has spread to the lymph nodes in the back of the abdomen.

## Getting ready for surgery

### What happens before surgery?

- You will have a virtual visit scheduled for your Pre-Admission appointment. This means you do not come to the hospital to meet in person. Instead, you speak with your health care team using a regular phone or smartphone.
- We test your blood, do an ECG (a record of your heart's electrical activity) or maybe a chest x-ray.
- You might speak with an anesthetist during the Pre-Admission appointment. You might also speak with a medical doctor depending on your medical history.
- You speak with the Urology Clinical coordinator who works with the urologists and can answer most of your questions about the surgery.

**Important: Tell the health care team if you had Bleomycin.** Patients who had a chemotherapy with a drug like Bleomycin need to have Pulmonary Function tests before surgery to show us how well the lungs are working. (Please consider wearing a MedicAlert bracelet if you received Bleomycin in case of emergency.)

If you would like to discuss **sperm banking** before your surgery, please ask your doctor or nurse coordinator if you have questions.

Or contact:

**Mount Sinai Centre for Fertility and Reproductive Health**

250 Dundas Street West – 7th floor, Toronto ON Phone: 416 586 4748

## What to do the day before my surgery

- Drink only clear fluids, such as apple, grape or cranberry juice, ginger ale, Popsicles, Jell-o, clear broth or tea without milk.
- Drink 1 high-fat shake at 6:00 pm. The fat in the shake is absorbed through your lymphatic system and will help your doctor see your vessels. You can make your shake at home or buy a take-out option.
- Give yourself a fleet enema the evening before your surgery. You can buy it at any pharmacy.
- Do not eat or drink anything after midnight the night before the surgery.** Your stomach has to be empty. Do not chew gum or eat candy.

## How do I make my own high-fat shake?

Blend:

- 1½ cups ice cream\* (16–21 grams fat)
- ½ cup whole milk (4 grams fat)
- 2 tbsp whipped cream or blend in 2 tbsp of coffee cream (18% M.F.) (5–10 grams fat)

You may use lactose-free versions of any of the above products listed above.

**Important:** \*Do not use ice cream that contains any solids like nuts or fruit pieces.

## Dairy-free options for a high-fat shake

Blend:

- 1½ cups dairy-free ice cream\* (26–45 grams fat)
- ½ cup soy milk (2 grams fat)
- 2 tbsp non-dairy creamer (2 grams fat)

**Important:** \*Do not use ice cream that contains any solids like nuts or fruit pieces. Do not use coconut-based ice cream. More than half the fat in coconut is not absorbed in the lymphatic system.

Some dairy-free examples of ice cream are:

- So Delicious Creamy Chocolate Cashew
- Breyers Non-dairy Vanilla Peanut Butter

OR

Blend:

- 1½ cups almond milk (4 grams of fat)
- 2 tbsp avocado oil (or other neutral flavoured oil except coconut oil) (28 grams fat)
- chocolate or other flavoured syrup to taste
- 2 ice cubes

### **High-fat shakes you can buy**

- McDonald's large triple thick milkshake (26 grams fat)
- Dairy Queen large milkshake (27-72 grams fat)

**Important:** Talk to your doctor before having your high-fat shake if you have any of these conditions:

- gastroparesis
- pancreatic insufficiency (taking pancreatic enzymes) or fat malabsorption
- difficulty digesting high-fat foods

## What to do the morning of my surgery

Arrive **2 hours** before your scheduled surgery.  
Toronto General Hospital, 200 Elizabeth Street  
Surgical Admission Unit (SAU)  
Peter Munk Building – 2nd Floor

A nurse prepares you for surgery. We give you an intravenous (IV) line. This is a small needle that we put in a vein in your arm. We use it to give you fluids, antibiotics and pain medicine.

## What to expect after the surgery

You will wake up in the Post-Anesthetic Care Unit (PACU). Once you are stable, we move you back to the Nursing Unit.

You may be attached to some or all of these tubes when you wake up:

- **IV.** To give you fluids and medicines.



- **Nasogastric tube (NG tube).**

A tube that goes from your nose into your stomach. It drains fluid from your stomach so that you don't get bloated or feel nausea. The tube usually stays in for 2 to 4 days. We take it out when you can pass gas.



- **Catheter.** This tube goes up the penis into your bladder to drain urine. We usually take it out 1 or 2 days after your surgery.



- **Central venous pressure.** Like an IV line but it goes into a vein in your neck. We take it out while you are still in the recovery room or on the day after your surgery when you are in the Nursing Unit.



## **How will I feel?**

- It's normal to feel discomfort after your surgery. You will have a large incision (surgical cut) on your belly. To relieve the pain we give you Patient Controlled Analgesia (PCA), which is a pump that you control yourself, or an epidural.
- The pain medicine can make you feel nauseous. We will give you medicine for the nausea. You may also feel itchy. We can give you medicine to ease the itchiness.
- A few days after your surgery you will probably start to have gas pain. The best thing to do is walk to relieve the pain.

## **How do I take care of myself after surgery?**

- Start your deep breathing and coughing exercises as soon as you wake up.
- Start incentive spirometry. We will teach you how to do this exercise.
- Wiggle your toes while you are in bed. This helps the blood to flow through your legs.
- Your doctor or nurse will tell you when you can start drinking and eating.
- On the day after your surgery, try to sit up and walk. Your nurse will help you.
- Take showers instead of baths. A nurse will help you shower while you are in hospital.

## **How long you will I stay in the hospital?**

You can usually leave the hospital 5 to 7 days after your surgery.

## Recovery after your hospital stay

### How do I take care of myself at home?

- Eat smaller amounts of food for the first few weeks after your surgery. Eat more often during the day. Eating big meals will make you feel bloated.
- You can go back to your everyday activities when you feel ready. If you are getting tired easily, listen to your body and don't push yourself.
- **For the 6 weeks after your surgery**, don't lift anything heavier than 5 kilograms (10 pounds). For example, don't lift heavy grocery bags, pets or small children.

### What if I am constipated?

To prevent constipation:

- eat foods that are high in fibre such as bran, fruit and vegetables
- drink lots of fluids. Drink about 8 glasses of water a day (each glass should be 8 ounces)

If needed you can buy a mild laxative at a pharmacy without a prescription, such as Metamucil, Prodiem or Milk of Magnesia.

### Call the 6A West Nursing Unit if you have:

- A fever (temperature higher than 38 °C or 101 °F) and/or you feel chills
- Redness or pain at your incision site



**Go to the nearest emergency department if you have pain, redness or swelling in your calf or leg.**

## When is my follow-up visit?

You will speak with your doctor 1 month after your surgery. Your appointment will be at the Princess Margaret Hospital Testes Clinic. Please make sure you have your tumour markers done before this appointment.

People with testicular cancer need regular follow-up visits with their doctor. Your doctor will talk to you about this.

### How to contact us:

Dr. Hamilton	416 946 2909
10 ES Nursing Unit	416 340 3521
Clinical Coordinator, Leah Jamnicky	416 340 4666

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