

Retroperitoneal Lymphadenectomy / RPLND Care Guide: What to Expect

	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 you bring your health card (OHIP) 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 (such as a medical oncologist), please bring copies of the reports with you. • The admitting clerk will register you. • Blood tests including tumour markers are done. • ECG and CXR will be done, if ordered. • 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. • You will have an appointment with the anesthetist if you had Bleomycin before surgery or have had health issues or conditions your surgeon may want reviewed before your surgery.



	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. • We will talk about your return home after surgery. • We will review information about the bowel preparation with the laxative. • Pre-op teaching will include activity after surgery, Foley catheter, PIV, CL, possible NG tube, DB&C, incentive spirometry and leg exercises. • No heavy lifting after surgery. Do not lift anything heavier than 5kg (10 lbs) for 6 weeks. • You will meet the Urology clinical co-ordinator who will review information about the surgery. This may include: <ul style="list-style-type: none"> ▪ Possible DVT Deep Vein Thrombosis (blood clots) ▪ Possible blood loss and transfusion ▪ Ensure sperm banking before surgery ▪ Return to work recommendations (different for everyone) ▪ Options to manage pain after your surgery (for example, epidural or PCA) ▪ Process for 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, Peter Munk Building – 2nd floor • Prepare for surgery • Surgery • Wake up in Post-Anesthetic Care Unit / Recovery room • Return to nursing unit 6A West <p>Your surgeon and the surgical team will follow your progress every day while you are in hospital.</p>

Recovery and Follow-up	In Patient and Follow-Up
4. Return to Nursing Unit 6A West	<ul style="list-style-type: none"> • You will have a peripheral intravenous for 2-3 days until you are drinking well. Then it will be discontinued. • You may have central line 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 regularly. They will:</p> <ul style="list-style-type: none"> • Encourage you to do deep breathing and coughing exercises and use of incentive spirometry every hour while you are awake. • Encourage you to do range of motion exercises to keep the blood flowing in your legs. • Check your pulse and blood pressure. • Monitor your urine flow. • Check your incision (surgical cut). • Reinforce teaching everyday.
Recovery and Follow-up	In Patient and Follow-Up
5. Post op: Days 1 - 5	<ul style="list-style-type: none"> • The first day after your surgery you may be allowed to take sips of water. You will be able to have clear fluids when you are passing gas. If you tolerate well, you will be able to have a regular diet on the 3rd or 4th day after your surgery. • The nurse will help you walk on the morning after surgery. This is very important as it helps to clear your lungs and increases blood flow. Gradually you will start to walk by yourself. • You will have blood tests done for 3 days. • The peripheral intravenous and central line will be removed when you are drinking well (usually 2-3 days after surgery). • Your epidural or PCA will be stopped when you are drinking well and passing gas after surgery. We will give you a prescription for pain medication that you can take as a pill. • You will be started on stool softeners when you are eating and drinking. • Your incision is left open to air on the 2nd day after your surgery.

Recovery and Follow-up	In Patient and Follow-Up
6. Discharge Planning	<ul style="list-style-type: none"> • The 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) ▪ How your activity will progress to walking (2 to 3 walks outside daily or you may use treadmill) ▪ When to expect less fatigue ▪ Having your usual meals at home (smaller, more frequent meals at first) ▪ Follow-up appointment in 1 month at Princess Margaret 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, Princess Margaret Testes Clinic • Your pathology test results will be reviewed with you during this appointment

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