Open de-roofing of simple renal cyst (Røvsing’s operation): procedure-specific information

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?
Surgical removal of one or more kidney cysts by open surgery; this is only indicated after earlier cyst aspiration has confirmed that the cyst is responsible for pain.

What are the alternatives to this procedure?
Percutaneous aspiration, aspiration & sclerotherapy, laparoscopic de-roofing, observation.

What should I expect before the procedure?
You will usually be admitted on the same day as your surgery. A pre-clerking appointment will normally be sent to you to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.
You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be given an injection under the skin of a drug (Clexane), that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins. Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

What happens during the procedure?
Normal, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which improves or minimises pain post-operatively.

You will usually be given an injectable antibiotic before the procedure after checking for any drug allergies.

The incision is usually made in your loin, just below the rib cage. The kidney is mobilised and the cyst identified. The top of the cyst is removed (like taking the top off a soft-boiled egg); the inner and outer walls are stitched together to prevent the cyst from re-forming.

Occasionally, a plug of fat from the fatty envelope within your abdomen (the omentum) is used to plug the centre of the cyst and prevent fluid from re-forming.

A wound drain is usually inserted at the end of the procedure, together with a bladder catheter to monitor urine output.

What happens immediately after the procedure?
Absorbable stitches are usually used and do not require removal; If the stitches used are not absorbable, we will arrange for them to be removed either on the ward or by your District Nurse after 7-10 days.

The catheter is normally removed once you are mobile enough to get yourself to the toilet. The drain is removed after 3-4 days.
The average hospital stay is 7 days.

**Are there any side-effects?**

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

**Common (greater than 1 in 10)**
- Temporary insertion of a bladder catheter and wound drain
- Bulging of the wound due to damage to the nerves serving the abdominal wall muscles

**Occasional (between 1 in 10 and 1 in 50)**
- Bleeding requiring further surgery or transfusions
- Entry into the lung cavity requiring insertion of a temporary drainage tube
- Development of further cysts requiring additional surgery at a later date
- Failure to relieve the symptoms of loin pain

**Rare (less than 1 in 50)**
- Involvement or injury to nearby local structures – blood vessels, spleen, liver, lung, pancreas and bowel, requiring more extensive surgery
- Infection, pain or hernia of the incision requiring further treatment
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)

**Hospital-acquired infection (overall risk for Addenbrooke’s)**
- Colonisation with MRSA (0.02%, 1 in 5,000)
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- MRSA bloodstream infection (0.01%; 1 in 10,000)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

**What should I expect when I get home?**

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.
It will be at least 14 days before healing of the wound occurs but it may take up to 6 weeks before you feel fully recovered from the surgery. You may return to work when you are comfortable enough and your GP is satisfied with your progress.

Many patients have persistent twinges of discomfort in the loin wound which can go on for several months.

After surgery through the loin, the wall of the abdomen around the scar will bulge due to nerve damage. This is not a hernia but can be helped by strengthening up the muscles of the abdominal wall by exercises.

**What else should I look out for?**

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

Any other post-operative problems should also be reported to your GP, especially if they involve chest symptoms.

**Are there any other important points?**

A follow-up outpatient appointment will normally be arranged for you 6-12 weeks after the operation.

At a later stage, a further ultrasound scan may be arranged to determine whether any new cysts have developed.

**Driving after surgery**

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

**Is there any research being carried out in this field at Addenbrooke’s Hospital?**

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

**Who can I contact for more help or information?**

**Oncology Nurses**

- Uro-Oncology Nurse Specialist
  01223 586748
- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)
  01223 274608
• Prostate cancer Nurse Practitioner
  01223 247608 or 216897 or bleep 154-548
• Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-134

**Non-Oncology Nurses**
• Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748
• Urology Nurse Practitioner (stoma care)
  01223 349800

**Patient Advice & Liaison Centre (PALS)**
• Telephone
  +44 (0)1223 216756 or 257257
  +44 (0)1223 274432 or 274431
• PatientLine
  *801 (from patient bedside telephones only)
• E mail
  pals@addenbrookes.nhs.uk
• Mail
  PALS, Box No 53
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ

**Chaplaincy and Multi-Faith Community**
• Telephone
  +44 (0)1223 217769
• E mail
  derek.fraser@addenbrookes.nhs.uk
• Mail
  The Chaplaincy, Box No 105
  Addenbrooke's Hospital
  Hills Road, Cambridge, CB2 2QQ

**MINICOM System ("type" system for the hard of hearing)**
• Telephone
  +44 (0)1223 274604

**Access Office (travel, parking & security information)**
• Telephone
  +44 (0)1223 586969

**What should I do with this form?**
Thank you for taking the trouble to read this information sheet. If you wish to
sign it and retain a copy for your own records, please do so below.
If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this information sheet and I accept the information it provides.

Signature..................................................Date...........................................

How can I get information in alternative formats?

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish        Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Portuguese   Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Russian      Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Cantonese    若你需要此信息的其他语言版本、大字体版或音頻格式，请致电 01223 216032 或發郵件到：patient.information@addenbrookes.nhs.uk

Turkish      Bu bilgisi diğer dillerde veya büyük baskıya da sesli formatta istserseniz lütfen su numaradan kontakt kurun: 01223 216032 veya asagidaki adres e-posta gönderin: patient.information@addenbrookes.nhs.uk

Bengali      এই তথ্য বাংলায়, বড় ফোনের বা অডিও টুপি পেতে চাইলে দরকার হলে 01223 216032 নম্বরে কোন  করুন বা patient.information@addenbrookes.nhs.uk লিখনায় ই-মেইল করুন।
Addenbrooke’s is smoke-free. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169

Document history
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