



PROFESSOR

**Nathan
Lawrentschuk**

MBBS FRACS FUSANZ PhD

UROLOGIST UROLOGIC ONCOLOGIST ROBOTIC SURGEON

Suite 118, 1st Floor, 55 Flemington Road, North Melbourne

www.nathanlawrentschuk.com.au

info@nathanlawrentschuk.com.au

(03) 9329 1197

Robotic Assisted Partial/Radical Nephrectomy

A **Robotic Assisted Radical or Partial Nephrectomy** is a surgical procedure performed to remove all or part of a kidney, most commonly with the goal of eliminating cancer. If successful, it can offer a curative outcome.

Prof Lawrentschuk performs this surgery using the **da Vinci robotic system**, which provides enhanced precision, visual clarity, and control. It is important to note that the robotic system does not operate autonomously; all movements are directed entirely by Professor Lawrentschuk from a console.

Before surgery

You will be contacted 1–2 weeks prior to your scheduled procedure with specific fasting instructions and hospital admission details. You will also receive a link to complete your online admission forms.

It is important to advise the rooms if you are taking any **blood thinners** or any prescribed medications for **diabetes or weight loss purposes**. The rooms can be contacted on (03) 9329 1197.

Following surgery

Hospital stay

You will be admitted on the day of your surgery, with a typical hospital stay lasting 2–3 nights. Post-operatively, you may have:

- A urinary catheter, removed within 24–48 hours
- A small wound drain, also removed within 24–48 hours

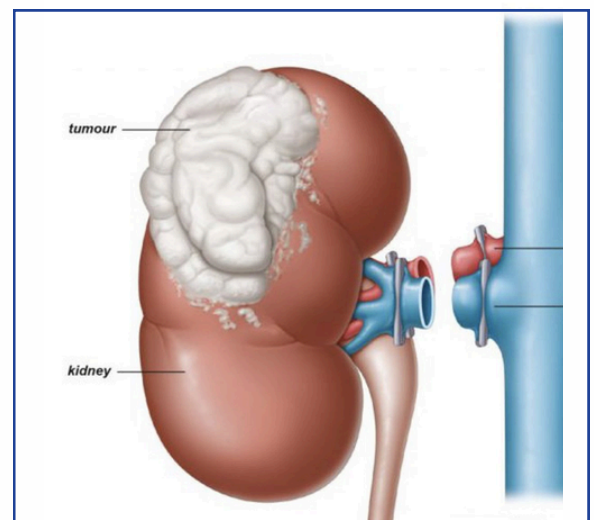
You will be encouraged to drink fluids and mobilise early to reduce the risk of blood clots.

Recovering at home

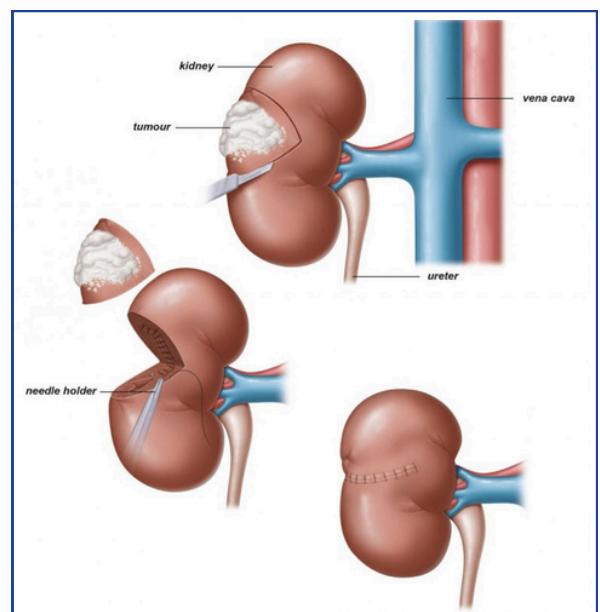
Once at home, you may experience mild discomfort from the small incisions made. However, this can be managed with simple painkillers.

Please note:

- Wounds are closed with absorbable sutures (no removal required)
- Full recovery is expected within 10–14 days, with return to normal activities in 2–4 weeks



Radical nephrectomy.



Partial nephrectomy.

Possible side effects

Common (>10%)

- Temporary shoulder tip pain or bloating from gas
- Temporary catheter and wound drain placement

Occasional (2–10%)

- Bleeding, infection, hernia, or pain at incision sites
- Need for conversion to open surgery or blood transfusion
- Urine leak requiring a stent

Rare (<2%)

- Fluid or air entering lung cavity
- Injury to surrounding organs (spleen, liver, bowel, blood vessels, pancreas)
- Anaesthetic or cardiovascular complications (DVT, heart attack, stroke)
- Requirement for dialysis if kidney function deteriorates
- Pathology may reveal non-cancerous results

What are some alternative treatments?

The **appropriate treatment** for kidney cancer depends on tumour location, size, your age, and overall health. Alternative treatments may include:

- Open (non-robotic) surgery
- Observation or active surveillance
- Radiofrequency ablation (thermal destruction of tumour)
- Embolisation (blocking blood supply to the tumour)
- Chemotherapy or immunotherapy (typically for advanced disease)
- Radiation therapy

Prof Lawrentschuk will assist you in selecting the most suitable option based on your clinical circumstances.

When to seek help

Please contact **Professor Lawrentschuk's rooms** at (03) 9329 1197 or attend your nearest **Emergency Department** if you experience:

- High fever, chills, or shaking
- Increased pain, redness, throbbing or discharge at the wound site

Follow-up and monitoring

A follow-up appointment will be scheduled **2–3 weeks** post-surgery to:

- Review your recovery
- Discuss histopathology results of the removed tissue

Pathology results are typically available within 10–14 days. In some cases, your results may be reviewed in a **multidisciplinary team meeting** to determine the most effective next steps. If this occurs, you will be notified and kept informed of the team's recommendations.

Following this appointment, you will be requested to complete bloods and scans to be reviewed in 6 months time.