



PCNL Pre- and Post- Operative Instructions

Percutaneous Nephrolithotomy or Nephrolithotripsy (PCNL) are treatments for large or irregularly shaped kidney stones or kidney stones that have not responded to other treatment modalities.

PREPARATION FOR DAY OF SURGERY:

- Review Anesthesia Guidelines given to you at last office visit. Strictly adhere to those instructions otherwise your surgery could be cancelled.
- The hospital *may* provide a specific soap to use for pre-operative cleaning/showering.
- Wear loose-fitting clothing.

WHAT TO EXPECT DURING THE PROCEDURE:

You will arrive several hours prior to your actual surgery to undergo a bedside procedure with interventional radiology that provides the surgeon access to the stone during the surgery. This is done with numbing medications and light sedation. It involves image-guided placement of a small needle through your back/flank. A small tube is then inserted and left in place until surgery.

During the PCNL, you will be completely asleep through the use of anesthesia (unconsciousness induced by drugs). An anesthesiologist will monitor your vital signs throughout the entire surgery. The tract established by radiology is dilated in order to accommodate the surgical instruments. During the surgery, your stone(s) are located and then broken into fragments. The larger fragments are removed, and the smaller pieces are left to pass in the urine. Stones collected during surgery are typically sent for analysis. Those results will take 5-7 business days to result. A catheter is left within the tract in your back/flank and covered with bandages to allow for healing. A stent, or hollow tube, may be placed within your ureter to keep it open allowing for passage of fragments post operatively. Occasionally, not all stones can be accessed and may require additional surgeries in the future.

WHAT TO EXPECT AFTER THE PROCEDURE:

Admission

You will spend approximately 1-4 nights in the hospital. The catheter coming out of your side will typically be removed prior to discharge. In a few instances, the tube may be left in place. You will be given instructions regarding the tube if this is the case.

Diet

You may return to your normal diet after surgery. Mild nausea and possibly vomiting may occur in the first 6-8 hours following surgery. This is usually due to the side effects of anesthesia and will resolve soon. We suggest clear liquids and a light meal the first evening following surgery.

Activity

After discharge, no strenuous activity for 2 weeks. Otherwise, do not lift more than 15 lbs. and do not swim for 3 weeks after surgery.

Wound

Keep incision clean and dry. Do not cover tightly with bandages. Until the wound completely closes, you may note some clear fluid draining from the site for a few days. This is normal. You may place gauze pads loosely over the wound to protect clothing.

Hygiene

You may shower immediately after surgery, but do not bathe or submerge the incision in water for 3 weeks post-operatively.

Medications

In most cases, you will be sent home with a prescription pain pill. If the pain medication you are sent home with does not control the pain when being used as directed on bottle, call your doctor. While taking prescription pain medication, it is recommended you also take a stool softener such as Docusate Sodium (Colace, Dulcolax) to counteract the constipating effects of the pain medication.

If the pain mild, you may take over-the-counter Tylenol (acetaminophen). Avoid Non-Steroidal Anti-Inflammatories (NSAIDs) such as Aspirin, Ibuprofen, Naproxen, Advil, Aleve, and Motrin, for 72 hours after surgery because they may cause bleeding.

Stent (if applicable)

If you are sent home with a ureteral stent, it may cause UTI-like symptoms including burning with urination, flank pain that is worse with voiding, frequency, urgency, and rust-colored urine. This is normal and all symptoms will resolve within a few days of stent removal.

Problems to Report

- Fever of 101 degrees Fahrenheit or higher.
- Pain not managed with prescription pain medication despite using it as directed on bottle.
- Clots in the urine that are the size of a quarter or larger
- Redness around incision site that is spreading or getting larger
- Discolored or foul-smelling discharge (pus) from wound site
- Difficulty urinating after surgery.
- Drug reactions such as a rash or vomiting. If difficulty with breathing occurs, go directly to the ER.

Follow-Up

Our office should call you within one business day to set up your first follow-up appointment.

Contact Information

If you need to contact Alaska Urology for post-operatively concerns, please contact the clinic you visited (Anchorage: 563-3103, Palmer: 745-9300). If you symptoms are severe and/or very concerning, ask to speak with nurse triage. If symptoms are mild to moderate or of low concern, ask to speak with your doctor's assistant.