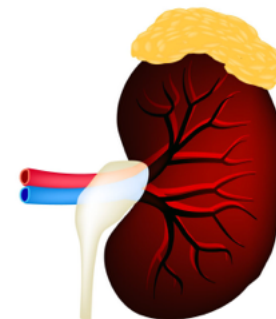


Hammersmith Endocrine & Thyroid —Surgery—

Professor Fausto Palazzo
Miss. Aimee Di Marco

Post-Operative Instructions Adrenalectomy



If you have any queries or problems following your adrenal surgery, you may contact the ward by 'phone, your surgical team via their secretary or speak to your GP

**Prof Palazzo & Miss Di Marco's secretary,
Annemarie:**

020 3313 8542

Adrenalectomy (removal of the adrenal gland) is usually performed via keyhole surgery. Keyhole surgery may be performed in two ways: via the front – ‘laparoscopic adrenalectomy’ or via the back – ‘retroperitoneoscopic adrenalectomy’. However, in some cases, the traditional approach of ‘open’ surgery via an incision in the abdomen is necessary.

Your surgical team will discuss the best approach for your individual case.

1. Laparoscopic adrenalectomy (keyhole via the front of the abdomen) involves three or four small incisions to allow a keyhole camera and surgical instruments to work inside the abdomen.

2. Retroperitoneoscopic adrenalectomy (keyhole via the back of the abdomen) also involves three small incisions to allow a keyhole camera and surgical instruments to directly access the back of the abdomen where the adrenal gland is located.

3. Open adrenalectomy is required for tumours which are too large for either keyhole approach or are suspected to be growing into other organs. Occasionally an open adrenalectomy is required when keyhole surgery cannot be completed satisfactorily. The open operation is performed with an incision below the ribcage on one side or vertically down the centre of the abdomen.

Your operation will be performed under a general anaesthetic and the speed of your recovery will depend on:

- Whether you have keyhole or open surgery: Patients who have had keyhole surgery spend 1 night in hospital on average, whereas after open surgery the average is 5 nights.
- The type of tumour that is removed: If your tumour is over-producing hormones, you may need supplements and this can impact upon when you are discharged home.
- Your fitness prior to surgery: Patients who are fit and active before surgery recover more quickly.

The following information is therefore intended as a guide and should be interpreted according to your individual circumstances.

1st post-operative day/night. It is normal to experience some pain/discomfort, but these will be controlled with painkillers. After laparoscopic/retroperitoneoscopic adrenalectomy pain is usually controlled with tablets taken by mouth whereas after an open adrenalectomy, when the pain may be more significant, an epidural (injection to numb the spinal nerves) or push-button intravenous painkiller (‘patient-controlled analgesia’) may be given. Your anaesthetist will speak to you about this prior to surgery. Specific to laparoscopic surgery is temporary shoulder tip pain. Specific to retroperitoneoscopic surgery is tummy numbness that tends to resolve in time. In certain circumstances, a bladder catheter and/or wound drain, inserted during the operation, will remain in place for a day or two.

The nurses will check on you regularly – please report any concerns to them.

Diet: You will be able to drink and eat after the operation and there are no particular restrictions as long as you are not feeling sick. Most patients will be eating, drinking, and walking around the night of their surgery. Patients that have had an open adrenalectomy may need to wait until the next day or two days to eat and drink. Temporary abdominal bloating is frequently experienced after abdominal surgery and resolves within a few days to two weeks. After keyhole surgery through the back, bloating of one side of the abdomen may occur due to interruption of the nerves to the muscle. This may take longer to resolve (sometimes up to 3-6 months).

Wound care: Your wounds will be closed with dissolvable stitches and skin glue on the surface. This should be left in place for about 2 weeks. The glue is water resistant so you may shower/get it wet and then simply dab (do not rub) dry. It is normal to notice some discolouration of the glue.

After 2 weeks you can massage off the glue with the help of a moisturiser. Continue with twice daily moisturizing around the scars in small circles for a minute twice per day for a few weeks. Increase the pressure applied as you are able to tolerate.

Complications: these are uncommon and include wound infection and swelling under the wound(s) due to bleeding. The latter is more common in patients on blood-thinners. If there is also redness, it is likely you have an infection and require antibiotics. Complications within the abdomen such as injury to the bowel, spleen, liver, pancreas or kidney are also not common.

Activities: In general, overall recovery may take 2-3 weeks and for open adrenalectomies it could be longer. You should restrict vigorous activities for 4 weeks following your surgery. It is sensible to avoid heavy lifting for at least two to three weeks after the operation, since any sudden increase in abdominal pressure can cause pain in wounds (and sometimes a hernia). Exercise should be increased gradually. Start with short walks and gentle exercise.

Normal symptoms: A variety of local symptoms are common for several weeks after surgery including some tightness and swelling of the local area around the wound. Numbness of the skin above the wound may be present and may last for some months. In case of keyhole surgery from the back you may notice a swelling and strange sensation around the area of the incisions. This will resolve though it may take some time.

Medication: it is advisable to take regular paracetamol to control pain.

Adrenal insufficiency: If both adrenal glands are removed or if the remaining adrenal gland is not working properly, you may need to take steroids to replace the hormones that were previously made by your adrenal glands. A Blood test on the morning after surgery will determine whether you need an additional test to confirm the underproduction of certain adrenal hormones. These steroids may be essential for life so you should never stop them before contacting your doctor.

Patients with cortisol-producing tumors or Cushing's Syndrome will need to take steroid pills after surgery anyway. The steroid dose will slowly be decreased over time as the remaining normal adrenal gland resumes adequate function and production of steroids.

Follow-up: Generally, your follow-up will consist of An appointment with your surgical team at 2 - 3 weeks after surgery +/- A final surgical follow-up consult at 3 months. If you have had surgery for a phaeochromocytoma you will be seen and have blood tests every year, either by the surgical or endocrinology team. If you have had surgery for a cancer, you will have ongoing follow-up with your surgical team / oncologist / endocrinologist.

Queries/concerns: If you have any queries which arise after you have left hospital and need to be addressed before your follow-up appointment, you contact us via our secretary (details above), via the ward, or in an emergency, attend the emergency department (in the unusual event that this happens, please do make sure the doctors make contact with us).

We welcome feedback, positive and negative, which can be given via the same channels.