

Adrenalectomy

How to prepare and what to expect

This handout is for patients who are having adrenalectomy surgery at UW Medical Center. It explains how to prepare, what to expect, and how to plan for your recovery.

What is an adrenalectomy?

An *adrenalectomy* is surgery to remove one or both of the *adrenal glands*. This is often done when someone has an adrenal *tumor* (growth).

Your doctor can do this surgery in 1 of 2 ways:

- In *laparoscopic* surgery, your surgeon will use very tiny instruments to make 3 or more small incisions in your belly. Your belly will be filled with carbon dioxide gas (CO₂) to lift the skin away from your adrenal glands. This helps your surgeon see them clearly, using a special camera.
- In *open* surgery, an incision is made across your side below your ribs. Your doctor does the surgery through this incision.

Your doctor will talk with you about which method is best for you.

How to Prepare

- **Medicines:** For 1 week before your surgery, do **not** take aspirin or other products that affect blood clotting. Some of these are warfarin (Coumadin), clopidogrel (Plavix), ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn). Talk with your medical team if you want to keep taking low-dose (baby) aspirin.



Your surgery will be done at UW Medical Center - Montlake campus in Seattle.

- **Shaving:** Do **not** shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do **not** shave that area for 2 days (48 hours) before surgery.
- **Tests:** If you have a certain type of adrenal tumor, we may need to do blood tests, a chest X-ray, or an *electrocardiogram* (EKG) before your surgery.
- **Hospital stay:** You will stay in the hospital for:
 - 1 to 2 days after laparoscopic surgery
 - 3 to 5 days after open surgery
- **Care at home:** When you go home, you will need someone to help you do household chores for 1 to 2 weeks.
- **Coughing and deep breathing:** Your nurse will teach you coughing and deep-breathing exercises. You will need to do these exercises after surgery to help prevent lung infection (*pneumonia*).

Day Before Surgery

- **Shower:** Take a shower the night before your surgery:
 - Use the antibacterial soap your nurse gave you to wash your body. (See directions that came with the soap.)
 - Do **not** use the antibacterial soap on your face and hair. Use your own soap and shampoo on your face and hair.
 - Use clean towels to dry off, and put on clean clothes.
- **Arrival time:** A nurse will call you the day before your surgery. If your surgery is on a Monday, the nurse will call you the Friday before. If you do not hear from the nurse by 5 p.m., please call 206.598.6334.

The nurse will tell you when to come to the hospital and will remind you:

- Not to eat or drink after a certain time
- Which of your usual medicines to take or not take
- To sip only enough water to swallow your pills

Day of Surgery

At Home

- **Shower:** Take another shower the morning of your surgery. Follow the same steps as you did for your shower the night before.
- **Medicines:** Follow the instructions the nurse gave you about your medicines. Sip only enough water to swallow your pills.

At the Hospital

- **Heating blanket:** We will cover you with a heating blanket while you wait to go into surgery. This helps lower your risk of infection. Keep the blanket on, even if you feel warm.

After Surgery

You will wake up in the recovery room. You will feel sleepy. You will have:

- An **intravenous tube** (IV) in your vein. We will use this IV to give you medicine and fluids.
- **Sequential compression devices (SCDs)** on your legs. These wraps inflate from time to time to help with blood flow since you will not be as active as usual. SCDs are used to help keep blood clots from forming.

You may also have:

- An **epidural catheter** (tube) in your back to give you pain medicine. If you will have an epidural, an anesthesiologist will talk with you about it before surgery.
- A **catheter** (tube) inserted into your bladder to drain your urine.

Recovering in Your Hospital Room

Incision Care

If you have:

- **Laparoscopic surgery:** You will have 3 or more small incisions. They will be closed with stitches under the skin and covered with white tape called Steri-Strips. These stitches will dissolve on their own.

- **Open surgery:** You will have an incision across your side. Your skin will be closed with either stitches or surgical staples. Staples will be removed at your first office visit after surgery.

Pain Control

Your care team will prescribe pain pills for you to take. If needed, you may also use an epidural catheter or a pain pump (*patient-controlled analgesia*, or PCA) for pain control.

When you go home, use the pain medicine your doctor prescribed for you. It is important to take it before your pain gets very bad.

Nutrition

After surgery, you will receive fluids through your IV to keep you hydrated. You will slowly return to your regular diet.

Activity

Moving around is very important after surgery. It helps prevent pneumonia in your lungs and blood clots in your legs.

Your nurse will help you sit on the edge of your bed on the day of your surgery. The next day, you will get up and sit in a chair. You will also begin to walk. As your strength returns, your nurse will encourage you to spend more time walking.

Bowel Movements

After surgery, it may be a few days before you have a bowel movement. After you go home, your bowels may still be irregular. This is a common side effect of pain medicine.

Avoid getting constipated. Please read the handout “Constipation After Your Operation.” Ask your nurse for a copy, or you can find it online at <https://healthonline.washington.edu/node/10953>.

Self-care at Home

Shower

- You may shower every day.
- Do **not** take a bath, sit in a hot tub, or swim until your incisions are fully healed. This will take about 2 to 4 weeks.

Incision

- We want you to check your incision(s) every day. Call your doctor if you have any of the signs of infection (see page 6 of this handout).
- As you heal, there may be a thick healing ridge along your incision(s). This will soften and flatten out over the next several months.

First Follow-up Visit

At your first clinic visit after surgery, your care team will:

- Ask you about how you are doing at home.
- Ask how your appetite is and if your bowels are working OK.
- Check your incision(s) and remove your surgical staples, if you have them.
- Ask how your pain is and what pain medicines you are taking,
- Ask what activities you are doing, and when you plan to return to work.
- Review your pathology report with you.

Activity

- Walking every day will help speed your recovery. Slowly increase how far you walk.
- For the first 3 weeks you are home, avoid gardening, vacuuming, and any activity that puts stress on your belly muscles or increases your heart rate.
- You may resume sexual activity when you want to and it is comfortable. If you have any questions about this, talk with your doctor or nurse.
- If you had:
 - **Laparoscopic surgery:** Do **not** lift anything that weighs more than 10 pounds for 2 weeks after surgery. (A gallon of water weighs almost 9 pounds.)
 - **Open surgery:** Do **not** lift anything that weighs more than 10 pounds for 4 weeks after surgery. (A gallon of water weighs almost 9 pounds.)

Return to Work

How much time you take off work depends on what you do for a living. Most patients take 2 to 4 weeks off to recover after this surgery. Some patients choose to start back part-time, work shorter days, and then work more as their energy allows.

When you feel ready to return to work, talk with your medical team to make sure it is OK.

When to Call

Call your nurse or doctor if you have:

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Any sign of infection in your incision:
 - Redness
 - Increasing pain
 - Swelling
 - Drainage that smells bad
 - A change in the type or amount of drainage
 - Nausea or vomiting
- Any concerns that cannot wait until your follow-up visit

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Endocrinology Care Center at UWMC - Roosevelt: Call 206.598.6288 weekdays from 8 a.m. to 5 p.m.

Seattle Cancer Care Alliance Endocrine Surgery: Call 206.606.1160 weekdays from 8 a.m. to 5 p.m.

After hours and on weekends and holidays, call 206.598.6190 and ask to page the Surgery B Resident on call.

Or, ask to page your surgeon:
