

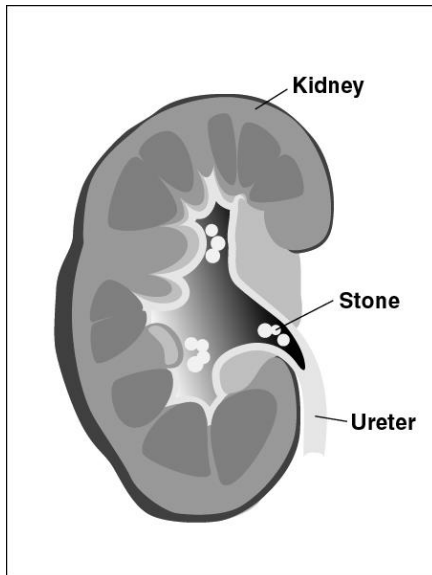
Percutaneous Nephrolithotomy (PCNL)

Percutaneous Nephrolithotomy (PCNL) is done to remove large kidney stones (greater than 2 cm), staghorn stones, or stones that are otherwise difficult to reach.

During Surgery

The doctor makes a small incision in your back. A thin wire is placed through the incision and goes into the kidney and down the ureter (urine tube that goes from the kidney to your bladder). An X-ray helps the doctor guide the wire.

A tube is then passed into the kidney to make a larger tract. A viewing scope is put into the kidney. Either laser or sound waves are used to break up the stone. The smaller pieces of stone are then removed.



A small hollow tube (nephrostomy tube) is sometimes left in the tract overnight. This tube drains urine into a bag outside of the body. If a tube is not left in, a stent is placed inside the body. The stent will stay in place for about 1 week after surgery. Sometimes the doctor needs to remove more stones during a “second look.”

You will be in the hospital for 1-4 days. Most people go home with no tubes in place.

In rare cases, you may have bleeding and need a blood transfusion. There is also a rare chance you could get a lung injury, causing a collapsed lung. This prevents your lung from expanding properly when you try to breathe in, causing shortness of breath and chest pain.

After Surgery

You may leak urine from the wound for 2-3 days. It is normal for the drainage to be slightly bloody or pink in color.

You may need gauze on the site for a few days. Keep it on for 24 hours. Remove it before taking a shower. Replace as needed.

If you have a stent (a tube from the kidney to the bladder to keep the urine flowing) you may:

- Have burning when you pass urine.
- Have a strong urge to pass urine.
- Pass urine more often.

The stent may be taken out at your follow-up clinic visit. Passing blood in your urine is common. This will clear up by drinking 8-10 (8 oz.) glasses of fluid each day.

Diet

Eat a balanced diet. Drink at least 8-10 (8 oz.) glasses of fluid daily. If you get up several times at night to pass urine, you may want to decrease your fluid intake after dinner.

Activity

- You may shower.
- Nothing strenuous until it is OK'd by your doctor.
- Climbing stairs and walking are okay.
- **No** intercourse for 1 week.
- **Do not** drive for 1 week or while taking narcotic pain medicine.
- **Do not** lift more than 10 pounds for the first 2 weeks.
- Your doctor will let you know when you can go back to work. You may need to be off for 2 weeks.

Medicine

If antibiotics are ordered, be sure to take them all. Pain pills will be ordered. Your pharmacist will instruct you on how to take them.

When to Call

- Temperature (by mouth) over 100.5° F for two readings 4 hours apart.
- Blood in your urine that does not clear when you drink 8-10 (8 oz.) glasses of fluid daily.
- Large blood clots in your urine.
- Urine from your back wound more than 3 days after you go home.
- Redness, swelling, or tenderness from the wound that is getting worse.
- Pus-like drainage.
- Decreased urine output.
- Pain not controlled by medicine.

Who to Call

If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan.

For a list of UW Health Clinics, please visit www.uwhealth.org/.