

MINIMALLY INVASIVE SURGERY · UMIBA

# Laparoscopic adrenalectomy

In the past, removing the adrenal gland required a 15 to 30 cm incision in the abdomen, flank, or back. Today, thanks to minimally invasive surgery, the procedure can be done through three or four small 1 cm incisions. Patients usually recover much faster than with open surgery and are generally discharged on the first or second postoperative day, returning to work early. Of course the results vary with each patient and their general condition. Even so, the main advantages are:

## ADVANTAGES OF THE TECHNIQUE

### Clinical rationale

Less postoperative pain. Shorter hospital stay. Quick return to usual activity. Better cosmetic results. Lower risk of hernia and incisional hernia. Surgical outcomes equivalent to those of open surgery.

The surgery is performed under general anesthesia, whether the approach is transperitoneal or retroperitoneal. Three or four cannulas (trocars) are placed below the costal margin. A laparoscope (a small camera-and-light unit) shows the internal organs through one cannula, while instruments passed through the others let the surgeon free the adrenal gland from its attachments. The whole gland usually has to be removed. It is placed in a special bag and taken out by slightly enlarging one of the incisions already made for the trocars. Once the adrenal gland is removed, all the incisions are closed.

SEE THE PROCEDURE

[umiba.org/procedures/adrenalectomy/ →](https://umiba.org/procedures/adrenalectomy/)

INQUIRIES AND APPOINTMENTS

[umiba.org/contact/ →](https://umiba.org/contact/)