

MINIMALLY INVASIVE SURGERY · UMIBA

Laparoscopic partial nephrectomy

Laparoscopic partial nephrectomy is a minimally invasive surgical technique that is progressively replacing open kidney-sparing surgery worldwide, both for benign kidney disease and for most kidney tumors.¹

ADVANTAGES OF THE TECHNIQUE

- avoiding the lumbotomy incision and its consequences
- shorter warm-ischemia times (less kidney damage)
- more precise surgery (visual magnification from the laparoscope)
- low transfusion rates
- a lower need for postoperative pain relief
- a shorter hospital stay
- early postoperative recovery and mobility
- a faster return to work
- lower hospital costs

Clinical rationale

Open partial nephrectomy is performed through large incisions, since the kidney is a retroperitoneal organ and reaching it demands them. These incisions are highly morbid: up to 50% of patients are left with a permanent deformity of the abdomen and 25% with chronic pain.²

With the advent of laparoscopy, it was found that this operation could be done by that method. The first statistics showed good effectiveness but more complications. The technique was refined years ago, and we can now state that in experienced hands and with the right indication, every point of comparison with open surgery has been surpassed.³

Worldwide today, the great majority of partial nephrectomies are performed in a minimally invasive way, either laparoscopically or with robotic assistance.

Laparoscopic partial nephrectomy offers clear advantages:

Of course, these results are not achieved unless the surgery is indicated precisely and in keeping with the operating surgeon's experience and training, which is why it is advisable to perform it at centers where laparoscopic practice is constant and the surgeons have been trained in this type of complex condition.

1. Permpongkosol S, Bagga HS, Romero FR, y cols. Trends in the operative management of renal tumors over a 14-year period. BJU Int 2006; 98:751-755. 2. Chatterjee S, Nam R, Fleshner N and Klotz L: Permanent flank bulge is a consequence of flank incision for radical nephrectomy in one half of patients. Urol Oncol 2004;22:36-39 3. Heuer R, Gill I, Guazzon G, y cols.: A Critical Analysis of the Actual Role of Minimally Invasive Surgery and Active Surveillance for Kidney Cancer. Eur Urol 57 (2010) 223-23

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