

Laparoscopic NephrectomyLaparoscopic Nephrectomy

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Renal cell carcinoma compromises approximately 3% of all adult malignancies with approximately 30,000 new cases diagnosed each year. It is more common in males with a 2:1 male-to-female ratio. With the greater use of CT, ultrasound, and MRI, over 2/3 of all renal masses are now found incidentally. Common treatment options include observation and surgical treatment with either partial or radical nephrectomy

Laparoscopic nephrectomy is emerging as a preferable alternative to open nephrectomy in appropriately selected patients. Advantages include decreased post-operative pain, decreased hospital stay, and decreased post-operative convalescence. The procedure is performed through four incisions approximately 1 centimeter in length in the abdomen. After the kidney has been mobilized and the renal hilum transected, the kidney may be removed en bloc through an additional 5-6 centimeter incision. An alternative removal method involves intracorporeal morcellation in which the kidney is essentially cut into smaller pieces within the body and eventually removed through one of the existing port sites. There is no difference between efficacy of open versus laparoscopic nephrectomy.

The patient is initiated on clear liquids on post-operative day one and is discharged on post-operative day 2 if a regular diet is tolerated and the patient is ambulating without difficulty.

In conclusion, laparoscopic nephrectomy is a safe alternative to traditional open nephrectomy in appropriately selected patients for both benign and malignant renal disease. The procedure generally results in decreased post-operative morbidity and decreased post-operative convalescence.