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A single centre experience of zero-ischaemia laparoscopic partial Nephrectomy for T1 renal tumors

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Nephron-sparing surgery is increasingly becoming the standard of care in patients with small renal tumours T1a or T1b when feasible, the preservation of renal function compared Partial nephrectomy (RN) to radical nephrectomy is full of evidence, We we performed, from January 2008 to December 2014 we treated 63 patients with small renal tumours undergoing laparoscopic partial nephrectomy (LPN) performed by a single surgeon, A Pre-operative Aspects and Dimensions Used for Anatomical classification (PADUA) score was calculated for each tumour median range 8 (6-11), we evaluated functional and oncological outcomes. Operative technique in our unit has evolved over the duration of the study, with the first 25 cases being carried out using UltraCision TM (Ethicon) The subsequent 38 cases were carried out using a LigaSure TM (Covidien), Standard operative technique in our unit involves a transperitoneal approach to the kidney for the anterior and retroperitoneal for the posterior tumors (12 cases), with the first port placed using an open Hasson technique and three further ports sited under direct vision. The renal artery and vein are ever isolated and controlled using vessel loops (in case cross clamping is required during tumour resection, its never happen). The margin of resection is then superficially marked with scissors. The tumour is excised using a Ultracision TM or LigaSure If resection of the tumour necessitates opening the renal collecting system, this is repaired with 4-0 poliglecaprone-25 sutures. There was ever placed a collagen sponge coated (TachoSil TM). There wasn't different about oncological, functional or operation time (median 185 min) – blood loss (median 215 ml) in the different techniques. We found 56 (89%) malignant tumors, 3 (5.4%) of this had positive surgical margin at histological exam, Mean serum Creatinine and eGFR were in the normal range in all patients before and after surgery. There wasn't radiological evidence of disease's recurrence.

Biography

Mario Falsaperla, Director of Urology Unit of the AOU Vittorio Emanuele Hospital of Catania, represents one of the leading Italian experts of modern advanced urological Laparoscopy and of minimally invasive endourological techniques. He carried out his training in Germany, France, Egypt and USA, where he perfected his outstanding surgical and scientific skills. He performed, as a first surgeon, over 5,000 surgical / endoscopic procedures and was invited to perform, as an Operator, complex surgical interventions in Live-Surgery on the occasion of multiple national conferences and courses. His technical skills are recognized internationally (Europe, South America, USA, Asia, etc) with the presentation of countless communications, scientific works and videos during important meetings and congress. Urological Laparoscopy 3D as regards the techniques both reconstructive and demolitive in oncology, functional and urinary stone. He was a Faculty member and winner of Scientific Awards during national and international conferences.

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