



For Appointments Call: 08 8267 1424

Laparoscopic De-Roofing of Renal Cysts

Most renal cysts do not need treatment

Benign renal cysts are very common and the vast majority of them need no treatment. Occasionally, a very large cyst may cause discomfort, and is suitable for treatment. Likewise, patients with polycystic kidney disease who have multiple large cysts may gain some symptom relief by having some of the cysts drained.

How is this procedure done?

Renal cysts can be drained radiologically; that is, under local anaesthetic using ultrasound or CT guidance with a needle. It is almost invariable that fluid will re-accumulate in a cyst over time if they are treated this way. Another option is to de-roof the cyst. This is a surgical procedure in which some of the wall of the cyst is removed. This reduces, but not eliminates, the chance of the cyst coming back.

If possible, this is done as a laparoscopic (keyhole) operation. Three small holes are made in the abdomen, one for a camera and two for instruments. The cyst is identified and surrounding tissues dissected free of the cyst. As much of the cyst wall is excised as possible, and the wall may be stitched back on itself with absorbable sutures.

After the operation

There is a minimum one-night stay with this operation. You will be encouraged to sit out of bed and walk around as soon as possible, and you can eat and drink as soon as you feel able. Time to return to work will depend on what you do for a living, but you should be able to function normally within a few days. There is usually some minor discomfort from the small incisions, but this should resolve quickly.

Potential side effects and complications

All procedures have the potential for side effects. Although these complications are well recognised, the majority of patients do not have problems after a procedure.

Risks of the anaesthetic need to be discussed with the anaesthetist who will be looking after you during the operation, and who will visit you beforehand.

There are specific risks with this surgical procedure, and these will be discussed with you before your procedure. As a guide to complement that one-on-one discussion with your surgeon, these include:

Common

- Some patients experience temporary shoulder tip pain and abdominal bloating for 24 hours after the operation. Mild painkillers are usually adequate to control the pain.

Occasional

- Occasionally after this operation, infection, or a hernia, may occur in one or more of the incisions requiring further treatment
- Cysts do have a tendency to recur, and further treatments may be needed

Rare

- Bleeding can occur during the surgery such that the surgeon has to abandon the keyhole approach and use the conventional open method of kidney removal. If this occurs a blood transfusion may be required.

Very rare

- Recognised (and unrecognised) injury to surrounding organs or blood vessels may occur, requiring conversion to the open surgical approach, or deferred major open surgery.
- During the operation the lung cavity may be entered and this is repaired during the procedure.

Disclaimer

This information is intended as an educational guide only, and is here to help you as an additional source of information, along with a consultation from your urologist. The information does not apply to all patients.

Not all potential complications are listed, and you must talk to your urologist about the complications specific to your situation.

Copyright © 2014 [Nick Brook Urology](#)

For Appointments Call : 08 8267 1424

Calvary North Adelaide Hospital, 89 Strangways Tce, North Adelaide, Adelaide SA 5006