

For Appointments Call: 08 8267 1424

Robotic Partial Nephrectomy

Why robotic partial nephrectomy?

Partial nephrectomy means removal of part of a kidney or a lump from a kidney. This can be performed using either open or keyhole (robotic or laparoscopic) surgery. If the operation can be performed by keyhole surgery this is preferable, as open surgery involves making a large cut on the side and/or front of the abdomen. The wound is more painful with open surgery, and hospital stay and time off work is longer. However, some partial nephrectomies may be technically too complicated to perform keyhole.

If robotic partial nephrectomy has been suggested for you, the specific reason will be discussed with you.

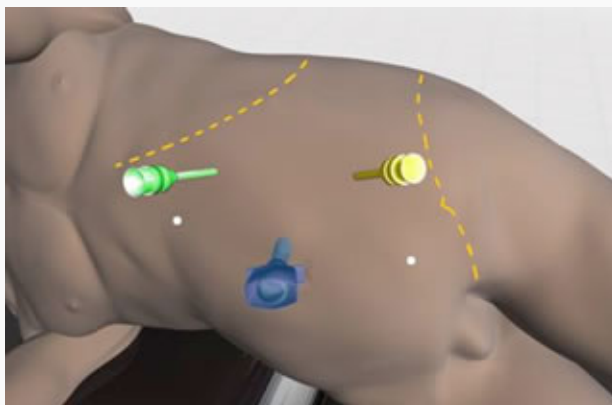
Other options, such as complete nephrectomy (open or laparoscopic) will be considered. As a general rule of thumb, most urologists are keen to preserve as much kidney function as possible, and therefore perform partial nephrectomy where possible. Again, this will be discussed with you.

How is this operation performed?

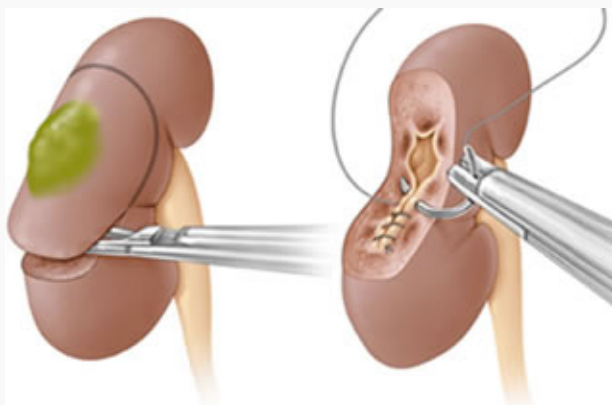
Robotic partial nephrectomy is a minimally invasive (keyhole) method of performing removal of a mass from the kidney. The robot is simply a device that allows your surgeon to precisely control two moving 'arms' placed inside you.



The operation is performed under general anaesthetic. A urinary catheter is always inserted and stays in place until you are mobile after the operation. The diagram below shows the placement of the ports for the instruments.



The kidney is fully dissected and the blood vessels to the kidney are temporarily obstructed. The tumour is cut from the kidney, along with a margin of normal kidney. The kidney is repaired with sutures, and the blood supply to the kidney is restarted.



Operative time depends on the complexity of the operation but typically runs from 2 to 4 hours.

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 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

- Insertion of a drain, removed a few days later.

Occasional

- Bleeding requiring further surgery or blood transfusion
- Infection, pain or hernia requiring further treatment.
- Leak of urine from the kidney, which requires a longer period with the drain, and possibly insertion of a

temporary stent into the ureter.

Rare

- Inability to clear the cancer (a 'positive margin')
- A decision may be made during that the operation that partial nephrectomy is not advisable, and a complete nephrectomy performed instead. This will only be done if felt absolutely necessary by your surgeon.
- Entry into the lung cavity requiring insertion of temporary drainage tube Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, deep vein thrombosis pulmonary embolus, stroke, heart attack and death).
- If the cancer has spread to other organs (rare) this will need to be dealt with, if possible, at the time of your surgery, and may require extensive additional procedures at the time.
- Injury to organs nearby – blood vessels, spleen, liver, lung, pancreas and bowel, requiring more extensive surgery. Very occasionally such injury is not recognised at the time of surgery, and is picked up in the days following your operation.
- The pathology report may report something a benign disease rather than cancer.

Long-term complications

Kidney function can be temporarily affected by the procedure, but typically returns to normal. This does depend on the amount of normal kidney tissue that had to be removed. There is a very small risk of permanent loss of function of the operated kidney.

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.

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