

The Comparative Estimation Result Radical Nephrectomy Executed “Opened”, Laparoscopic and Laparoscopic Hand-assisted Access

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Abstract: The moment of introduction by Robson in 1963 radical nephrectomy this method remains the standard in surgical treatment at cancer of a kidney. Traditionally operation was carried out by the open technique. However for last decade significant progress in the field of a urological laparoscopy has started to change this standard Laparoscopy access at operations in urology has started to carry out in 70th years mainly in the diagnostic purposes. In XXI century the laparoscopy began to play a significant role in a urological practice.

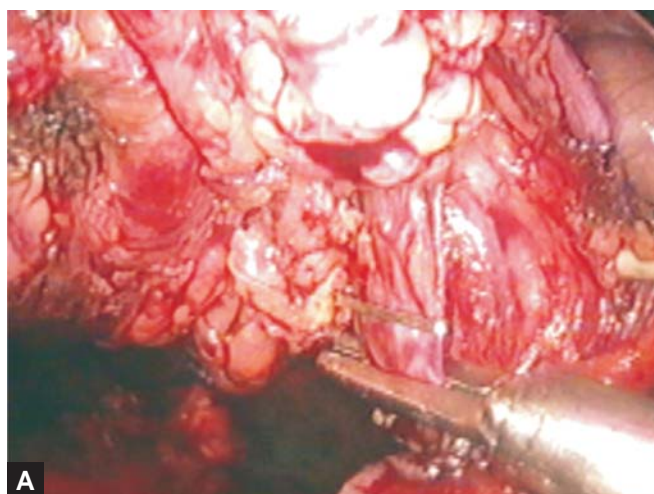
Aims: Improvement of results of treatment patients of malignant tumors of a kidney at use ORN, LRN and HALRN.

Materials and methods: Results of treatment of 120 patients with a cancer of a kidney in the age of from 32 till 77 years (middle age - $54,6 \pm 8,4$ years). Patients have been divided into three groups: in first group 60 (50%) patients it is executed ORN. In the second group at 26 (21.7%) by patients it is executed LRN. Into the third group have entered 34 (28.3%) the person by whom it is executed HALRN. The various steps for HALRN are shown in Figs 1 to 2A to C.

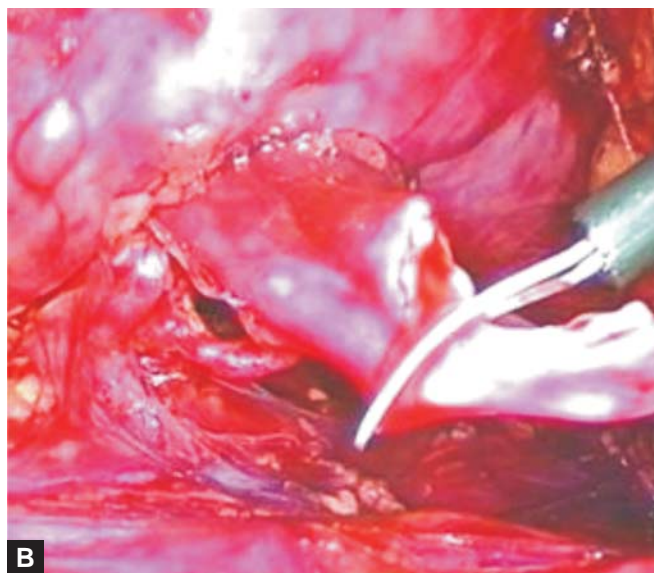
In the first group the size of a tumors has on the middle made 8.4 ± 1.2 sm, in the second group 6.7 ± 1.1 sm, and in the third group 7.1 ± 1.8 sm.

Results: At ORN middle operative time has made 135.7 ± 8.2 minute, with middle blood loss 274.3 ± 28.5 ml. The length of a operational cut has on the made 18.4 ± 2.3 sm. Duration of time invalidity has made 31.2 ± 7.6 day. Middle stay of the patient in hospital has made 16.8 ± 2.7 day.

At LRN middle operative time has made 122.6 ± 4.1 minute, with middle blood loss 115.4 ± 17.3 ml. The length of a operational cut has on the made 5.3 ± 0.4 sm. Duration of time invalidity has made 15.9 ± 4.1 day. Middle stay of the patient in hospital has made 6.2 ± 3.1 day.



Clipping of Renal vein

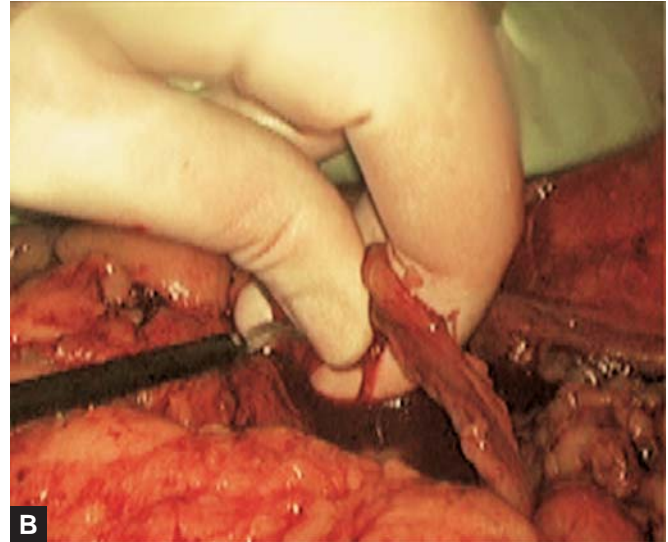


Seperation of an artery



Stage of processing kidneys vessels

Figs 1A to C



B

At HALRN middle operative time has made 108.6 ± 10.3 minute, with middle blood loss 125.4 ± 15.2 ml. The length of a operational cut has on the middle made 6.7 ± 0.6 sm. Duration of time invalidity has made 17.6 ± 5.2 day. Middle stay of the patient in hospital has 7.8 ± 1.6 made day.

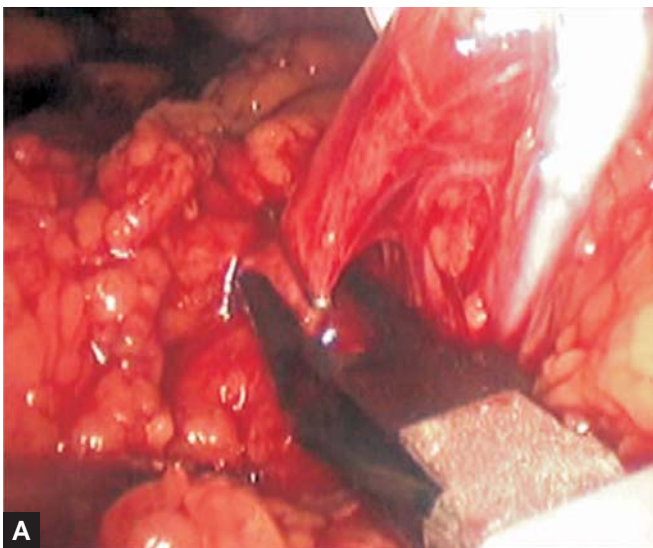
After ORN drainages established in a box of a kidney deleted on the average on 3.4 ± 0.8 day, and after LRN and HALRN accordingly on 1.1 ± 0.2 and 1.3 ± 0.5 day after operation.

After ORN are noted next complications: at 47 (39.2%) patients infringement of skin sensitivity in the field of postoperation traces, at 29 (24.2%) asymmetry of a forward belly wall and 6 (5%) patients postoperation abdominal hernia. After LRN and HALRN in the postoperative period of patients' complications it is noted.



C

Figs 2A to C: (A and B) Hand carries out mobilization of kidney, facilitating stage clips on kidneys, arteries, veins and mobilization of Urethra. (C) Extraction of a kidney through Hand-port



A

Conclusions: LRN and HALRN at a cancer of a kidney is the radical and quite justified intervention allowing essentially improving direct results of surgical treatment and quality of a life of the patient in remote terms.

Advantages LRN and HALRN are: good cosmetic effect, smaller blood loss, reduction of time of stay in a hospital and the general disability.

LRN and LRN provides good results even at III (T3N0-1M0) stages of a cancer of a kidney that is caused by an opportunity of performance total lymphadenectomy and reduction trauma fabrics during surgical intervention.