Robotic-assisted Laparoscopic Partial Nephrectomy (M0283)

What is a Partial Nephrectomy?

A partial nephrectomy is an operation to remove part of your kidney that has disease or a tumour within it. With the urologist controlling the highly precise robotic arms it is possible the diseased tissue whilst preserving as much of your kidney as possible. The surrounding fatty tissue, lymph nodes, adrenal gland and upper end of your ureter (tube carrying urine from the kidneys to the bladder) are not removed as they are in a radical (total) nephrectomy.

What does Laparoscopic mean?

Laparoscopic surgery is keyhole surgery that is performed without having to make a large incision. Instead, surgery is carried out using small keyhole instruments that are inserted into the abdomen (tummy) via small incisions.

What is Robotic-assisted?

The surgical instruments and a camera allowing the surgeon to see inside of your abdomen are attached to the robotic arms. Your urologist performs the operation, the robotic arms are controlled by your urologist at all times but the robotic arms allow your urologist higher levels of precision during the tumour removal and reconstruction of the kidney than standard keyhole surgery.

Why this procedure?

The benefits of robotic assisted keyhole surgery are:
- Smaller scars and less muscle damage
- Shorter hospital stay (usually two to three days)
- Less pain after the operation
- Quicker full recovery and earlier return to work.

Robotic-assisted surgery also offers quicker and more precise suturing (stitching) compared with standard keyhole surgery.

What is the procedure?

A partial nephrectomy is usually performed when a tumour or diseased tissue is less than four cm. In certain cases, a slightly larger tumour can also be considered for robotic removal. The location of the tumour in the kidney is important and your urologist will discuss this with you. The abdomen is filled with carbon dioxide gas so that the internal organs can be seen better during the operation.
Your urologist will make five to six small incisions using specialised instruments that are inserted through key-hole openings in the abdomen which are then connected to the specialised arms of the robot.

The surgeon manipulates the instruments within the abdomen with precision by moving the master controls of the console. The robotic arms are always under the control of your urologist.

**Before, during and after the procedure:**

Recovery after robotic laparoscopic surgery is much quicker than following ‘open’ surgery.

As with any surgery there are risks associated with this procedure. Some of the most common ones include:

- Chest infection.
- Bleeding requiring a blood transfusion.
- Injury to nearby nerves or tissues.
- Urinary leak around the kidney or bleeding into the ureter tube. This may require a prolonged hospital stay and insertion of a ureteric stent (internal draining tube into the ureter) or a drainage tube through the skin (nephrostomy tube).
- If there are complications the urologist may have to stop using the robotic arms and change to open surgery, it is also become necessary to perform a total (radical) nephrectomy.

You should be able to go home after two or three days. However, you will need to allow yourself some time to return to normal activities.

At first your abdomen will be swollen from the gases that are put into your abdomen during surgery. This swelling will reduce over the course of the next few days but, in the meantime, it’s best to wear clothes that are loose-fitting around the waist.

Gentle exercise such as walking is encouraged as soon as you get home.

You should be able to return to work around six weeks although if your job involves heavy manual-type activities you should probably wait another month before returning.

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