Laparoscopic adrenalectomy: Early experience in Mosul

Abstract

Aim: To present our early experience of transperitoneal laparoscopic adrenalectomy (LA) with regards to its safety, applicability, difficulties of the procedure and outcomes.

Background: Laparoscopic adrenalectomy is a promising alternative to open surgery as proved in many centers in the world.

Setting: Al-Jumhori Teaching Hospital

Design: Prospective case-series study

PATIENTS and Method: this preliminary study included those patients whom referred to us having adrenal tumors as proved by Magnetic resonance imaging and/or Computerized Tomography scan. The clinical data of all patients were documented prospectively.

The procedure: Laparoscopic surgery was performed with the patients placed in lateral position. Four trocars, all 10 mm were used for resections. The trocars were inserted 3–5 cm below the costal margin. An open technique was used for placement of the first 10 mm trocar at anterior axillary line. CO2 gas insufflated until the intraabdominal pressure reached 12-15 mm Hg. A 0° and/or 30° laparoscope was inserted. Other 10 mm trocars were inserted to both sides.

Results: Laparoscopic adrenalectomy was attempted into 4 patients with adrenal masses. LA was successfully performed in three patients. Conversion was required in one female with Cushing’s syndrome because of dense intraperitoneal adhesions. There was no intraoperative complication. No patient required blood transfusion intraoperatively. The average operative time was 187 minutes. The average hospital stay was 72 hours.

Conclusion: LA was a promising technique in our locality and can take a role in the management of patients with adrenal tumors after gaining more experience in such surgery.