

LAPAROSCOPIC ADRENALECTOMY: FOLLOW-UP ON THE EXPERIENCE AT THE UNIVERSITY OF BRITISH COLUMBIA

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Objectives: Laparoscopic adrenalectomy has gained wide acceptance for the treatment of benign adrenal tumors. This review updates our initial series of 32 patients to a total of 63 patients.

Methods: A prospective analysis was conducted of the initial 63 laparoscopic adrenalectomies performed at our institution from June 2000 to the present. The lateral transperitoneal approach was used in 63 patients (25 male, 28 female) with a median body mass index of 28. Two surgeons performed all the procedures.

Results: Indications for adrenalectomy included 34 Conn's adenoma, 12 pheochromocytoma, 12 Cushing's syndrome, and 5 other. Median pre-operative ASA was 2.5. Thirteen patients had had previous abdominal surgery. A total of 35 left, 24 right, and 4 bilateral adrenalectomies were performed with a median operating time of 151 minutes (range 70 to 279 minutes) and median blood loss of 81cc.

Median length of hospital stay was 1.55 days. Median follow-up time was 18 months.

Compared to our initial survey, our follow-up cohort had higher pre-operative ASA's, higher body mass indexes, shorter operative times, less blood loss, larger tumor sizes, and shorter lengths of stay. All twelve adrenalectomies for pheochromocytoma were performed in our follow-up cohort.

Conclusions: Laparoscopic adrenalectomy continues to be a safe and effective procedure for treating benign adrenal neoplasms. With increasing surgeon experience, laparoscopic adrenalectomy for a wider variety of indications in a more complex population of patients can be attempted.