



AB004. 96. Early experience of laparoscopic retroperitoneoscopic adrenalectomies at Cork University Hospital

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Background: Adrenalectomies were traditionally performed by open technique. However more recently, laparoscopic trans-peritoneal and laparoscopic retroperitoneal approaches are gaining popularity. Laparoscopic approach has the advantages of less post-operative pain, fewer wound site problems and above all reduced length of hospital stay. The aim of this retrospective study was to examine the characteristics of all retroperitoneoscopic adrenalectomies done at Cork University Hospital (CUH).

Methods: All cases of retroperitoneoscopic adrenalectomies done at CUH since April 2017 were retrospectively reviewed. Patient demographics, diagnosis, surgical

approach, length of hospital stay, histology and all documented complications were evaluated.

Results: There were 9 retroperitoneoscopic adrenalectomies performed at CUH since April 2017 when this technique was first commenced. Seven patients (78%) were females. Average age was 54 years (range, 23–78 years). Five surgeries (56%) were left sided. There were no conversions to open surgery. Average size of adrenal lesion on imaging was 3.7 cm (range, 1.7–5.1 cm). Pre-operative diagnosis was pheochromocytoma [3], non-functioning adenoma [3], Cushing's syndrome [2] and Conn's syndrome [1]. The mean length of post-operative stay was 2.3 days (range, 2–3 days). There were no post-operative complications. Final pathology showed adrenal cortical adenoma [5], benign pheochromocytoma [3] and adrenal schwannoma [1]. There was no mortality and no recurrence seen.

Conclusions: Retroperitoneoscopic adrenalectomy is a safe procedure and in our setting was primarily performed for pheochromocytoma and non-functioning adenomas. It is associated with fewer complications, shorter hospital stay and has a low conversion to open rate.

Keywords: Adrenalectomy; adrenal adenoma; pheochromocytoma

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