



AB106. 73. Ten years of adrenalectomies: a single centre experience

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Background: Adrenalectomies were traditionally performed by open technique. However more recently, laparoscopic trans-peritoneal and laparoscopic retro-peritoneal 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 adrenalectomy patients at Cork University Hospital (CUH) over a 10-year period.

Methods: All cases of adrenalectomy done at CUH between 1/1/2007 and 31/12/2016 were retrospectively reviewed. Patient demographics, diagnosis, surgical approach, length of hospital stay, histology and all documented complications were evaluated. Comparisons were made between open and laparoscopic adrenalectomy cases.

Results: There were 46 adrenalectomies performed on

44 patients over the 10-year period. Twenty-one patients (48%) were male and the mean age was 49 (range, 14–84) years. Twenty-seven (59%) of the procedures were left adrenalectomies, 17 (37%) were right sided and 2 (4%) patients had bilateral adrenalectomies. Pheochromocytoma and non-functioning adenoma were the most common indications for adrenalectomy (44% and 41% respectively), 5 cases (11%) were for malignancies and 2 (4%) had other benign indications. Twenty-nine (63%) of cases were performed laparoscopically. Two (7% conversion rate) of the laparoscopic procedures were converted to open. The complication rate for laparoscopic adrenalectomy was 14% versus 19% for open ($P=0.66$). The mean length of stay post-operation was 4.8 days for the laparoscopic group and 7.2 days for the open surgery group ($P=0.03$). There was no mortality and no recurrence seen.

Conclusions: Adrenalectomy is a safe procedure and in our setting was primarily performed for pheochromocytoma and non-functioning adenomas. Laparoscopic adrenalectomy has become the standard of care in recent years and is associated with fewer complications, shorter hospital stays and has a low conversion to open rate.

Keywords: Adrenal adenoma; laparoscopic adrenalectomy; pheochromocytoma

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