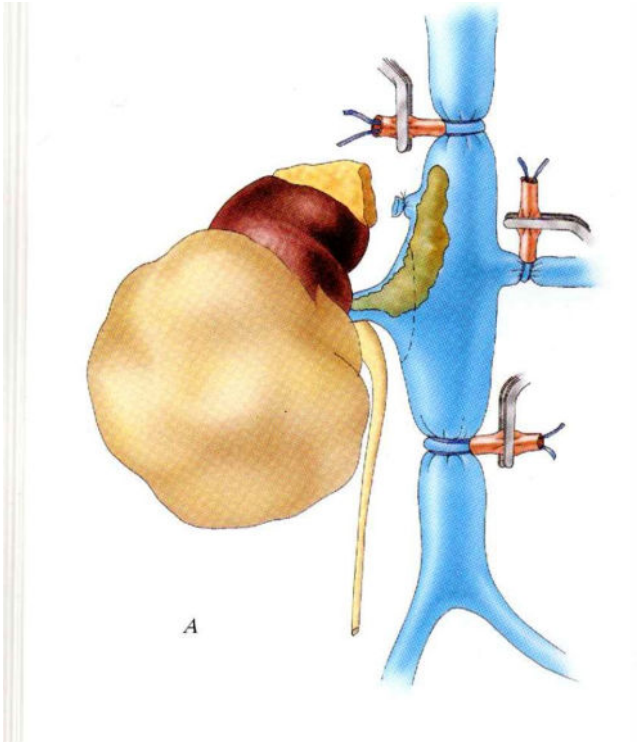
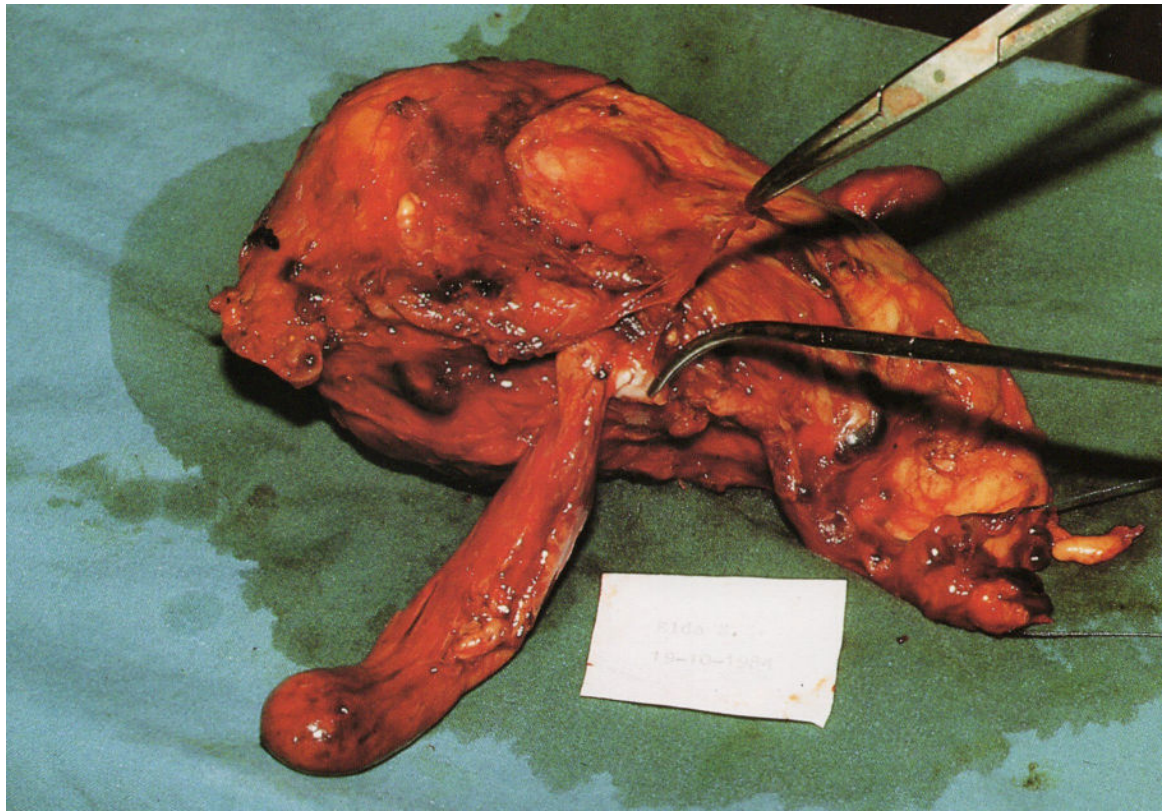
Open Renal Surgery - tricks of the trade



Börje Ljungberg
Umeå University

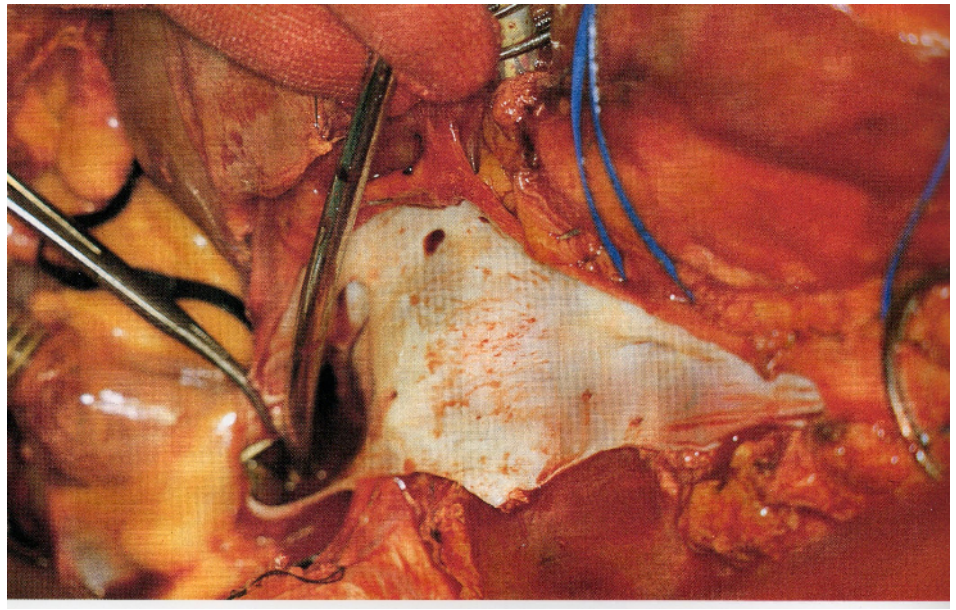
Open Renal Surgery

- The Queen of surgery
- All renal procedures possible



Open Renal Surgery

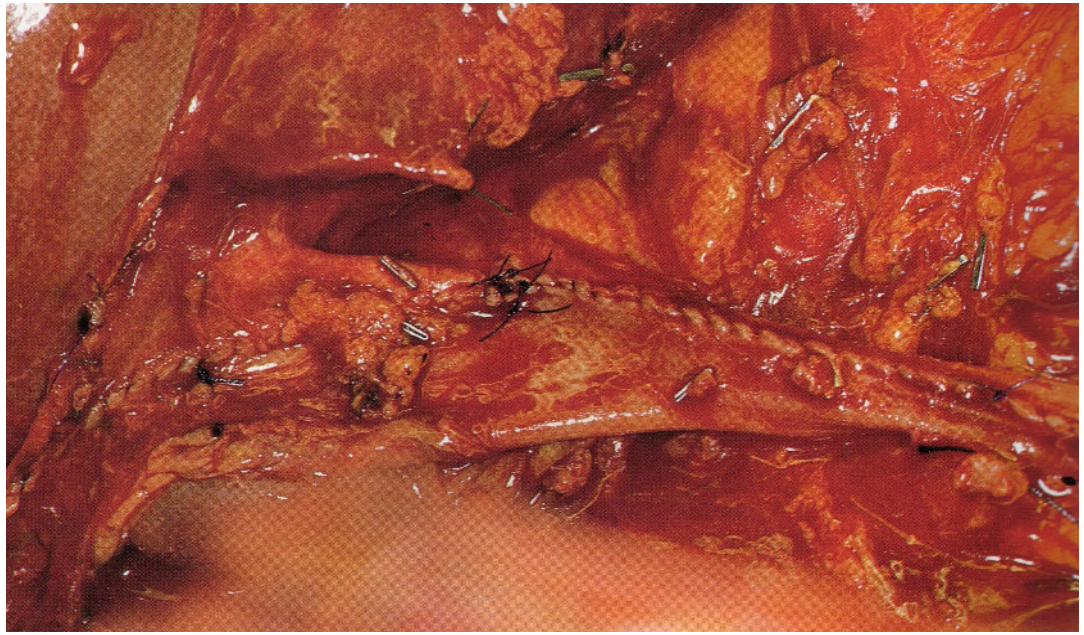
- All renal procedures possible
- Including Caval Tumor Thrombus (any level)
- Advantageous for patients with previous multiple abdominal surgery
- Combined surgery is facilitated including
  - Metastases
  - Other contemporary surgeries
  - Lymph nodes
- More complex tumors
- Facilitating improvements in MIS



Pro and cons

Advantages

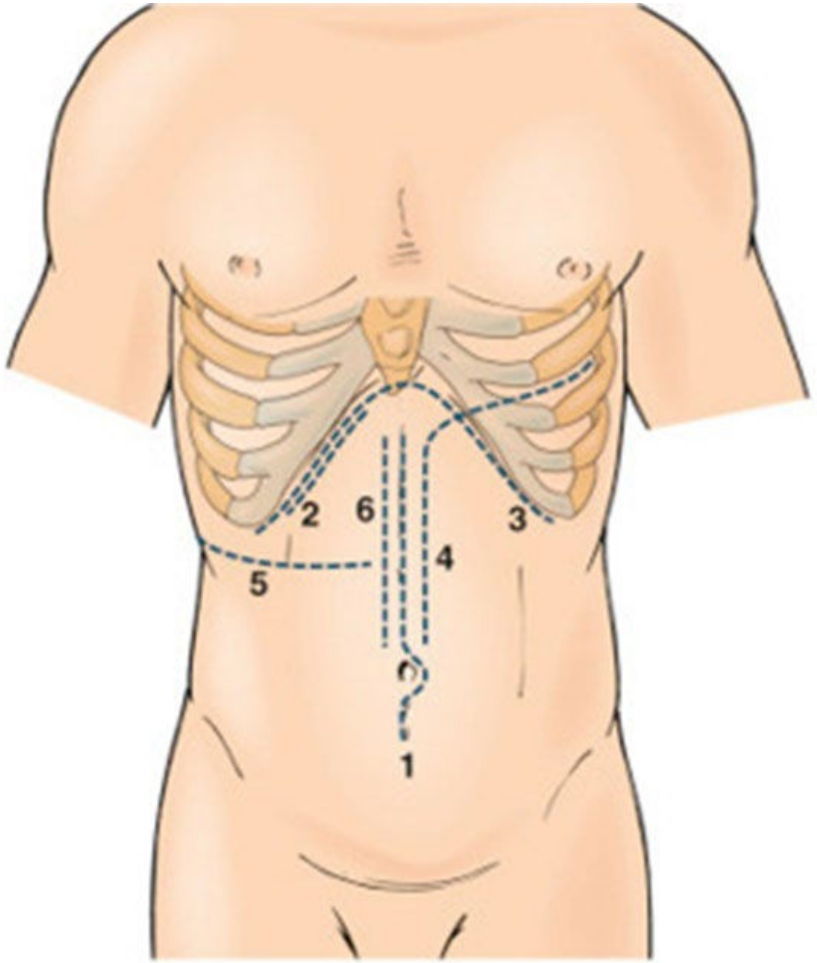
- Feasible for all RCC surgery
- Shorter surgical time
- Similar long-term QOL

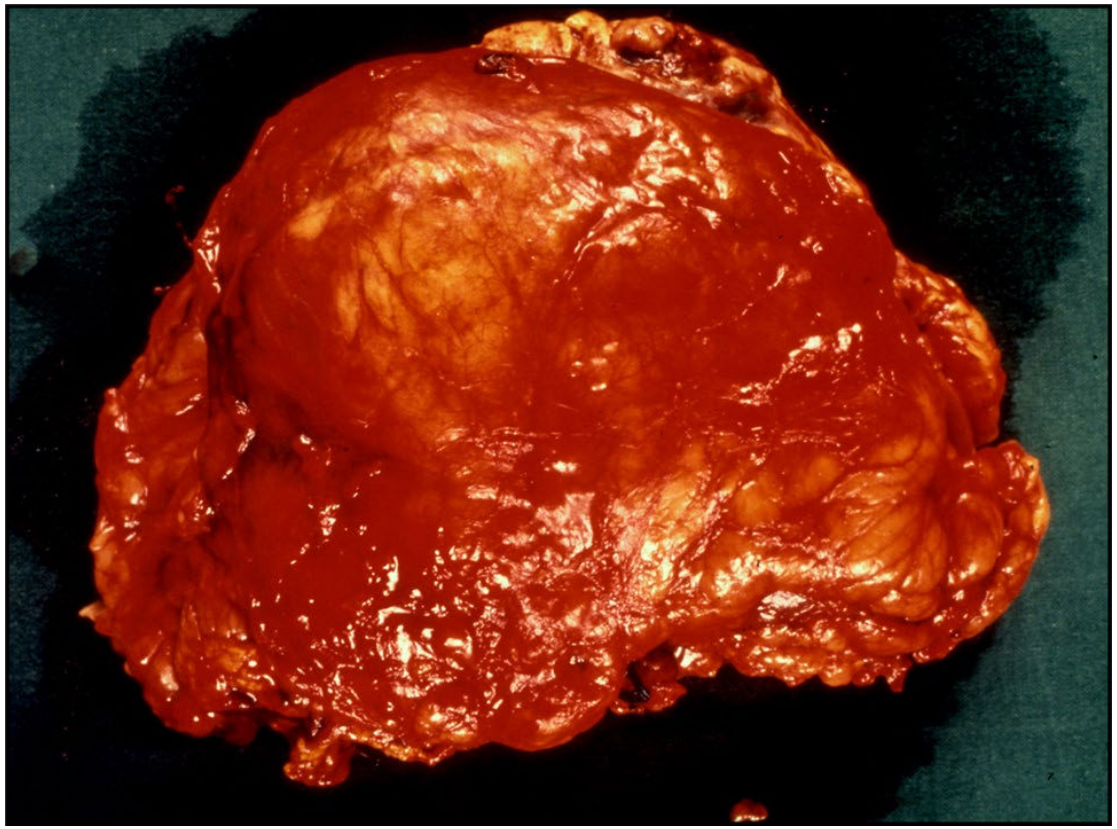


Disadvantages

- Higher blood loss
- Longer hospital stay
- Higher analgesic requirement
- Longer convalescence time
- Hernia
- Bulging
- Visible scar

Access - open renal surgery

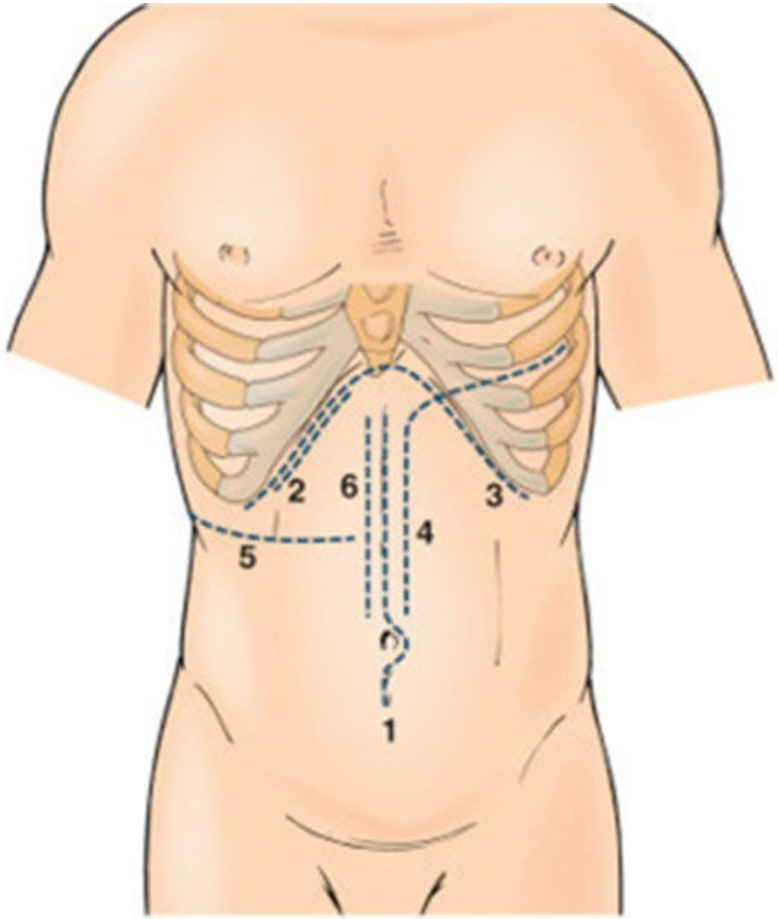




Anterior Incisions

1. Midline transperitoneal
2. Subcostal
3. Chevron
4. Modified thoracoabdominal
5. Transverse
6. Paramedian

Access - open renal surgery



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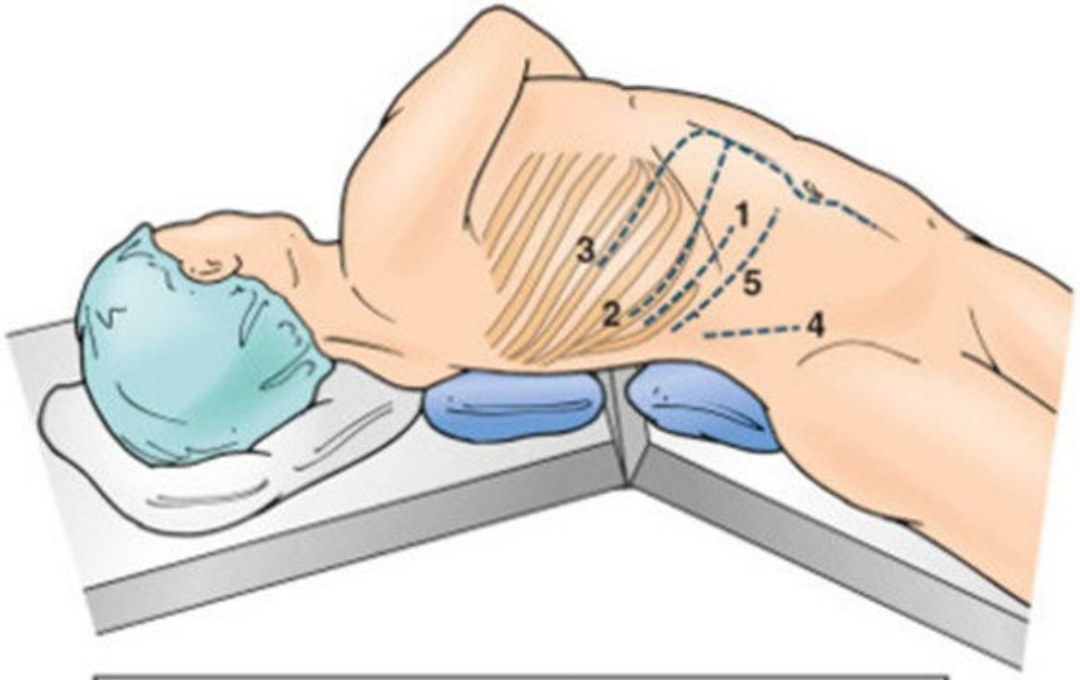
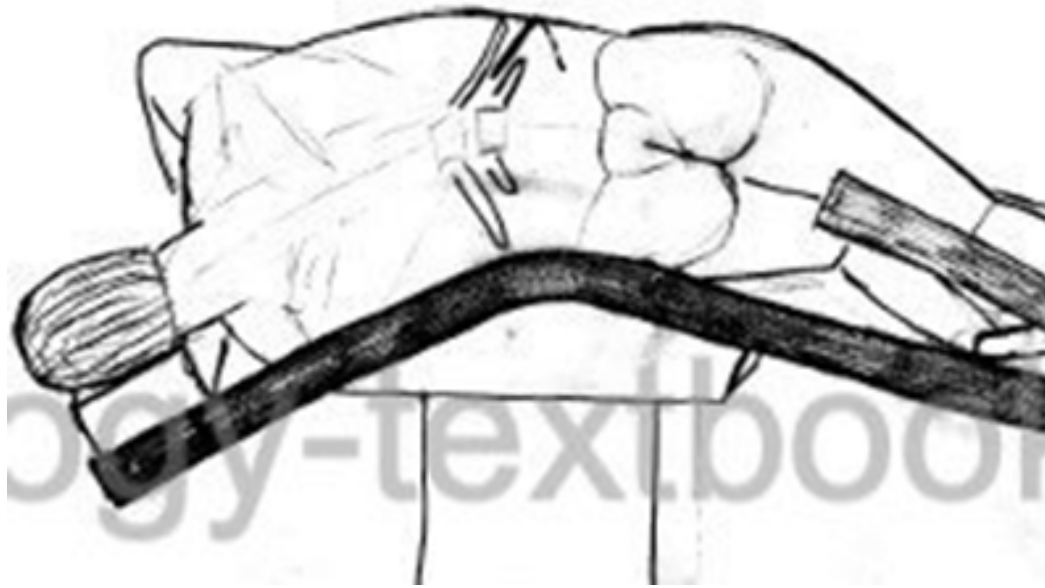
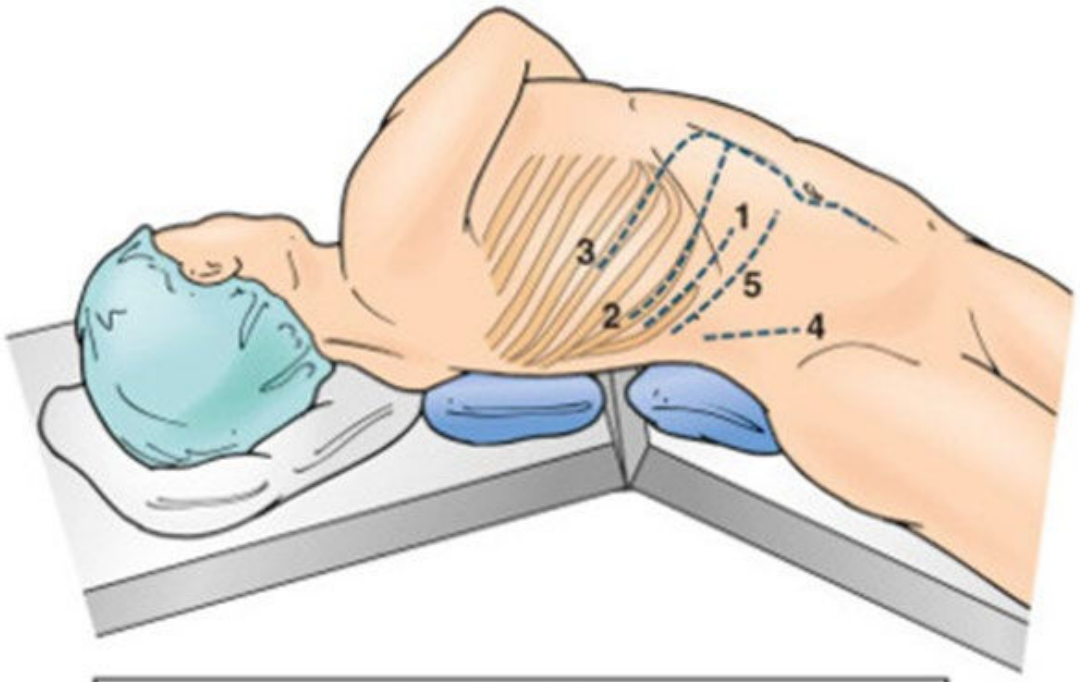


Flank Incisions

1. 12th rib supracostal
2. 11th rib transcostal
3. Thoracoabdominal
4. Foley muscle splitting
5. Flank subcostal



Access - open renal surgery



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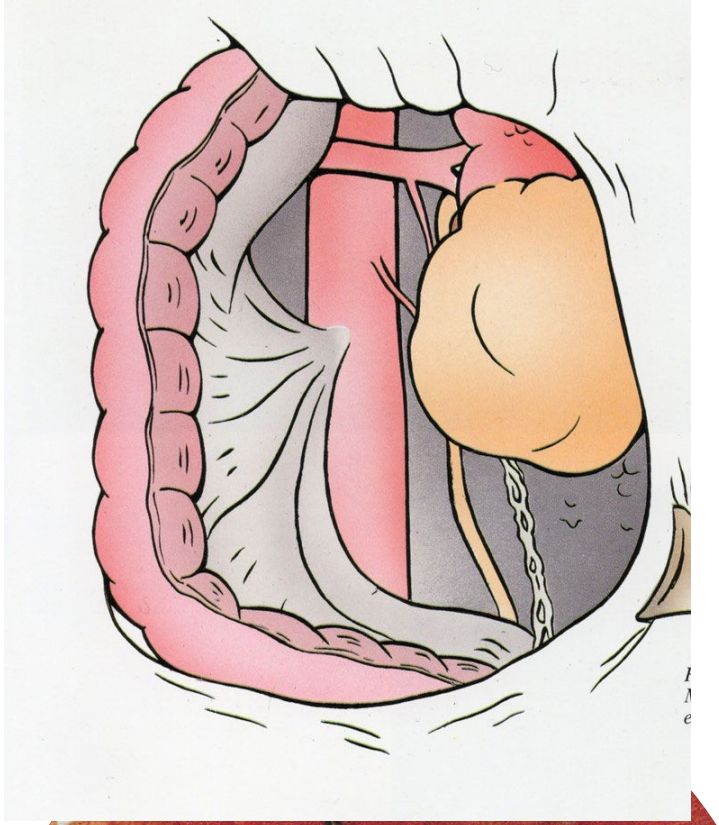
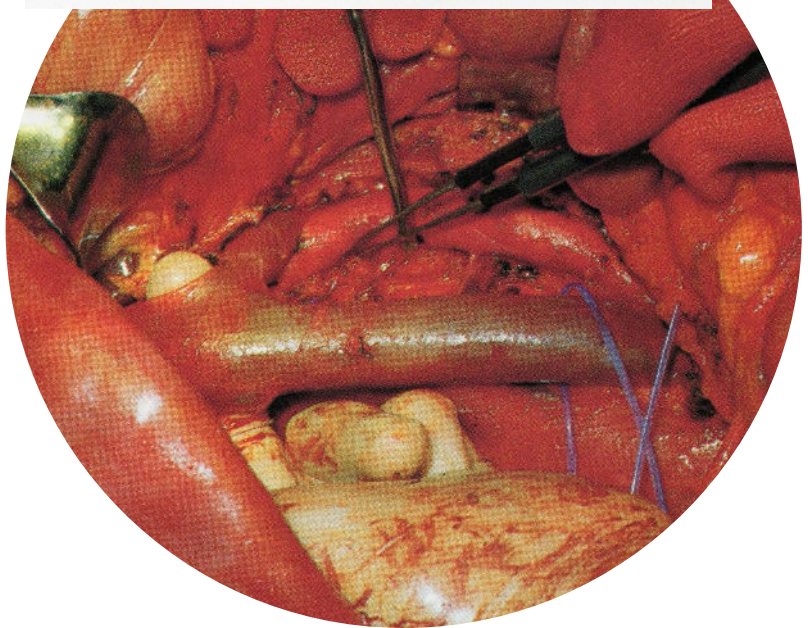
Strategy open renal surgery

1. Primary focus on aorta (sin) and vena cava (dx) dissection respectively
2. Secure a. renalis (and v. renalis)
3. Proceed with the kidney dissection first thereafter





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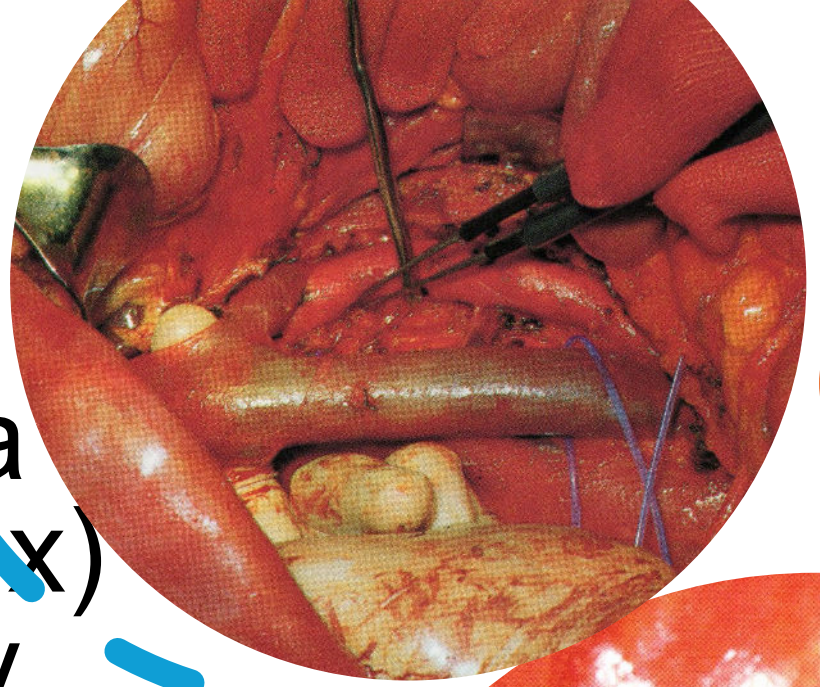

Level of Evidence

- No RCTs have assessed oncological outcomes of MIS vs. open surgery
- A systematic review*found no survival difference in RN
- In a retrospective propensity-score-matched study, comparing open-, laparoscopic- and robot-assisted PN, similar rates of local recurrence, metastasis and cancer-related death**
- In a randomized feasibility study (total 50 pts) no difference in postoperative functional outcomes ***
- Generally higher proportion of complex tumors in Open PN series

*Wang, L., *et al*. World J Surg Oncol, 2023. 21: 35; ** Chang, K.D. *et al. B*JU Int, 2018. 122: 618; *** . Kowalewski, K.F., *et al.* ROBOCOP II Study. Eur Urol Oncol, 2023.

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Platinum Priority – Editorial

Referring to the article published on pp. 428–439 of this issue

Radical Nephrectomy: The Widening Gap Between Evolution of Technique and Evidence

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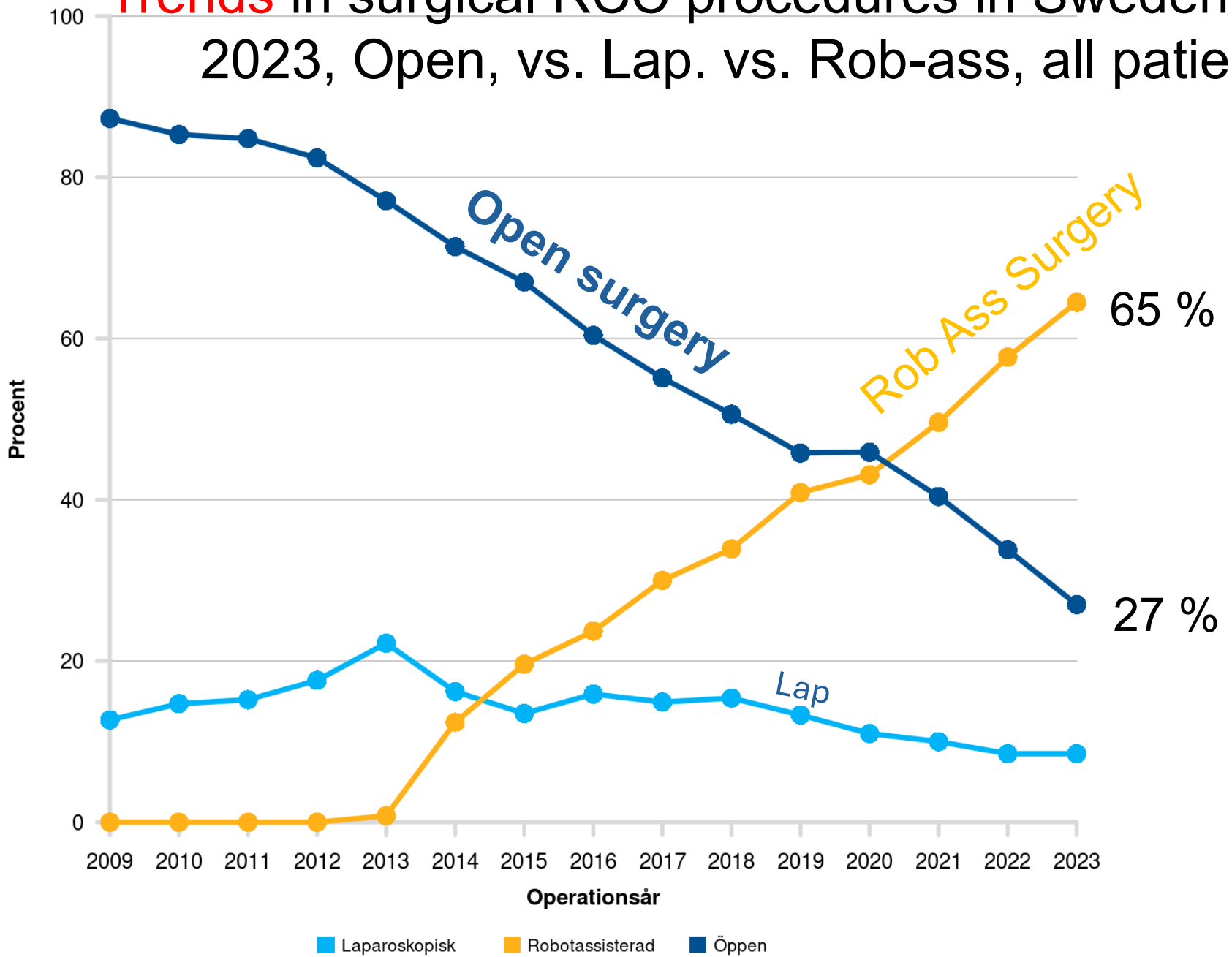
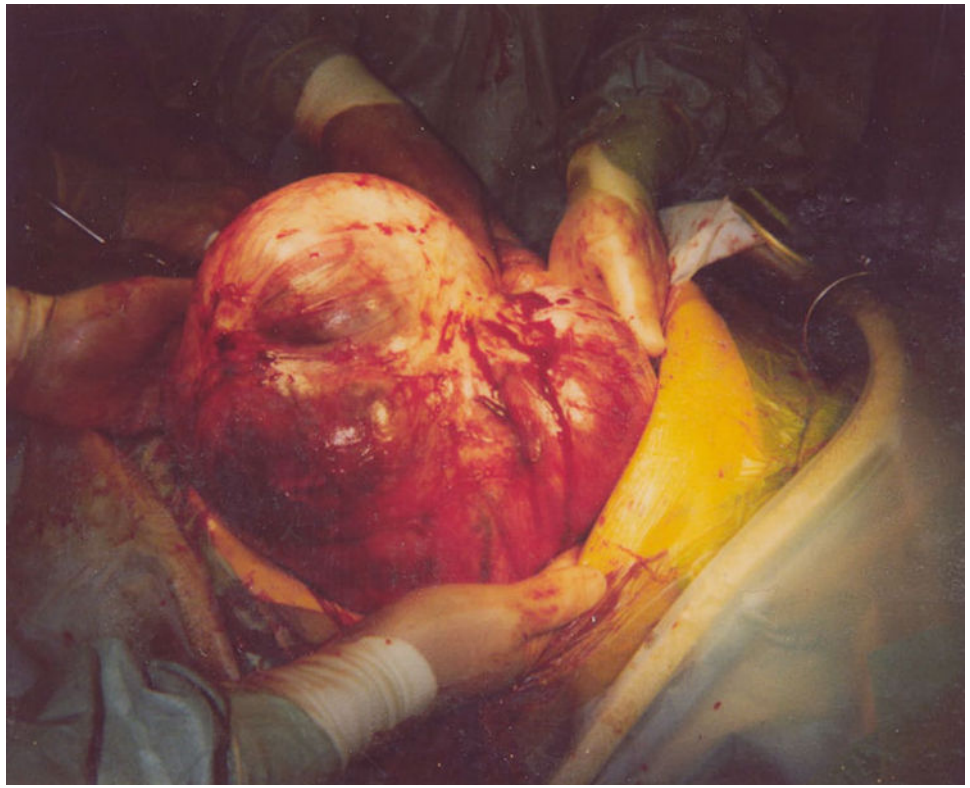
RIKET

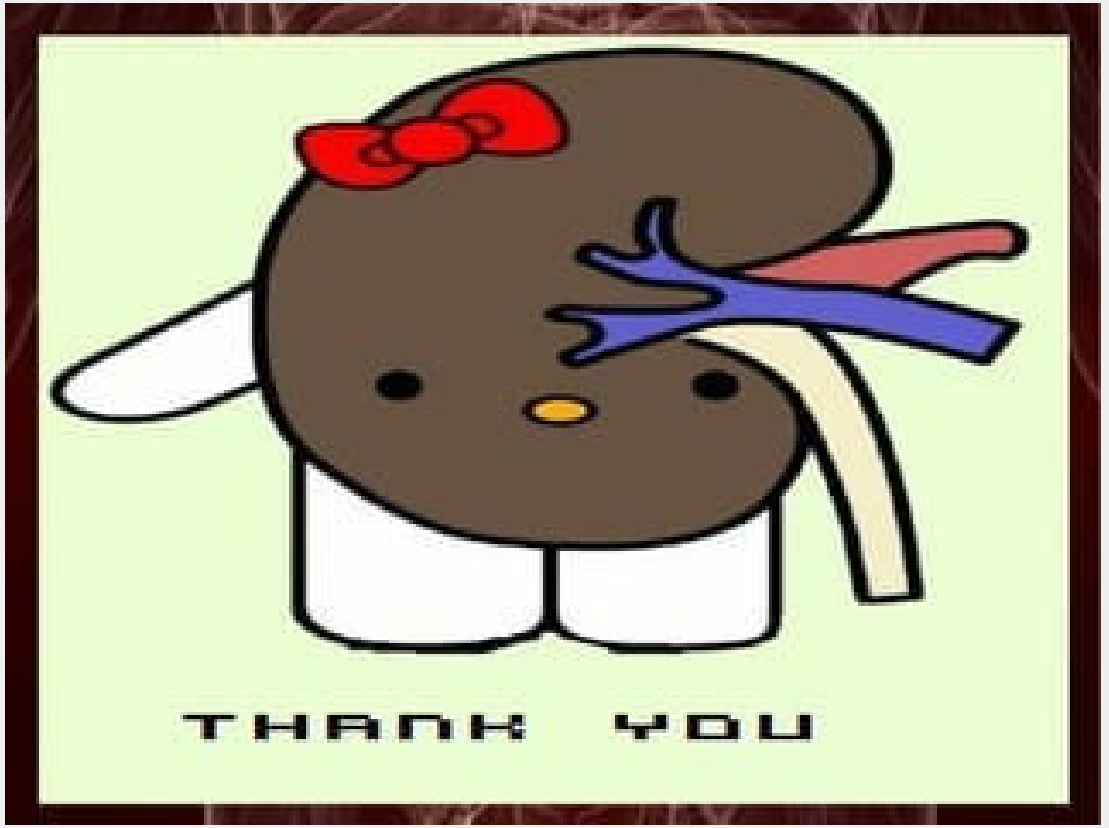
Trends in surgical RCC procedures in Sweden 2009–2023, Open, vs. Lap. vs. Rob-ass, all patients



Open renal surgery

- Decreasing proportion
- Will be needed for a subset of pts
- Remains an option
- Unmet need for surgical training




THANK YOU