

## V28) EN BLOC STAPLING OF THE RENAL HILUM DURING LAPAROSCOPIC NEPHRECTOMY

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**INTRODUCTION:** Laparoscopic nephrectomy (LN) is probably the most common laparoscopic procedure performed by general urologists without formal laparoscopic training. The traditional technique entails early approach to the hilum with the risk of bleeding and need for conversion. We perform a different technique, which we believe is simpler to learn and to teach. It consists in a complete dissection of the inferior and posterior aspects of the kidney, followed by en bloc stapling of the renal hilum. We report the perioperative results of this technique.

**MATERIALS AND METHODS:** Perioperative data of 151 consecutive patients who underwent LN between November 2003 and July 2016 were prospectively collected and retrospectively reviewed. Complications were reported using the Clavien classification system and follow-up included physical examination, blood count, blood chemistry and renal function tests in every visit, plus abdominal computed tomography six months after surgery. Additional imaging was scheduled according to disease stage and grade.

**RESULTS:** Mean patient age (range), tumor size and operative time were  $63\pm 15.6$  years,  $6.3\pm 2.4$  cms and  $128\pm 41.4$  min, respectively. Median EBL was 0 cc (0,200). Conversion to open surgery occurred in 3.1 % and 8 % of the cases had a blood transfusion. Complications were recorded in 26 % of the patients. 91 % of them were Clavien 1 or 2. No arteriovenous fistulae were reported.

**CONCLUSION:** We present a standardized technique for LN. Its main advantage is that avoids manipulation of the hilum decreasing significant bleeding and the risk of main vascular complications.