HAND-ASSIST LAPAROSCOPIC (HAL) ADRENALECTOMY AS AN ALTERNATIVE SURGICAL APPROACH - BEST OF BOTH WORLDS?

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BACKGROUND

Published literature and anecdotal evidence on adrenal surgery suggests a dichotomous approach between laparoscopy and open surgery. However, hand-assist laparoscopy may be an alternative, preserving the benefits of both approaches.

AIM

This study aimed to evaluate the effectiveness and outcomes of hand-assisted laparoscopic (HAL) adrenalectomy in a single tertiary centre.

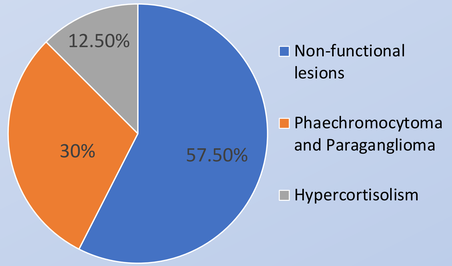
METHODS

A retrospective review was carried out on all HAL adrenalectomies from 2010 to 2019 in a single centre. Medical records were accessed to obtain data on demographics, indications for surgery, operation details, pathology and postoperative outcomes. The primary outcome was Clavien-Dindo (CD) complication rates. Secondary outcomes were length of stay and re-admission rates.

RESULTS

Of 276 adrenalectomies performed, forty were included (70% male) with a median (range) age of 60 (29–82) years. 50% of lesions were benign.

INDICATIONS



32.5 % were planned HAL procedures while 57.5% were converted from conventional laparoscopy.

Four patients had to be converted to open surgery (10%). The median (range) tumour size was 6.65 (1.7-18) cm.

Self-resolving complications were noted in 12 patients and 5% had major complications (CD grade 3b and 4b). The median (range) length of stay was 6 (1-30) days.

Readmission rates and perioperative mortality were 0%.

CONCLUSION

HAL approach is a good alternative for either conversion from laparoscopy or as a primary procedure for large tumours. It maintains excellent laparoscopic views and provides tactile tissue feedback and reduces conversion to conventional open surgery.