

Safety of Partial Nephrectomy for Patients on Chronic Anticoagulant Therapy

Introduction and Objective: We report our experience with patients requiring long-term anticoagulation therapy who underwent open or laparoscopic partial nephrectomy for renal tumors in our hospital. We compared outcomes with those in patients who underwent partial nephrectomy with no anticoagulation requirements.

Materials and Methods: We retrospectively reviewed the records of 298 patients who underwent open or laparoscopic partial nephrectomy from November 2005 to July 2010 in our hospital. Of the 298 patients, 26 patients were on chronic anticoagulant therapy (group A). Anticoagulation was appropriately discontinued perioperatively (Heparin bridging was used in 6 of them.) We compared their outcomes with those of the remaining 272 patients with no anticoagulation requirements (group B).

Results: There was no significant difference in preoperative patient characteristics other than age and BMI between the two groups. Mean age of group A was significantly older and mean BMI of group A was significantly larger than those of group B ($p < 0.05$). There was no significant difference in resected tumor size ($p = 0.585$), operative time ($p = 0.528$), ischemic time ($p = 0.99$), blood loss ($p = 0.298$), duration of hospital stay ($p = 0.06$) and severe complications (Clavien grade III, IV, V) ($p = 0.611$).

Conclusions: Patients on anticoagulation are at higher perioperative risk but with careful perioperative management of anticoagulation therapy partial nephrectomy can be performed in a safe and efficacious manner.