PREOPERATIVE DIAGNOSIS: , Right renal mass.,POSTOPERATIVE DIAGNOSIS: , Right renal mass.,PROCEDURE: , Right radical nephrectomy and assisted laparoscopic approach.,ANESTHESIA: ,General.,PROCEDURE IN DETAIL: ,The patient underwent general anesthesia with endotracheal intubation. An orogastric was placed and a Foley catheter placed. He was placed in a modified flank position with the hips rotated to 45 degrees. Pillow was used to prevent any pressure points. He was widely shaved, prepped, and draped. A marking pen was used to delineate a site for the Pneumo sleeve in the right lower quadrant and for the trocar sites in the midline just above the umbilicus and halfway between the xiphoid and the umbilicus. The incision was made through the premarked site through the skin and subcutaneous tissue. The aponeurosis of the external oblique was incised in the direction of its fibers. Muscle-splitting incision was made in the internal oblique and transversus abdominis. The peritoneum was opened and the Pneumo sleeve was placed in the usual fashion being sure that no bowel was trapped inside the ring. Then, abdominal insufflation was carried out through the Pneumo sleeve and the scope was passed through the Pneumo sleeve to visualize placement of the trocars in the other two positions. Once this had been completed, the scope was placed in the usual port and dissection begun by taking down the white line of Toldt, so that the colon could be retracted medially. This exposed the duodenum, which was gently swept off the inferior vena cava and dissection easily disclosed the takeoff

of the right renal vein off the cava. Next, attention was directed inferiorly and the ureter was divided between clips and the inferior tongue of Gerota fascia was taken down, so that the psoas muscle was exposed. The attachments lateral to the kidney was taken down, so that the kidney could be flipped anteriorly and medially, and this helped in exposing the renal artery. The renal artery had been previously noticed on the CT scan to branch early and so each branch was separately ligated and divided using the stapler device. After the arteries had been divided, the renal vein was divided again using a stapling device. The remaining attachments superior to the kidney were divided with the Harmonic scalpel and also utilized the stapler, and the specimen was removed. Reexamination of the renal fossa at low pressures showed a minimal degree of oozing from the adrenal gland, which was controlled with Surgicel. Next, the port sites were closed with 0 Vicryl utilizing the passer and doing it over the hand to prevent injury to the bowel and the right lower quadrant incision for the hand port was closed in the usual fashion. The estimated blood loss was negligible. There were no complications. The patient tolerated the procedure well and left the operating room in satisfactory condition.