

Haemostasis control during laparoscopic partial nephrectomy without parenchymal renorrhaphy: The VIVOSTAT experience.

[Spanish]

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Abstract:

Objective: To present our experience using an autologous fibrin sealant prepared with the Vivostat system to control haemostasis without any renal parenchymal reconstruction. Material and methods: We performed 45 laparoscopic partial nephrectomies using this haemostatic agent. The surgical steps were: colon mobilization, identification of ureter, renal vessels and renal tumor, renal artery control with Rummel tourniquet, tumor excision with harmonic scalpel, application of fibrin glue to the resection bed twice (before and after kidney reperfusion). Patients were evaluated for acute or delayed bleeding. Results: Mean age was 63.9 years (33-80); mean tumor size was 2.5 cm (1.5-4); mean operative time was 136.1 min (90-180). Mean warm ischemia time was 19.2 min (10-30). Mean blood loss was 97 ml (50-300). Individual haemostatic stitches were performed before application of the sealant if acute bleeding was observed (14 cases). We did not achieve any case of postoperative bleeding from resection bed or renal failure. 1 patient required transfusion due to an abdominal wall haematoma. 65% were clear cell carcinoma, 10% were papillary carcinoma, 20% were oncocytoma. Free margin rate was 100%. Mean hospital stay was 4 days (2-6). Mean follow-up was 14 months (5-45). Conclusions: Excluding renorrhaphy during laparoscopic partial nephrectomy is feasible and safe. Our initial experience with the vivostat system in laparoscopic partial nephrectomy has been encouraging, but longer follow-up is needed to determine the real benefit of this surgical technique in laparoscopic partial nephrectomy © 2012 AEU. Publicado por Elsevier

