



Center for Urologic Health

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## Kidney Cancer Surgical Treatments

BY TODD BREAU, M.D.

Surgery is the main treatment for Renal Cell Carcinoma (RCC). The chances of surviving a large RCC without having surgery are poor. Depending on the type and stage, surgery may be used to remove the RCC together with some of the surrounding kidney tissue or the entire kidney. Sometimes it is necessary to remove the adrenal gland (small gland found attached above each kidney), depending on the location of the tumor.

**Radical nephrectomy:** The most commonly performed surgery to treat RCC is called Radical nephrectomy. Radical nephrectomy removes the whole kidney (along with its cancer), occasionally the adrenal gland if it is in proximity or involved with the tumor, and the fatty tissue immediately around the kidney. Regional lymphadenectomy (taking the lymph nodes around the kidney) is not usually indicated in most cases. Several studies showed no benefits after lymph node dissection. This procedure removes nearby lymph nodes and may help in staging the cancer. However, there are no therapeutic benefits.

**Partial nephrectomy:** This procedure does not remove the entire kidney. Instead, only part of the kidney containing cancer is removed, leaving the rest of the organ behind. Partial nephrectomies are often done in patients with impaired kidney function, RCC in both kidneys, or in patients with only one kidney who develop RCC. More and more partial nephrectomies are being done in patients without any kidney dysfunction or having multiple tumors. RCC (smaller than 4 cm (about 1 inch) can be considered for partial nephrectomies. The results, so far, have been very promising. The obvious benefit is that the patient is left with 1-1/2 kidneys instead of just one. There is a very small risk that some cancer may be left behind, however. Current data suggest that recurrence rate is very similar to radical surgery over 5-year period.

**Laparoscopic nephrectomy:** This is a new surgical treatment modality for removing RCC and is quickly becoming the standard of care. Dr. Todd Breau and Dr. John Wegryn are specially trained in laparoscopic surgery and routinely perform these operations. This type of surgery uses multiple small "keyhole" incisions to introduce telescopes used in surgery. After separating the kidney from its blood supply, the kidney is removed through a smaller incision in the lower belly and removed through a telescope port. Benefits are less pain and shorter convalescent period as compared to the open surgery. Your physician may decide to use a "hand-assisted" laparoscopic technique where one hand in the abdomen and the other hand on a telescope thereby providing a textile sensation for the surgeon. The type of surgery chosen depends on the individual clinical circumstances.

### Risks of Surgery

Risks associated with surgery include intraoperative (during surgery) or postoperative (after surgery) bleeding which may require blood transfusions, wound infection, damage to internal organs and blood vessels (such as the spleen, pancreas, aorta, vena cava, large or small bowel) during surgery, pneumothorax (unwanted air in the chest cavity), incisional hernia (bulging of internal organs underneath the surgical incision due to problems with wound healing), and renal failure (if the remaining kidney fails to function well).

Some people can't tolerate surgery because of poor health (heart or lung problems, for example). For them, radiation therapy, arterial embolization of the cancer, or experimental chemotherapy or immunotherapy may be their only choices for kidney cancer treatment.