Laparoscopic Nephrectomy

A video from the International Journal of Urology presents images of a laparoscopic nephrectomy in patients with renal vein and/or inferior vena cava anomalies

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This video from the International Journal of Urology presents images of the management of the renal pedicle in laparoscopic nephrectomy in cases where there were anomalies of the renal vein and inferior vena cava. It is part of an article with 4 videos on "Laparoscopic nephrectomy in patients with renal vein and/or inferior vena cava anomalies". View the article at the above link and find the videos under Supporting Information of the article.

Abstract: Laparoscopic nephrectomy is a standard surgery for the treatment of many types of renal tumor, renal pelvic tumor, and benign disease. Renal vein and inferior vena cava anomalies are not uncommon, having been detected at an incidence of 217%. With the increasing number of patients undergoing laparoscopic nephrectomy, surgeons have more opportunities to encounter major anomalies of the renal vein and inferior vena cava.

This video presents images of the management of the renal pedicle in laparoscopic nephrectomy in cases where there were anomalies of the renal vein and inferior vena cava.

Patient 1 had left renal tumor with the left inferior vena cava, patient 2 had left ureteral tumor with double inferior vena cava, patient 3 had left renal tumor with double inferior vena cava and a circumaortic renal vein, patient 4 had left renal tumor with a retro-aortic renal vein, and patient 5 had left renal tumor with a circumaortic renal vein. Multiple renal arteries were present in patients 3, 4, and 5.

In laparoscopic nephrectomy complicated by anomalies of the renal vein and inferior vena cava, (i) surgical staff should be alert for the potential presence of aberrant veins and multiple renal arteries that may not be visualized in preoperative imaging. (ii) An anterior transperitoneal approach is well-suited in the understanding of positional relationships of vessels and anatomical landmarks in cases of vascular anomalies. (iii)

With recent advances in diagnostic imaging modalities, such as multislice computed tomography (CT) and 3-D CT, it has become easier to identify the major arterial and venous anomalies.

However, intraoperative observation and assessment remain important and mandatory in the management of smaller anomalous vessels accompanied by

major anomalies.

This is a reproduced video from the Audio-Visual Journal of the Japanese Urological Association. It has been modified with an English voice-over.

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