

## Moderated Poster 4

### Renal tumors 2

Wed., April 18, 2018 10:45-11:45

Poster Room 2 | Annex Hall, Kyoto International Conference Center 1F

Chairperson : Tatsuya Takayama (Jichi Medical University, Japan)

Chairperson : Gyung Tak Sung (Dong-A University, Korea)

## MP-029

### Is robot-assisted retroperitoneoscopic partial nephrectomy suitable for anterior renal tumor?

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Speaker : Steven Kuan-Hua Huang <sup>1,3</sup>, Speaker : Chien-Liang Liu <sup>2</sup>, Speaker : Allen Wen-Hsiang Chiu <sup>4</sup>

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**Purpose:** To compare the results of anterior renal tumor and posterior renal tumor treated with robot-assisted retroperitoneoscopic partial nephrectomy (RARP) in our hospital in terms of oncologic and functional outcomes.

**Patients and Methods:** From 2012 June till 2017 June, 54 RARP was performed for malignant small renal masses in our hospital. There were 17 patient with anterior renal tumor and 20 patients with posterior renal tumor. Patient demographics (age, body mass index, tumor size, R.E.N.A.L. nephrometry score), perioperative outcomes (operative time, warm ischemic time, estimated blood loss, length of stay, complications, pathology) and functional outcomes (pre and post operative renal function change) were compared.

**Results:** There was no significant differences in patient's age, body mass index, tumor size, R.E.N.A.L. nephrometry score, pre and post operative renal function change and complications. The console time was significant shorter in posterior renal group (108.6mins vs 138.9mins,  $p=0.0057$ ) but there was no significant difference in warm ischemic time, estimated blood loss or complications rate.

**Conclusion:** Although longer console time, RARP is a safe and feasible technique in treating malignant small renal masses even the tumor is located at anterior portion as it provides good traction and exposure on surgical field, thus reducing the warm ischemic time.