



Renal tumours in the IVC :

Hard learned lessons over 15 years

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What I wish I'd known in 1999

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What I wish I'd known in 1999...



Kit

Technique

Results

Disappointments

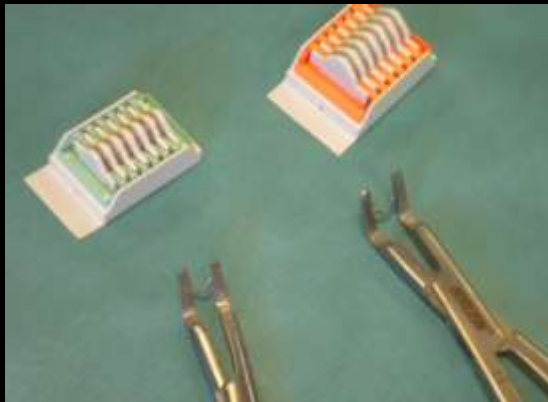
UK



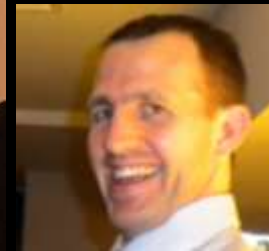
The Thompson retractor...



Equipment (2)



Human kit....









Technique – incisions



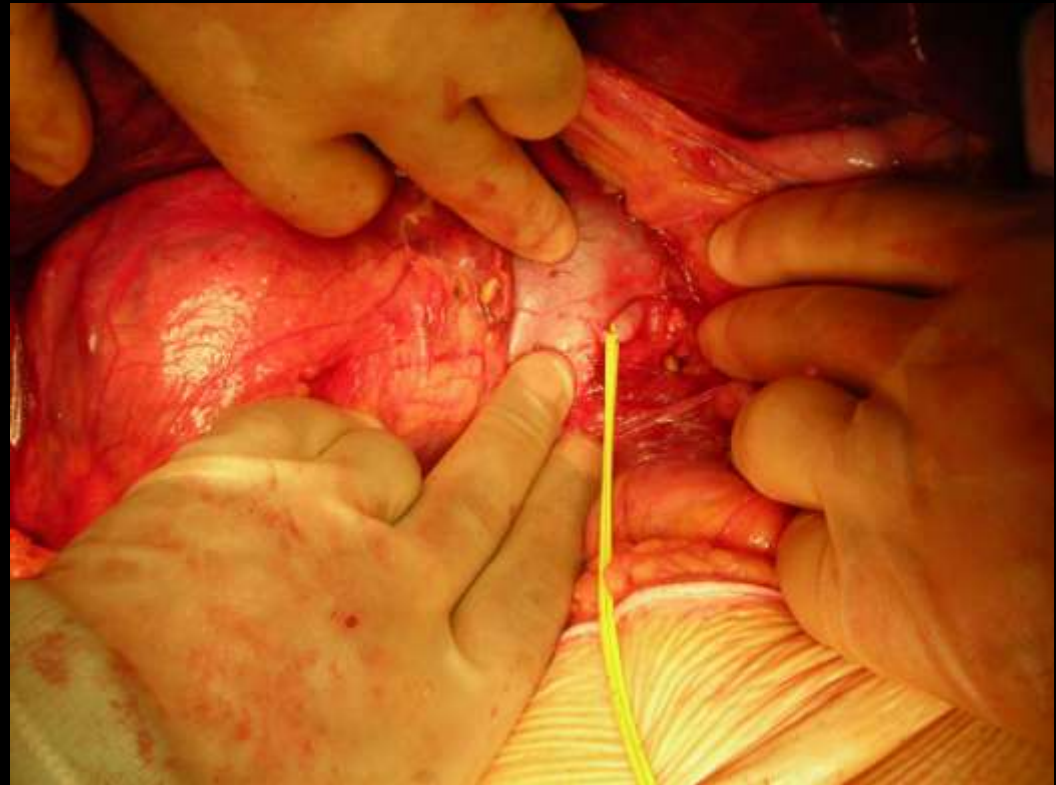
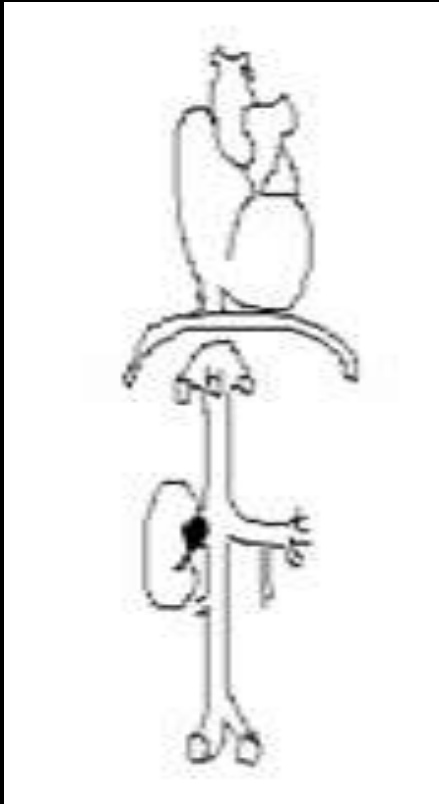
Mercedes Benz



Lexus

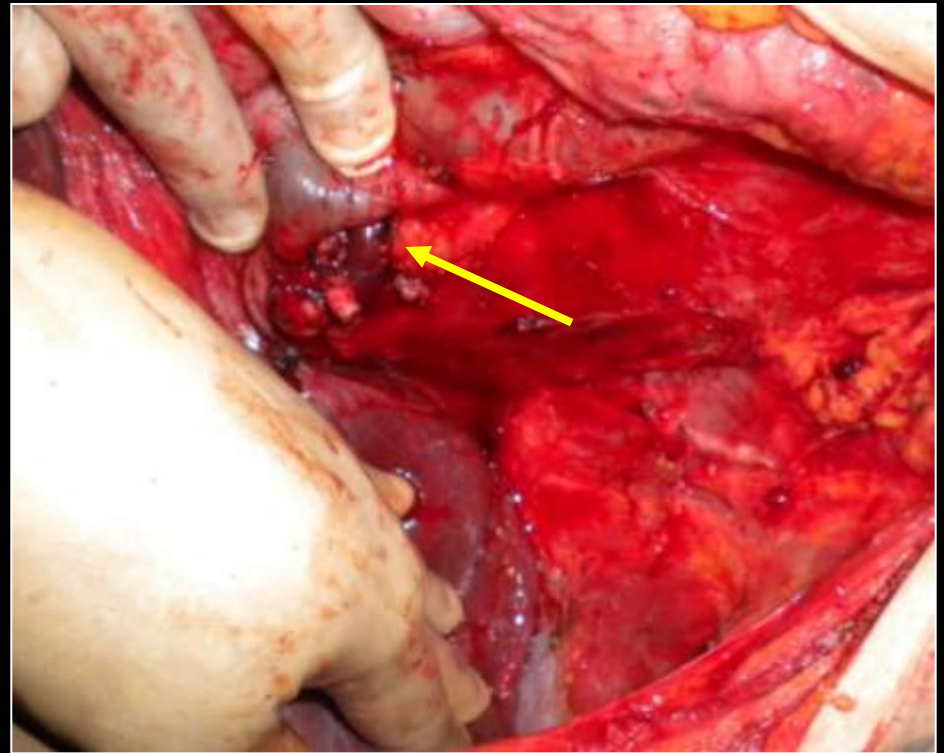
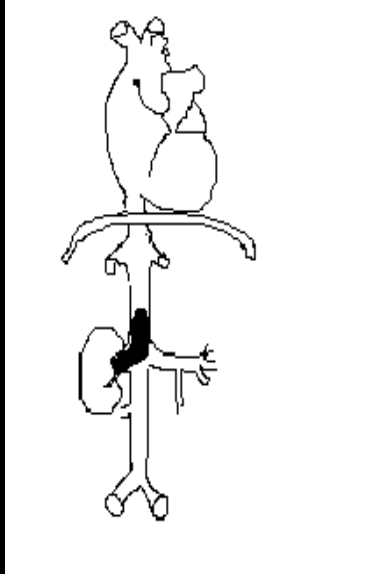


For right sided tumours now almost routine...





Cardiac venous return through the L1 lumbar



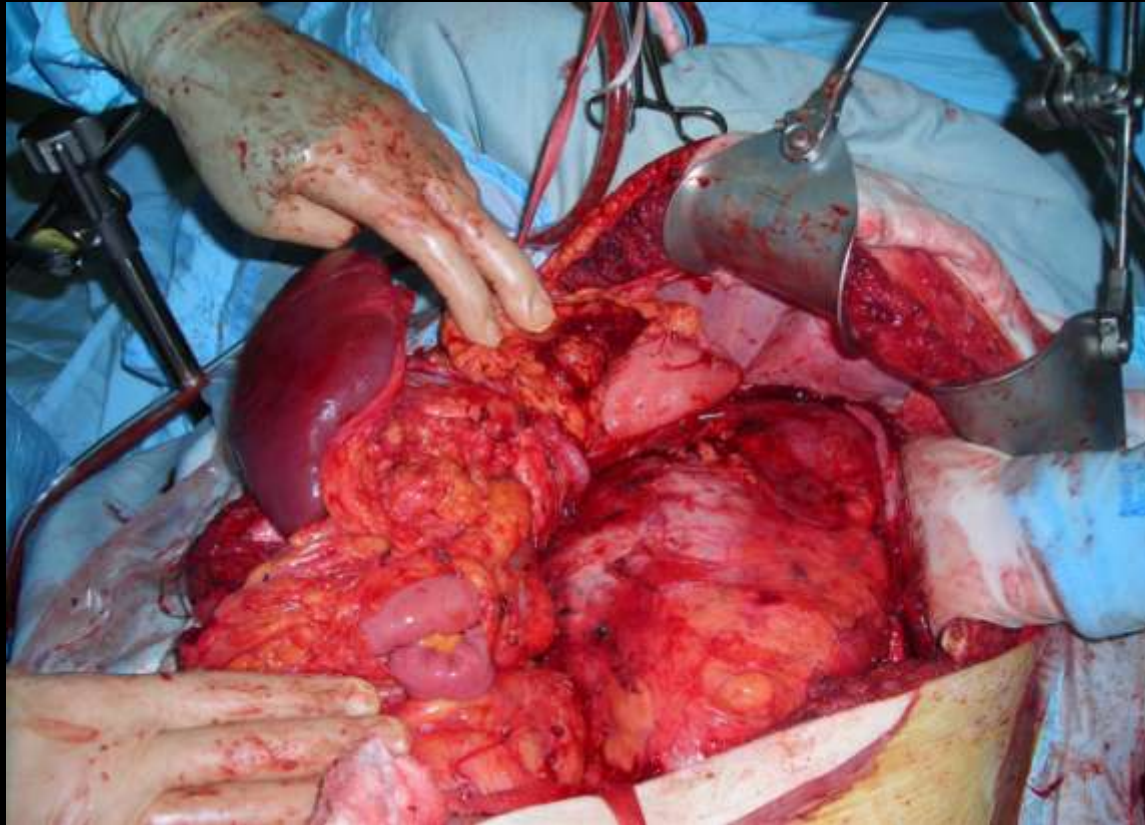
Difficult dissections (1) -

'Tumour thrombus' & Vascular thrombus



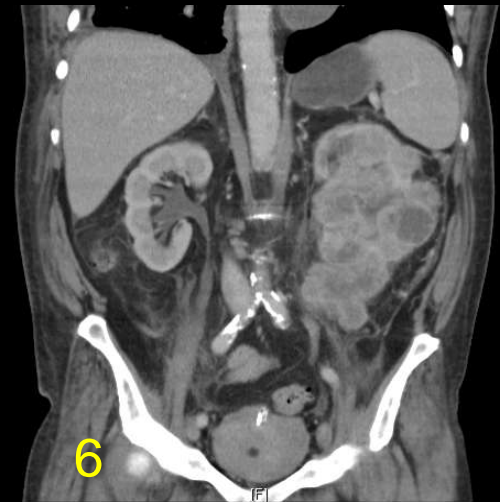
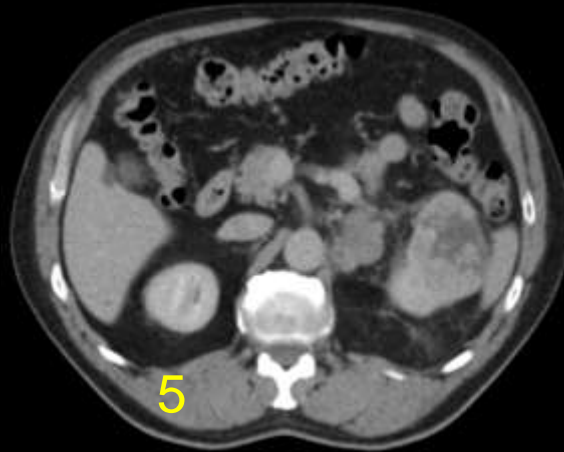
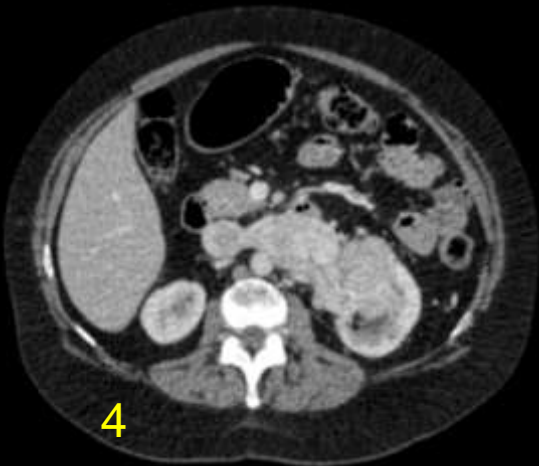


Predicting the difficulty of surgery (2)...
the vascular surgery may be the easy bit



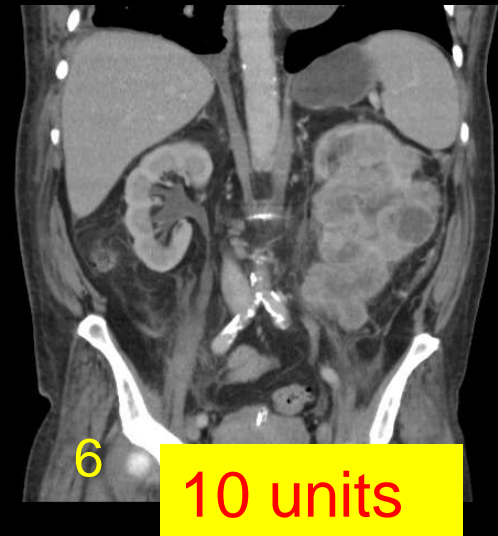
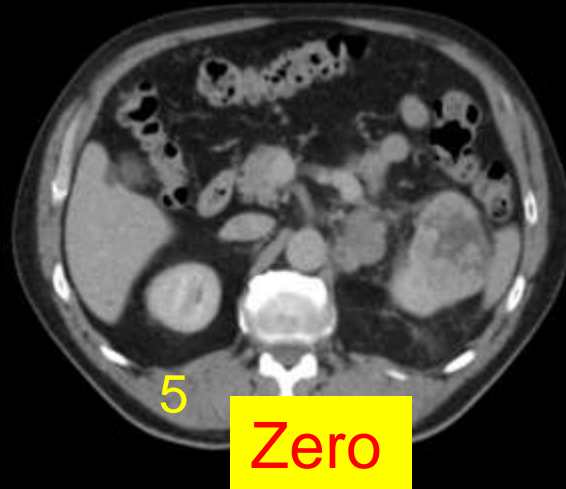
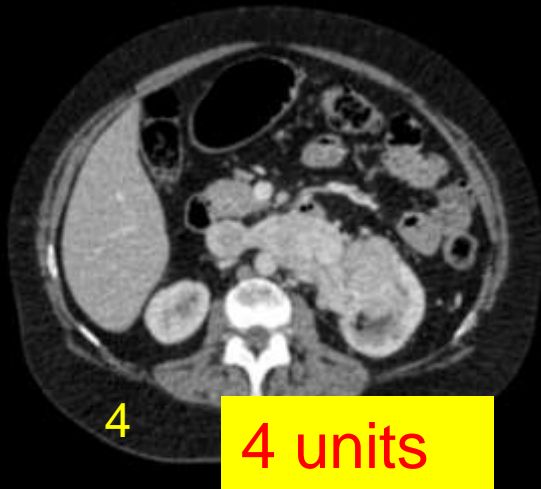
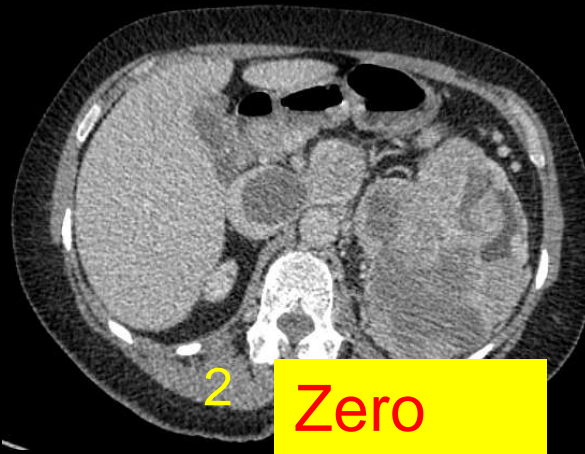
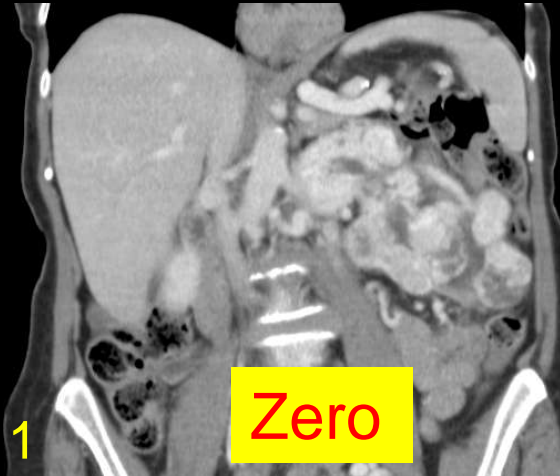


Predicting the difficulty of surgery (3) - dissectability





Predicting the difficulty of surgery (3) - intraoperative transfusion





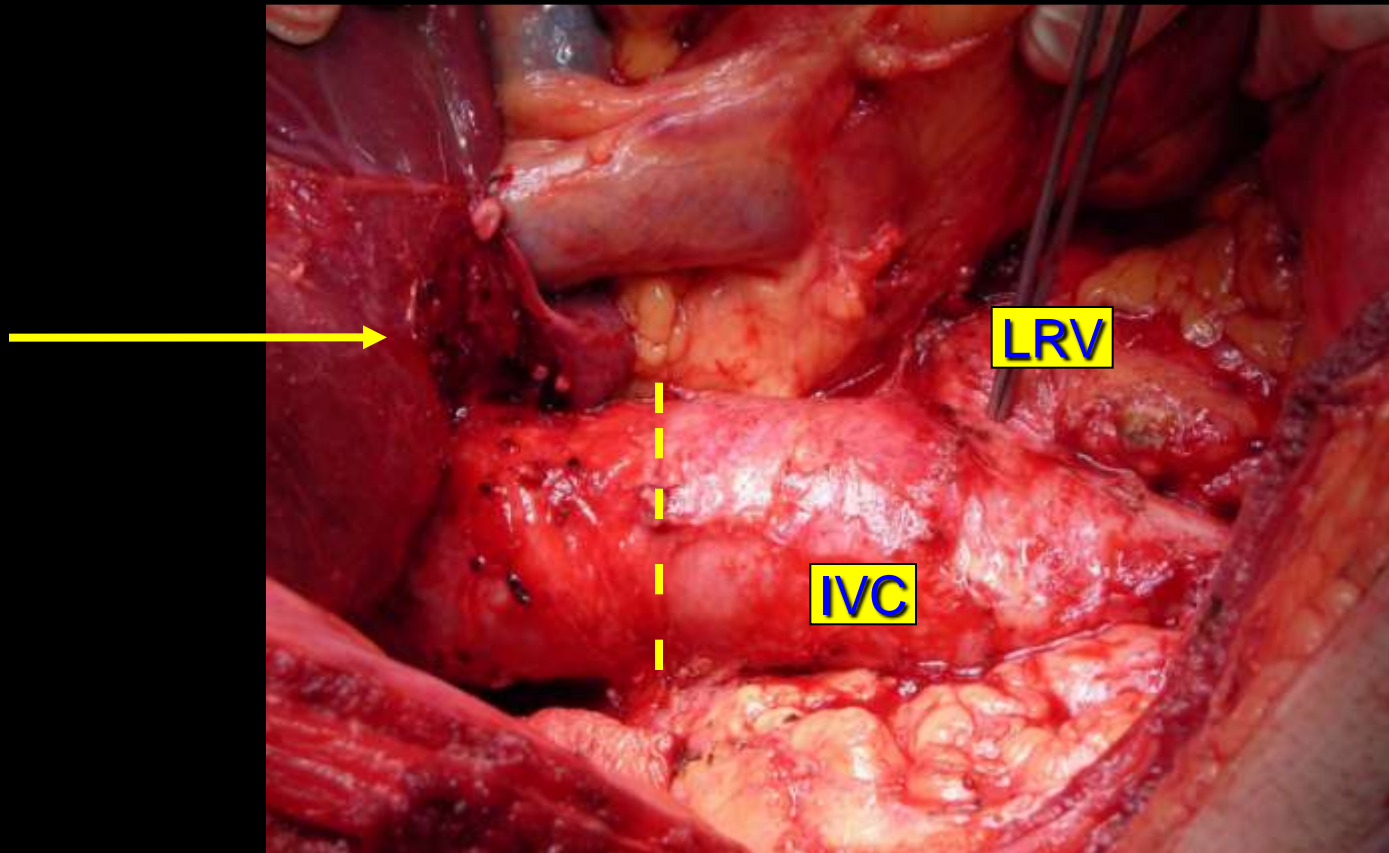
Technique - Level 2 & 3 thrombus



- Imaging upto date ?
- How high does the thrombus extend ?
- Is the thrombus 'friable' or 'solid' ?
- Could the tumour thrombus infiltrate the wall of the IVC ?
- Is a caval graft required ?

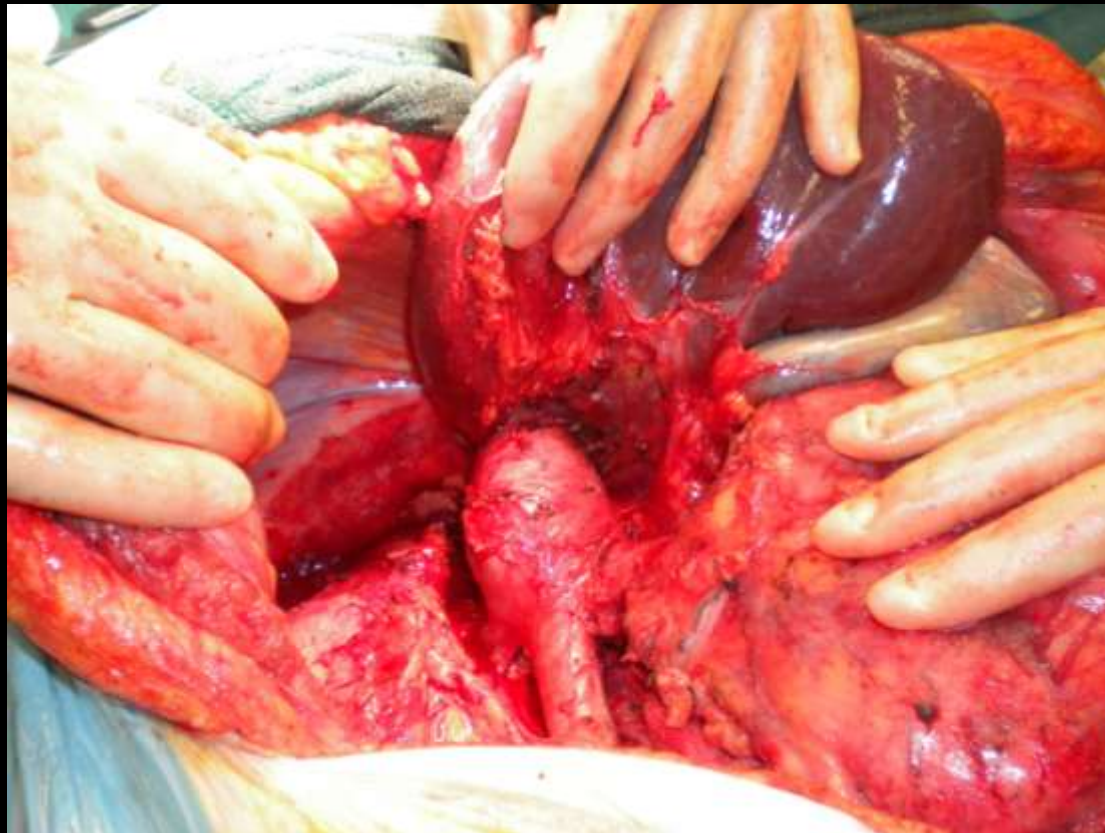
Technique – the liver surgery

Mobilising the caudate lobe



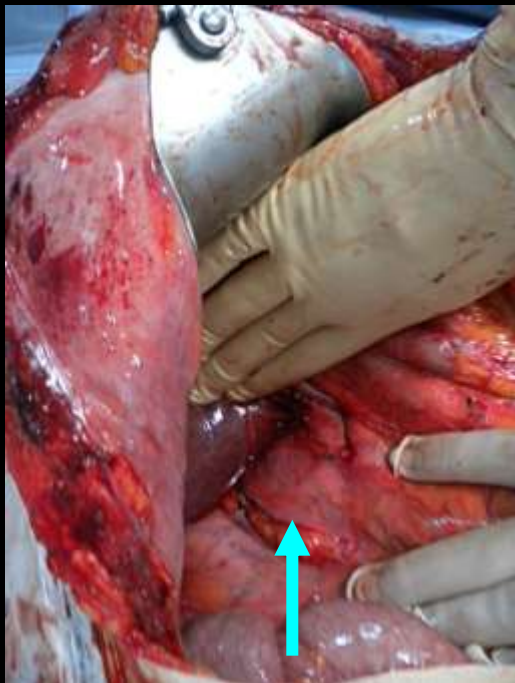
Technique – the liver surgery

Mobilizing the whole right lobe of the liver





Transforming right adrenal surgery...

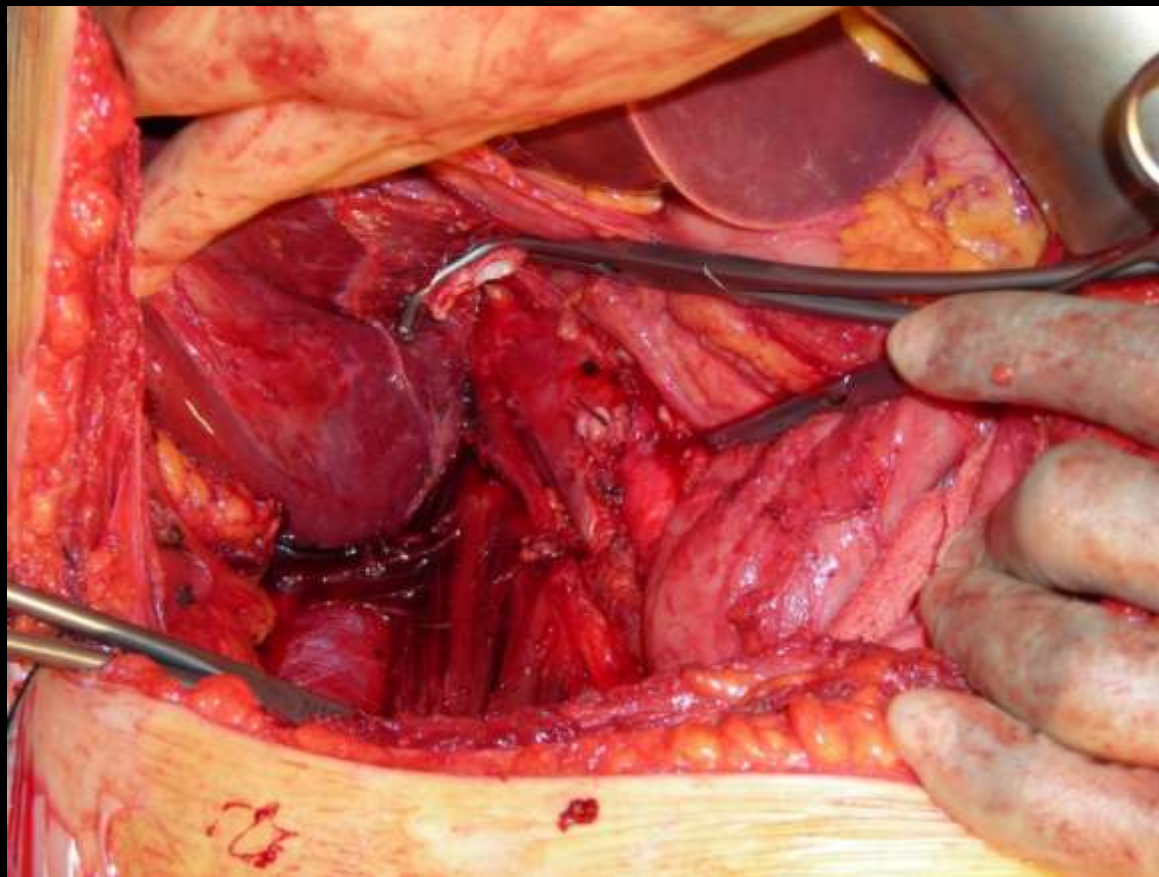


Technique - Lying free or adherent to the wall ?

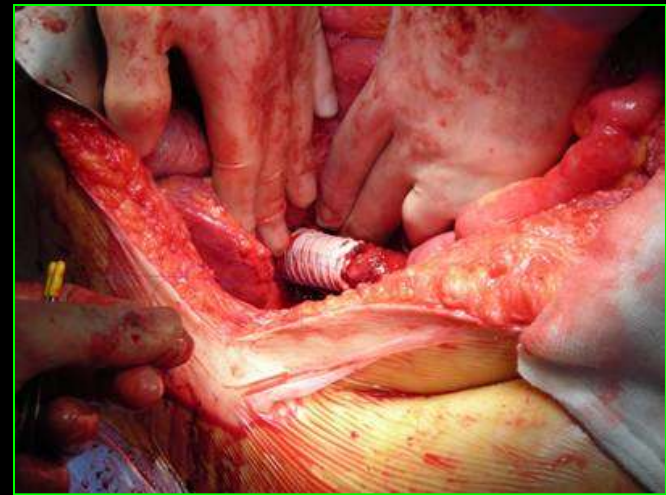
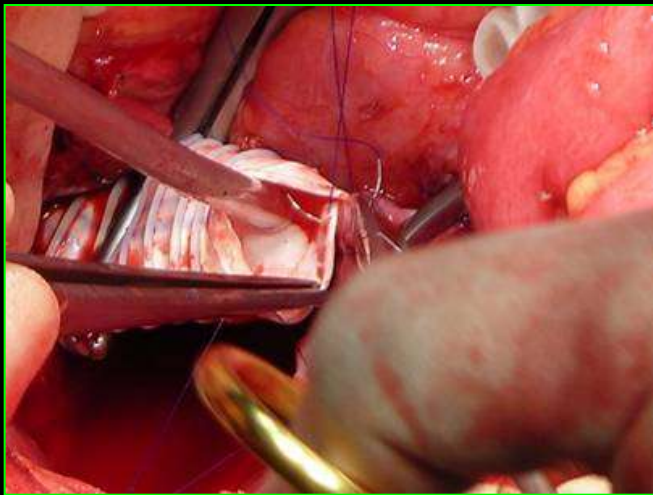
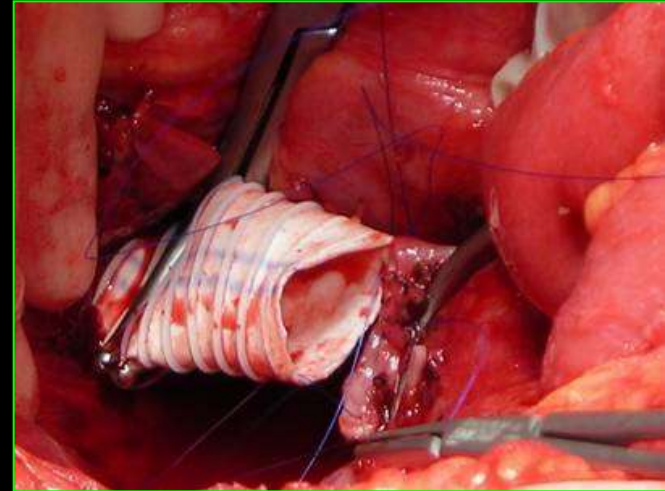
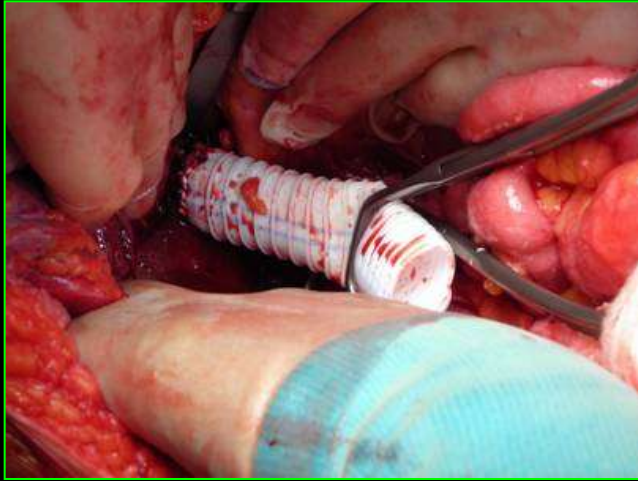
Is the IVC expanded ?



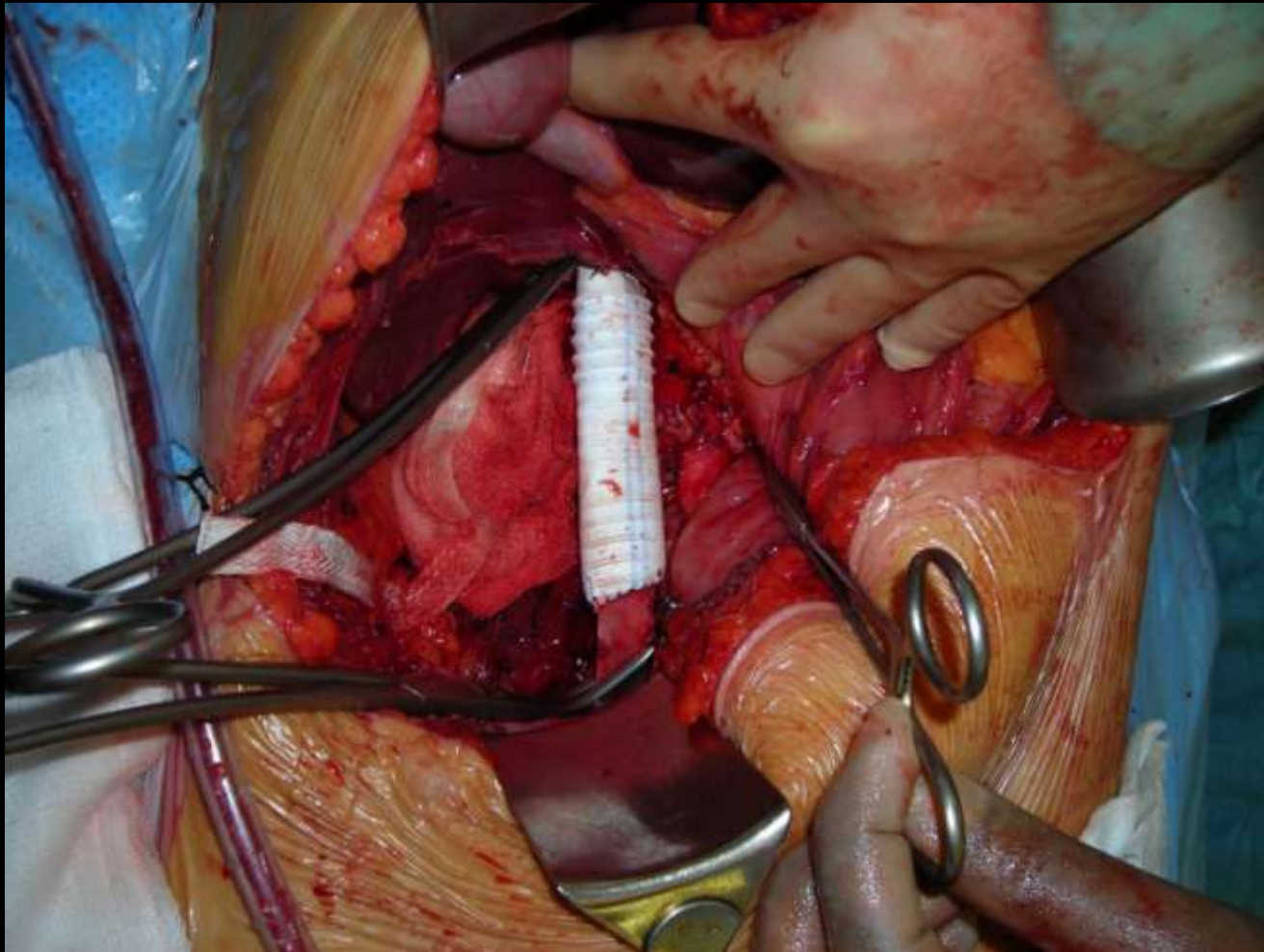
Adherent thrombus excised en-bloc with IVC



18mm ringed goretex secured with 4/0 prolene



IVC replacement



The composition of the tumour “thrombus”



The composition of the tumour “thrombus”



Median survival 55/12



Median survival 8/12

Bertini Eur Urol 2011 (n= 174 cases)



IVC Replacement / grafting 2001-2014 (n=15)

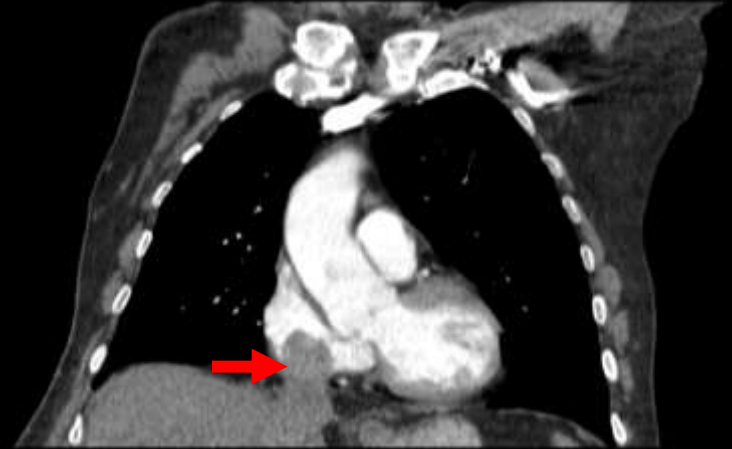


- 14 replaced / 1 patched
- Median age 51
- Op time 270 minutes (175-540)
- Blood loss 1200 ml (400-5000)
- Veno-veno bypass = 3 patients
- Post op stay 11 days (7-29)
- One in-hospital death
- One reoperation for adhesions

- Level 3 n=3
- Level 2 n=7
- Direct extension n=3

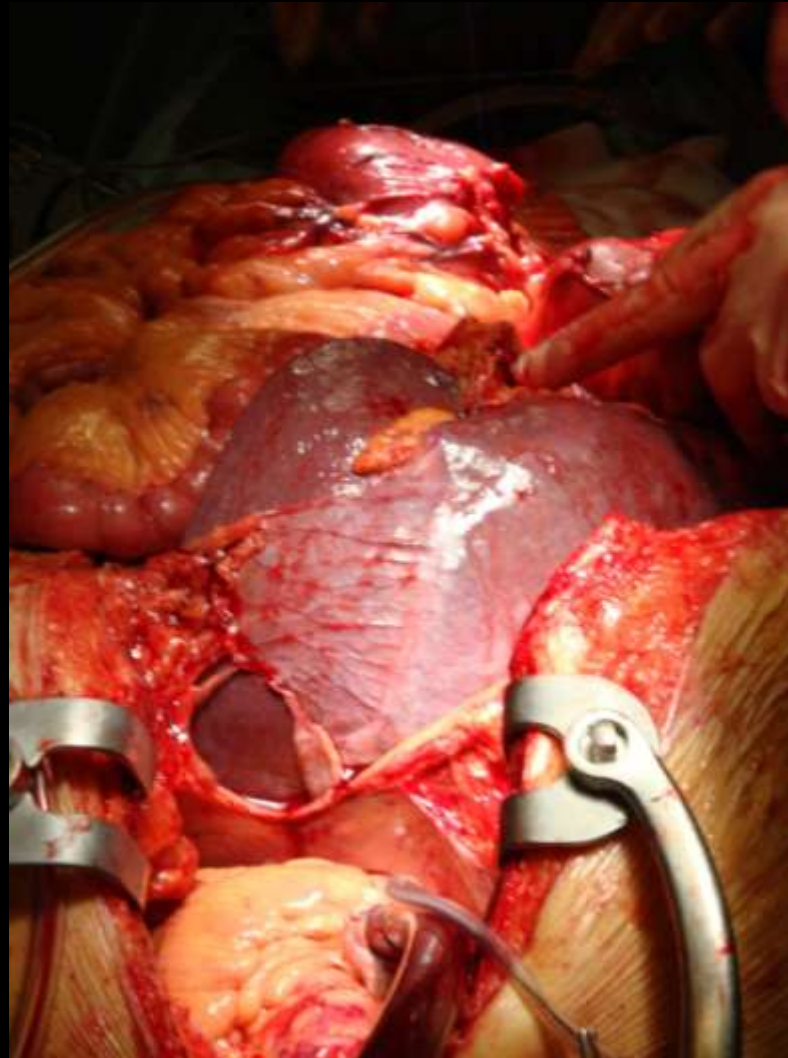
~38% free of recurrence

Renal tumours into the heart

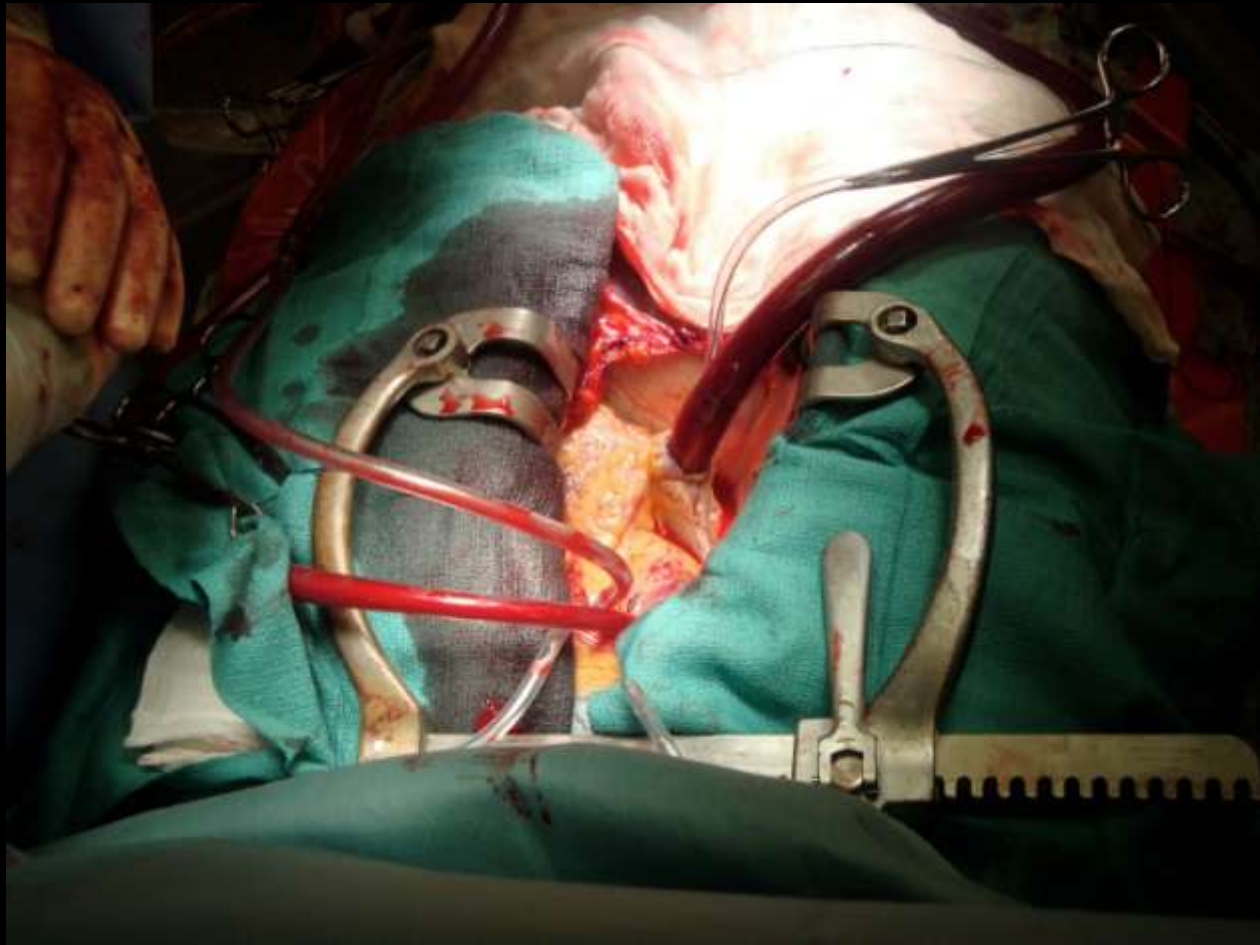




Median sternotomy

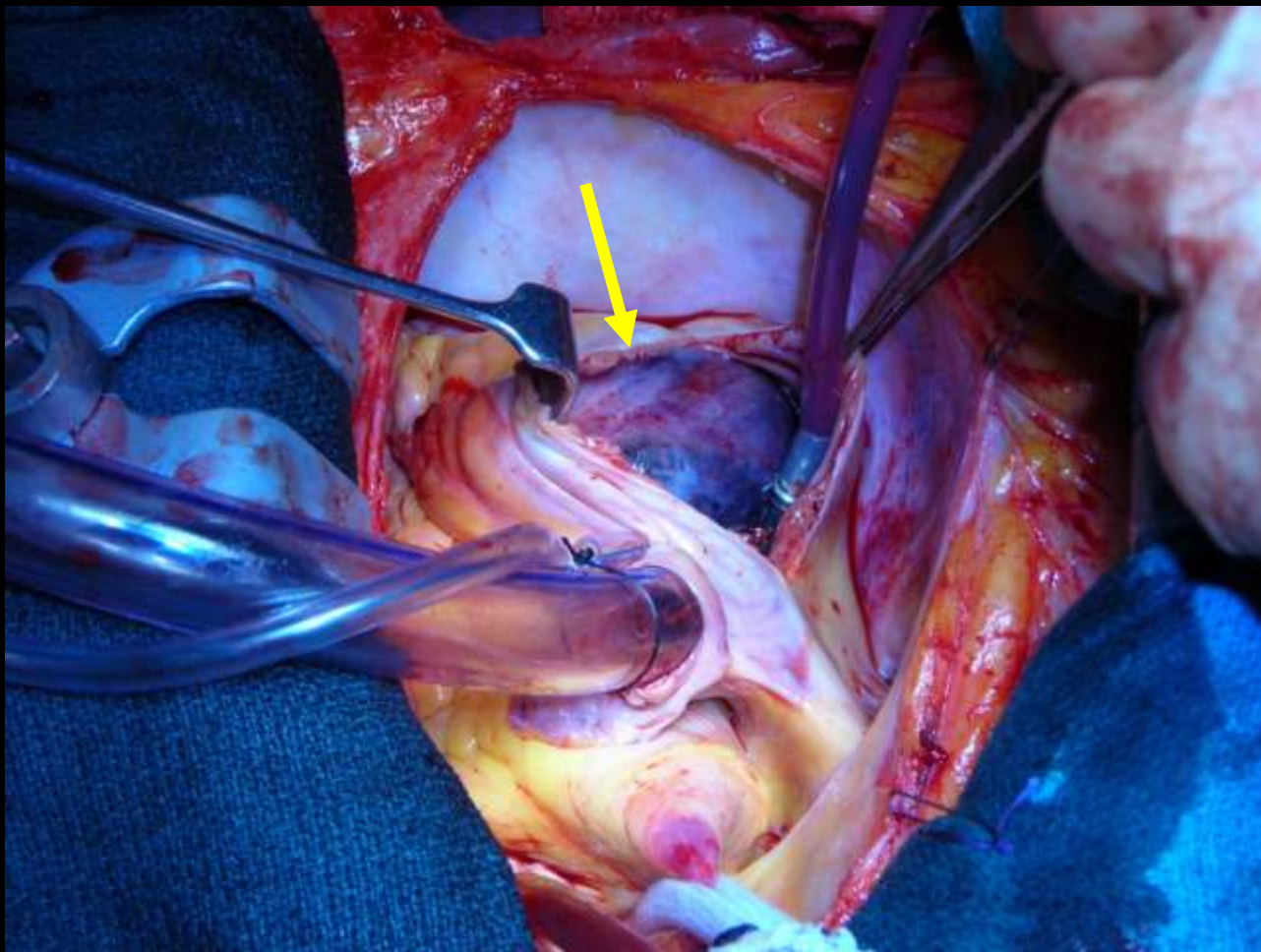


Cardiopulmonary Bypass and cooling to 20°C before arrest
~ 30 minutes of arrest time





Inside the right atrium...



If all goes well.....





Renal tumours in the heart



Decisions Decisions Decisions

1. Is it safe ?
2. Is it helpful ?



Intra- cardiac tumours – is it safe ?



Overall mortality 3/32 (9%)

Pre-op INR ~2: 3/5 died

All 3 who died were aged >70 years

No-one with INR~2 aged >70yrs survived (3/3)

No deaths in patients with normal INR (0/27)



Intra- cardiac tumours – is it safe ? (n=32)



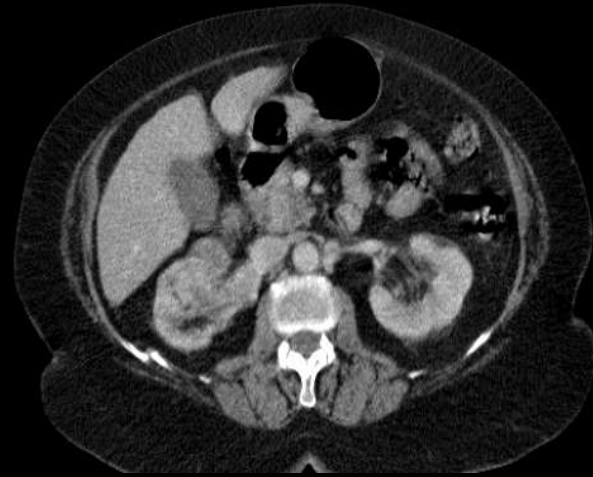
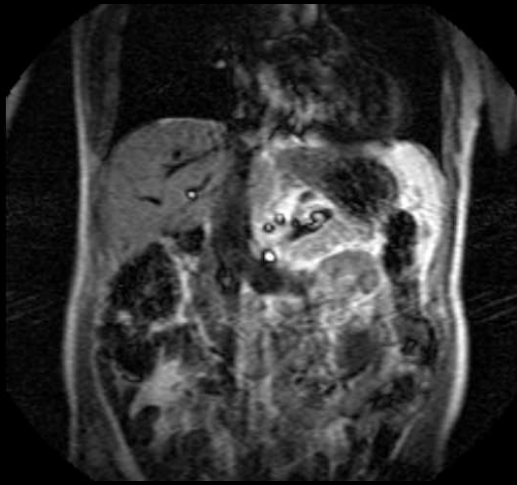
We confidently offer surgery to those with a normal INR

We avoid surgery in patients with a raised INR who are old

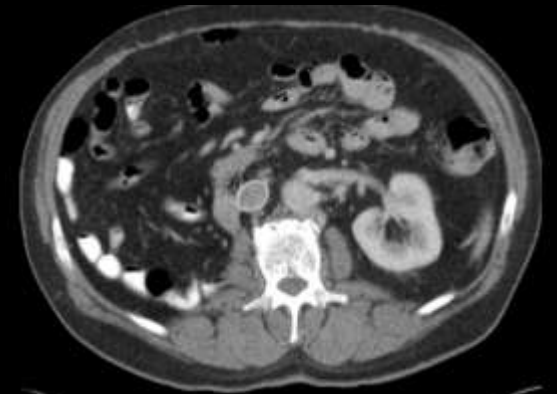
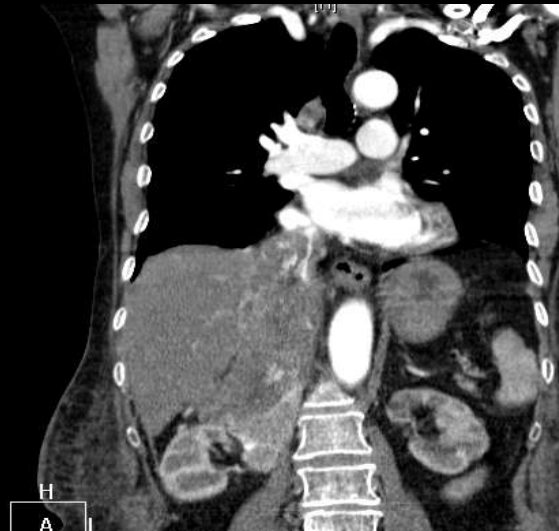








The ones who didn't make it....



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Identifying under-performing surgeons

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Wednesday 28 June 2006 am

Theatre 1

PLENARY SESSION 5

HOW TO CHOOSE A COMPETENT SURGEON AND A SAFE HOSPITAL

A session exploring the arguments for the publication of data on urological surgical outcomes in the Press

Chairman: Mr Tim O'Brien, Consultant Urologist, Guy's Hospital, London

Nephrectomy Mortality = 0.6%

T3 = 1%

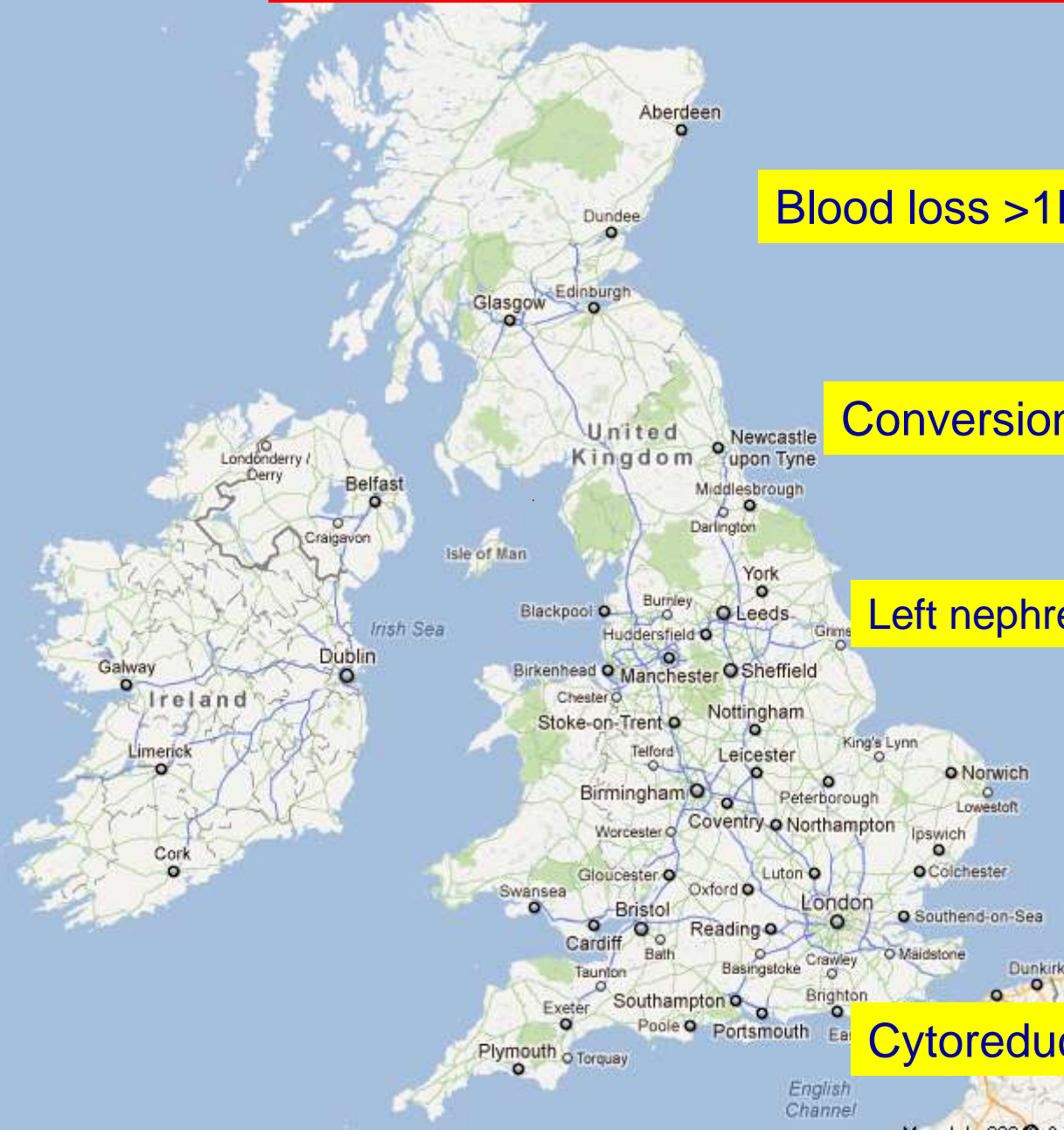
T4 = 4%

Blood loss >1L = 10xRR

Conversions 10xRR

Left nephrectomy 2xRR

Cytoreductives 3xRR



At presentation

6 months later...



pazopanib



pazopanib



GUY'S HOSPITAL FOR INCURABLES

