

A comparison study on two different accessing methods for retroperitoneoscopic adrenalectomy

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摘要

Abstract

Objectives. To compare, in a retrospective nonrandomized study, two retroperitoneal laparoscopic access methods for treatment of adrenal tumors: direct needle insufflation with balloon dissection and finger-assisted dissection without balloon dissection. **Methods.** The operative data from 120 consecutive patients undergoing retroperitoneoscopic adrenalectomy (RA) for benign adrenal tumors were reviewed. The operative outcomes of 70 RAs accessed by direct needle insufflation and balloon dissection were compared with another 50 RAs accessed by finger dissection without balloon dissection. The RA surgical parameters for tumors with different laterality, pathologic features, and size were also analyzed. **Results.** The operative time in the finger dissection group was shorter (118 ± 11 minutes) compared with that in the balloon dissection group (143 ± 21 minutes; $P = 0.03$). The surgical parameters, including incidence of peritoneal perforation, intraoperative blood loss, time to oral intake, analgesic requirement, postoperative hospital stay, and convalescence, did not differ between the groups. For tumors greater than 5 cm, the operative time increased to 220 ± 30 minutes compared with 132 ± 31 minutes for tumors 5 cm or less ($P = 0.02$). The finger and balloon dissection methods had similar operative times for tumors larger than 5 cm (218 ± 10 versus 224 ± 15 minutes). No additional morbidity regarding the recovery time was noted in the finger dissection group compared with the balloon dissection group. **Conclusions.** Finger dissection appears to be a more efficient and equally effective access method for RA compared with balloon dissection. We suggest that balloon dissection may not be required for RA in patients not excessively obese.