



Laparoscopic adrenalectomy

The adrenal glands are paired organs that are found just superior and adjacent to the kidneys. They are mainly responsible for steroid and adrenaline production. Benign and cancerous tumors can develop in these glands. Up until several years ago, large incisions were made to remove these small glands. Currently an adrenal gland can be removed by making 4 small (0.5-1.2 centimeter) incisions. Some diseases of the adrenal gland still require a traditional open incision. The decision to remove the adrenal through minimally invasive means is made based upon the available medical history and the radiological imaging.

Laparoscopic nephrectomy

This minimally invasive procedure is used for the removal of kidney cancer or for the removal of a non-functioning kidney. Rather than making a large 10-15 centimeter incision, 3-4 small incisions (measuring from 0.5-1.2 centimeters) are made for removing the entire kidney. Using an enlarged incision or a separate "cesarean section-like" incision, the kidney can be removed intact. The length of the hospital stay is 1 to 2 nights and the overall period of recovery is 2 to 4 weeks rather than 4 to 6 weeks for open surgical removal of the kidney. Most, but not all, patients are candidates for a laparoscopic nephrectomy. We therefore provide our patients with an individualized evaluation and consultation.

Laparoscopic partial nephrectomy

This minimally invasive procedure is used for the removal of kidney cancer or for the removal of a non-functioning kidney. Rather than making a large 10-15 centimeter incision, 3-4 small incisions (measuring from 0.5-1.2 centimeters) are made for removing the entire kidney. Using an enlarged incision or a separate "cesarean section-like" incision, the kidney can be removed intact. The length of the hospital stay is 1 to 2 nights and the overall period of recovery is 2 to 4 weeks rather than 4 to 6 weeks for open surgical removal of the kidney. Most, but not all, patients are candidates for a laparoscopic nephrectomy. We therefore provide our patients with an individualized evaluation and consultation.

Laparoscopic nephroureterectomy

This procedure is performed to eradicate cancers of the renal pelvis and ureter renal pelvis and ureter. The most common cell type is a transitional cell cancer. The operation



consists of removing the kidney and the entire ureter. In years past, a standard 12th rib flank incision was used to remove the kidney and a second incision in the lower abdomen was used to complete the removal of the ureter. This procedure can now be performed laparoscopically with outcomes that are similar to its open counterpart. Three to four small incisions are used to dissect the kidney and the ureter. Using an enlarged incision or a separate "cesarean section-like" incision, the kidney can be removed intact.

Single port laparoscopic subrapubic prostatectomy

Very large prostate glands causing urinary symptoms are often best managed with open surgical removal as opposed to an endoscopic urethral technique. Although a very effective surgery, this operation traditionally required a several day hospital stay for recovery and a relatively high risk of intraoperative bleeding. Washington Urology has pioneered a new method for doing this operation called a single port laparoscopic suprapubic prostatectomy being the first practice in the Metropolitan DC area to perform this operation. Compared to the standard open approach, this procedure is done using the small telescopes through a single incision in the abdomen and it affords a significantly reduced blood loss, dramatically smaller incision size and accelerated recovery period, allowing most patients to be discharged from the hospital within 48 hours.

Laparoscopic retroperitoneal lymph node dissection

This minimally invasive procedure is performed on male patients diagnosed with testicular cancer. Some types of testicular cancer are treated by removing lymph nodes that are found along the major blood vessels in the abdomen. The laparoscopic removal of these lymph nodes results in similar diagnostic and therapeutic outcomes. Additionally, patients enjoy less pain, shorter hospital stays, and quicker recovery times.