Keyhole Surgery (Laparoscopy)

The ability to carry out operations using the keyhole methods has fascinated surgeons for decades. In the 90’s keyhole surgery for kidney cancer became established.

Laparoscopic procedures offer many options for both the physician and the patient. Compared with traditional surgery, laparoscopic procedures offer the following advantages:

- Smaller incisions resulting in reduced pain and discomfort
- Minimal scarring
- Greater surgical precision
- Enhanced visualization of the surgical site
- Less trauma
- Fewer complications
- Less blood loss and a decreased need for blood transfusions
- Reduced risk of infection
- Shorter hospital stays
- Faster recoveries

*These procedures require intense training and special skill, best results are obtained by surgeons who specialise in and perform a number of procedures.*

I started performing keyhole surgery using the traditional pure laparoscopic technique but soon realised the additional advantages of “hand assisted laparoscopy” HAL for treating kidney cancer.

**Hand Assisted Laparoscopy HAL**

This involves using an innovative device called “hand port” which allows the surgeon to insert one hand inside the abdomen while carrying out the laparoscopic procedure. The operating time is shorter; surgeon has tactile feedback and uses the hand port to remove the kidney at the end of the procedure. The scar and recovery time are same as conventional laparoscopy procedure.

This technique has allowed me to remove large and complicated kidney tumours, would normally require an open operation, laparoscopically.
I am using this technique for **nephroureterectomy** - removal of kidney and ureter in cases of transitional cell cancer of kidney and ureter and in selected cases requiring partial nephrectomy - removal of a part of kidney.

Scar following a right HAL kidney removal

**Prostate Cancer**

Keyhole surgery for prostate cancer was first demonstrated in 1995 but only became accepted in 2000. **It is still performed by a few specially trained urologists in UK.** This procedure is rapidly gaining popularity and will be the way forward for this kind of surgery. This technique combines the advantages of retropubic prostatectomy with better vision for the surgeon and reduced blood loss, hospitalisation, catheterisation time and recovery. This procedure requires great technical skill and takes longer than an open operation.

Most patients will stay in hospital for two days and will resume normal activity within two to three weeks.

I believe for selected patients this technique will have great benefits, however not all patients are suitable for this type of surgery.

Scars after a laparoscopic radical prostatectomy

**Bladder Cancer**

I am using the “hand assisted” technique of keyhole surgery to remove the bladder in patients with muscle invasive bladder cancer. I believe that keyhole surgery will be the way forward in bladder cancer patients who are usually elderly and unfit. Rapid recovery and lower complication rates make this approach very attractive. It is once again a very skilled procedure and a very few surgeons offer this to their patients.

Scar and stoma after laparoscopic cystectomy

All patients offered laparoscopic surgery have to understand that in case of any difficulty in carrying out the procedure laparoscopically I will convert to an open procedure.
• Click here for information about keyhole nephrectomy
• Click here for information about keyhole radical prostatectomy
• Click here for information about keyhole radical cystectomy

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