USE OF THE SEALING HEMOSTAT HEMOPATCH® FOR EARLY DECLAMPING OF THE RENAL ARTERY DURING ROBOT-ASSISTED PARTIAL NEPHRECTOMY IN A CT1B LEFT RENAL MASS: STEP-BY-STEP TECHNIQUE

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Introduzione ed obiettivi
Nephron-sparing surgery (NSS) has demonstrated benefit in terms of renal function preservation and risk of end-stage renal disease, with similar oncologic outcome relative to radical nephrectomy (RN). The warm ischemia time appears the most prominent modifiable risk factor for the development of renal impairment partial nephrectomy (PN). We present a video outlining the step-by-step technique of robot-assisted PN (RAPN) with early declamping of the renal artery in a cT1b left renal mass using an hemostatic agent. Hemopatch® is a sealing hemostat made of a flexible collagen pad, coated with NHS-PEG which seals the bleeding surface and induces hemostasis.

Materiali e metodi
A 69 years old woman who underwent a partial mastectomy for breast cancer in March 2016 was incidentally diagnosed with a bilateral renal mass (55 mm on the right kidney, and 45 mm on the left kidney) in August 2016. In October 2016 she underwent RAPN on the right side and in November 2016 a left RAPN was performed. We describe the step-by-step technique of the left RAPN with early declamping of the renal artery using Hemopatch®.

Risultati
Total surgical time was 3.18 minutes, warm ischemia time was 9 min and estimated blood loss was 50 ml. On the first postoperative day (POD) the bladder catheter was removed. On the second POD the drainage was removed and the patient was discharged. Lab test at discharge reported: Hemoglobin 10.9 g/dl (12.5 g/dl pre-operatively), white blood cells 8.29 10³/mcl and serum creatinine 1.04 mg/dl. No perioperative complications were registered (Clavien-Dindo 0). The patient was not re-admitted within the first 90 days. Contrast-enhanced CT scan at 3 months was normal.

Conclusioni
The use of the sealing hemostat Hemopatch® during RAPN with early declamping of the renal artery in cT1b renal masses appears to be an easy and safe approach. Moreover, it allows reducing the warm ischemia time and therefore increasing the preservation of renal function.