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Surgical complications: Nightmare experience IVC injury during robotic partial nephrectomy

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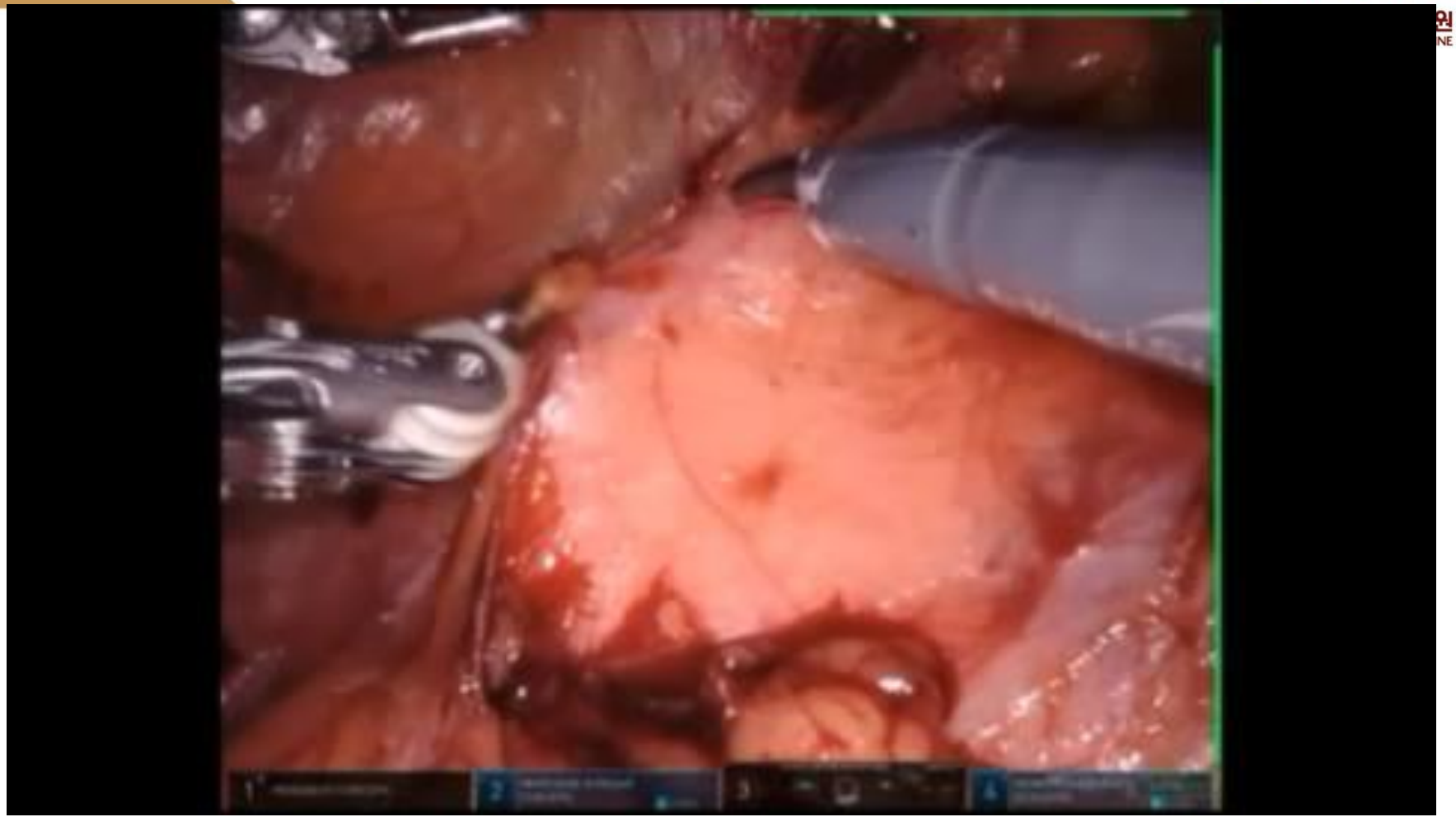
ENABLING
FUTURE MEDICINE

Case

- Male 59 yrs
- Renal mass (cystic) 3Cm
- Location : Lower pole anterior

- Renal artery : Early branching behind IVC



- EBL : 900cc
- Hb 15.0 ->9.8
- RBC 3 pint
- POD #6 discharge
- Pathology : RCC clear cell , T1

IVC injury during Nephrectomy

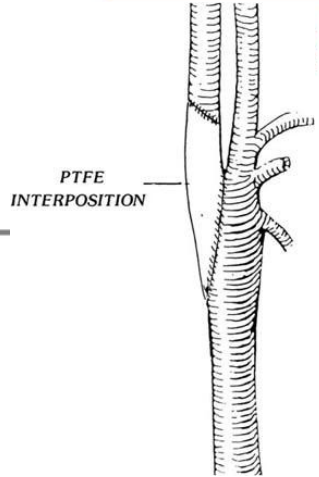
- 10 had an IVC injury, 6 of which were repaired primarily, with 4 requiring an interposition PTFE graft.

Mandolfino T et al. Surg Today. 2008

- Mayo Clinic experience in regards to repair of iatrogenic abdominal and pelvic vein injury in 40 patients
  - Six patients required IVC repair,
  - 4 were repaired primarily and 2 required a PTFE interposition graft
  - 1 patient died and 4 had major complications

Oderich GS et al. J Vasc Surg. 2004

Options for Repair



- Primary IVC repair is a faster more efficient

- Reconstruction with PTFE
  - Benkirane et al, explored IVC resection and reconstruction with PTFE in 26 cancer pts
  - follow-up of 28 months , 19.2% of grafts thrombosed

- Undergoing primary repair after RCC tumor thrombus extraction
  - IVC patency was 95%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