

FAQs: Robotic Kidney and Adrenal Surgery

WHAT ARE THE TREATMENT OPTIONS FOR KIDNEY OR ADRENAL TUMORS?

Active Surveillance

Some kidney tumors may be benign or may be very slow growing cancers that will never become life-threatening. Most adrenal tumors are benign and not cancerous. For this reason, some patients may choose not to treat their tumors and can be actively followed with surveillance consisting of periodic scans. This option is more appropriate for older patients, those with less than a 5-year life expectancy, and those with medical problems making treatment unsafe or when the tumor appears more likely benign on scans.

Percutaneous Ablation

Some kidney tumors can be treated by an interventional radiologist, who will place a needle into the tumor and then use this to freeze or burn the tumor. This treatment is best for smaller tumors. The location of the tumor is important to whether or not this will be successful. Some patients prefer removal of the tumor rather than burning or freezing it, which can only be done surgically, because removal has a higher cure rate; however, it requires a patient be healthy enough to undergo surgery. Percutaneous ablation is not used for adrenal tumors, except in very rare instances.

Surgery

This treatment option involves removal of the tumors, which Dr. Abaza performs in a minimally invasive procedure using robotic surgery. Only with surgery can the tumor be removed from the body entirely. Sometimes the entire kidney is removed, but many times the kidney can be spared, if the tumor is small enough and favorably located. Because of his skill and experience with removing hundreds of kidney and adrenal tumors robotically, Dr. Abaza is able to remove tumors of all size and complexity in minimally-invasive robotic fashion without having to resort to traditional open surgery.

Radiation

Radiation is not used to treat kidney and adrenal tumors.

Chemotherapy

Medical therapy, such as chemotherapy or immunotherapy, is not used for early-stage or localized kidney and adrenal tumors. These treatments are only used for cancers that have already spread to other parts of the body.

WHAT IS THE ADVANTAGE OF CHOOSING ROBOTIC SURGERY?

Robotic surgery is minimally-invasive and allows even the most complex surgery to be performed inside the body without having to make a large incision to do it by hand. The quality of surgery inside the body is as good or better in the right hands, but it requires an expert surgeon since the robot is not programmable and requires the surgeon to operate it for every move. With robotic surgery, the small incisions will be less painful, so patients are up walking right away and are able to go home faster, many times the same day as surgery.

WHAT IS THE TYPICAL COURSE FOR A PATIENT HAVING ROBOTIC SURGERY WITH DR. ABAZA?

Those choosing robotic surgery will come to the hospital on the day of surgery. The surgery lasts about two hours but can take longer depending on specifics of the tumor and anatomy. Patients will go home the same day or, if needed, will stay overnight in the hospital. They will be walking the day of surgery and start eating regular food as soon as they feel ready. Because of Dr. Abaza's expertise, only rarely will a patient need a drain after their kidney surgery, so at most they will have a bladder catheter that will be removed before they go home.

Activity at home is not limited in terms of walking or using stairs, but patients should not be involved in any strenuous activity for six weeks after surgery to allow healing, which includes lifting anything over 10 lbs. Those with sedentary jobs (desk jobs) can work from home right away or go back to work after the first week, if feeling able, but those with physically challenging jobs, such as construction, landscaping or factory work, are asked to take six weeks off. If you have questions about going back to work part-time or on light duty sooner, please ask Dr. Abaza.

IF I CHOOSE SURGERY, WHAT WILL HAPPEN AFTER MY OFFICE VISIT WITH DR. ABAZA?

If you decide to proceed with surgery after your visit with Dr. Abaza, the office staff will promptly schedule your surgery. If possible, you may also be able to complete your preoperative testing the same day, including blood work, EKG and meeting with the anesthesia staff to make sure you are safe to have surgery. Once you complete this testing, you will not need to return until the day of surgery.

WHAT WILL MY FOLLOW-UP VISITS BE LIKE AFTER SURGERY?

Typical follow-up visits include the following:

- About two to three weeks after surgery, you'll visit with Dr. Abaza (virtually or in person) to review the pathology report from surgery, which will explain the microscopic analysis of the tumor that was removed.
- Three to six months later, you'll visit with Dr. Abaza to review your scans to make sure you healed completely after the surgery and are tumor free. After this visit, you will not need to see Dr. Abaza, if you have a urologist closer to home who can monitor you with scans, if your tumor was cancerous.
- In most cases, when patients are doing well, they will be released to follow up with their local urologist after the three or six-month visit with Dr. Abaza. Dr. Abaza works closely with your local urologist, and our main goal is to get you back to your urologist as quickly as possible. Dr. Abaza will be available, if needed, any time afterward.
- For patients traveling by plane for their surgery, coordination with your local urologist will be arranged for follow-up, so you will likely not need to return to Ohio after about one week after surgery.

HOW MANY ROBOTIC SURGERIES HAS DR. ABAZA PERFORMED?

Dr. Abaza's practice is limited to only robotic surgery. He has performed robotic surgery since 2006 and exclusively since 2008. He has performed more than 6,000 robotic procedures and performs approximately 500 annually. Although Dr. Abaza is fully trained in open surgery, he is one of few robotic surgeons in the World who has never had to convert a robotic procedure to open surgery due to inability to complete the procedure or for complications. Many who have been denied robotic surgery elsewhere have successfully undergone robotic surgery with Dr. Abaza, so even patients who have been told they cannot have robotic surgery should discuss this with Dr. Abaza before making a treatment decision.

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