Patient Information: Adrenal Surgery

WHEN IS ADRENAL SURGERY NEEDED?

An adrenalectomy (the surgical removal of the adrenal gland) may be required in cases of hormone overproduction or if there is a concern that a mass of the adrenal gland may be a cancer. The three scenarios where hormone excess requires adrenalectomy are Cushing's Syndrome, Conn's Syndrome and pheochromocytomas.
Adrenal tumours can be encountered during other radiological tests on the abdomen and adrenalectomy may be recommended when the tumours are large because of the risk of cancer or because there are other concerning features on the scan.

HOW IS ADRENAL SURGERY USUALLY PERFORMED?

Minimally invasive surgery is now the gold standard approach to adrenal tumours. Key hole adrenalectomy (Laparoscopic adrenalectomy or retroperitoneoscopic adrenalectomy) now accounts for 95% of adrenal surgery in our centre. The method of adrenalectomy depends on the disease being treated, tumour size and the general health of the patient. Overall with the exception of adrenal cancer the laparoscopic or retroperitoneoscopic approach is preferred.

LAPAROSCOPIC & RETROPERITONEOSCOPIC ADRENALECTOMY

The first pioneering laparoscopic adrenalectomy was performed in the 1992 and following refinement of the technique this has become the method of choice for removing benign adrenal tumours. This minimally invasive adrenal surgery has numerous advantages over the open technique including smaller incisions, less pain, earlier mobility and therefore less risk of chest and clot related complications. The operation involves the use of 3 or 4 small cuts through which a telescope and specialised instruments are passed which allow the operation to be performed with the benefit of magnification on a TV screen.

Retroperitoneoscopic adrenalectomy is an exciting newer form of minimally invasive adrenalectomy. The approach is associated with a shorter anaesthetic, less pain and usually just one night in hospital. It is the preferred approach for most adrenal tumours.