How to Start a Lap Partial Nephrectomy Program TODAY & the New EndoLap OR for the FUTURE

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While lap nephrectomy is now routinely done in most urology unit. Lap partial nephrectomy still remain a forbidden area. We reported our experience of establishment of LPN program in our hospital and hopefully can provide some useful information for those department who had similar needs. We think the prerequisite is the existence of established open partial nephrectomy service and of lap total nephrectomy service (including skill and hard ware). The essential elements of establishing a LPN program include:
1) Adoption of the appropriate strategy
2) Hard ware upgrade
3) Adoption of appropriate tactics: simplify/standardization of suturing
4) Simulation in inanimated/animated model
5) Simulation in open partial nephrectomy
6) Support for complication management
7) Audit of outcome
This may service as a model for development of future new operation.

To take us to the next stage, we need a new operating platform which had 1) Integrated real time imaging modility or instant image retrieval from the radiology department database. 2) Integration of the use of rigid and flexible scopes to allow us to see better and to reach further. 3) An integrate energy platform so that we can deliver the most appropriate energy through the effector. 4) A strong I. T. backbone.

Some of the above is still ideas but some had already been materialize in a prototype installed at our hospital: the new EndoLap OR.