

# SURGERY OF THE ADRENAL GLANDS

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Since its description in the 1990s by Gagner, laparoscopic adrenalectomy has become the gold standard in the resection of adrenal tumours, except for tumours with signs of malignancy. Since then, the retroperitoneoscopic modification of the posterior open approach described by Walz has gained popularity. The transperitoneal laparoscopic approach offers a better view of the adrenal region than open surgery and, because the anatomy is more familiar, it is more commonly employed. However, the retroperitoneoscopic approach requires less dissection because it is extraperitoneal; it is most advantageous in patients with small and/or bilateral tumours, e.g. inherited disease. For adrenal surgery as a whole, the mortality rate is less than 0.5% but is higher in the setting of malignant adrenal tumours. The open anterior approach should be undertaken if there are radiological signs of invasion, limited metastases, suggest malignancy. To avoid steroid dependence, subtotal adrenalectomy is an option in patients with bilateral tumours provided they are small (<3 cm). It is important to emphasise that these excellent outcomes depend on an experienced surgical team and close liaison with endocrinology colleagues to ensure that any hormonal excess is identified preoperatively, controlled to render surgery safe then supplemented if needed in the postoperative period.

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