

Laparoscopic partial nephrectomy

HealthTech guidance

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www.nice.org.uk/guidance/htg97

Your responsibility

This guidance represents the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take this guidance fully into account, and specifically any special arrangements relating to the introduction of new interventional procedures. The guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

All problems (adverse events) related to a medicine or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare products Regulatory Agency using the [Yellow Card Scheme](#).

Commissioners and/or providers have a responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties. Providers should ensure that governance structures are in place to review, authorise and monitor the introduction of new devices and procedures.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should [assess and reduce the environmental impact of implementing NICE recommendations](#) wherever possible.

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This guidance replaces IPG151.

1 Recommendations

- 1.1 Current evidence on laparoscopic partial nephrectomy suggests that it is safe and efficacious when undertaken by surgeons with special expertise in this technique. Surgeons undertaking laparoscopic partial nephrectomy should have specific training and regular experience in laparoscopic renal surgery.
- 1.2 Clinicians wishing to undertake this procedure should ensure that patients fully understand the risks, including that of serious haemorrhage. In addition, use of the [information for the public](#) is recommended.
- 1.3 Clinicians should audit and review their results. The [British Association of Urological Surgeons](#) runs a cancer registry, and clinicians are encouraged to enter all patients undergoing laparoscopic partial nephrectomy onto this database.

2 The procedure

2.1 Indications

- 2.1.1 Indications for laparoscopic partial nephrectomy include: a solid renal tumour in a patient with a solitary kidney or compromised contralateral kidney; bilateral renal tumours; and small localised renal tumours in patients with a normal contralateral kidney. Most solid renal tumours are renal cell carcinomas but a small proportion of them are benign tumours, such as oncocytomas. The standard treatment for renal tumours is open partial nephrectomy.
- 2.1.2 Some small tumours may not be suitable for laparoscopic partial nephrectomy because of their position (centrally located lesions are more difficult to remove than peripheral lesions).

2.2 Outline of the procedure

- 2.2.1 A laparoscopic partial nephrectomy is performed under general anaesthetic, using a transperitoneal or retroperitoneal approach. In the transperitoneal approach, the abdomen is insufflated with carbon dioxide and 3 or 4 small abdominal incisions are made. In the retroperitoneal approach, a small incision is made in the back and a dissecting balloon is inserted to create a retroperitoneal space. After insufflation with carbon dioxide, 2 or 3 additional small incisions are made in the back. The renal vessels are identified and either controlled using vessel loops or clamped, and the kidney is mobilised to allow exposure of the lesion. A laparoscopic ultrasound probe may be used to determine the line of incision and depth of tumour involvement. The specimen is enclosed in a bag and retrieved through an expanded port.
- 2.2.2 Hand-assisted laparoscopic partial nephrectomy allows the surgeon to place 1 hand in the abdomen while maintaining the pneumoperitoneum required for laparoscopy. An additional small incision is made that is just large enough for the surgeon's hand, and an airtight 'sleeve' device is used to form a seal around the

incision.

2.3 Efficacy

- 2.3.1 One non-randomised comparative study of 200 patients reported a median hospital stay of 2 days for laparoscopic partial nephrectomy compared with 5 days for open partial nephrectomy ($p < 0.001$). A second non-randomised comparative study, which involved 49 patients, reported a mean hospital stay of 3 days for the laparoscopic procedure compared with 6 days for open surgery ($p < 0.0002$). The first of these studies also reported a significantly shorter median convalescence time for laparoscopic partial nephrectomy compared with open partial nephrectomy (4 weeks versus 6 weeks, $p < 0.001$).
- 2.3.2 In 1 non-randomised comparative study, positive surgical margins (with tumour involvement) were reported after 3% (3 of 100) of laparoscopic partial nephrectomies compared with 0% (0 of 100) of open partial nephrectomies. In a second non-randomised comparative study, positive surgical margins were reported in 0% (0 of 27) of laparoscopic procedures and 5% (1 of 22) of open procedures. Two case series reported positive surgical margins in 3% (1 of 37 and 3 of 100) of cases.
- 2.3.3 Three studies reported tumour recurrence rates of 0% (0 of 100), 0% (0 of 79) and 4% (2 of 48) after mean follow-up periods of 15 months, 20 months and 38 months, respectively. For more details, see the [overview](#).
- 2.3.4 The specialist advisors noted concern about the possibility of incomplete cancer clearance.

2.4 Safety

- 2.4.1 Six studies reported urine leakage as a complication, affecting between 2% (2 of 100) and 9% (5 of 53) of patients. In 3 studies, the rate of postoperative haemorrhage was 2% (4 of 200, 2 of 100 and 1 of 53 of patients), and the rate of intraoperative haemorrhage ranged from 3% (3 of 100) to 8% (4 of 53). Other

complications included renal failure; damage to the ureter, bowel and blood vessels; and urinary tract infection. For more details, see the [overview](#).

- 2.4.2 The main safety concerns listed by the specialist advisors were intraoperative and postoperative bleeding, and urine leak.

2.5 Other comments

- 2.5.1 It was noted that the published evidence came from highly specialised units experienced in laparoscopic renal surgery, where clinicians have undertaken a large number of laparoscopic partial nephrectomies.

3 Further information

Sources of evidence

The evidence considered by the committee is in the [overview](#).

Information for patients

NICE has produced [information on this procedure for patients and carers](#). It explains the nature of the procedure and the guidance issued by NICE, and has been written with patient consent in mind.

4 Update information

Minor changes since publication

January 2026: Interventional procedures guidance 151 has been migrated to HealthTech guidance 97. The recommendations and accompanying content remain unchanged.

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Endorsing organisation

This guidance has been endorsed by [Healthcare Improvement Scotland](#).