Conflicts of interest: The authors have nothing to disclose.

References


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Re: Can Selective Arterial Clamping with Fluorescence Imaging Preserve Kidney Function During Robotic Partial Nephrectomy?
McClintock TR, Bjurlin MA, Wysocki JS, et al

Urology 2014;84:327–32

Experts’ summary:
The authors have performed a matched-pair analysis of selective clamping with near-infrared fluorescence (NIRF) using the fluorescent tracer indocyanine green (ICG) during robotic partial nephrectomy (RPN) compared with conventional main arterial clamping. There were 42 RPN cases using selective clamping with NIRF that were matched with RPN cases using main arterial clamping by the same surgeon from an earlier time period. The authors found that selective clamping with NIRF was associated with superior kidney function at discharge, as measured by estimated glomerular filtration rate (78.2 vs 68.5 ml/min per 1.73 m², p = 0.04); however, this became insignificant at 3-mo follow-up (76.7 vs 66.7 ml/min per 1.73 m², p = 0.07). Negative surgical margins were obtained for all cases. Perioperative morbidity was acceptable, with a total of four perioperative complications occurring in three patients, all of which were Clavien grade 1–3. The authors concluded that use of NIRF imaging with selective arterial clamping during RPN is associated with improved short-term renal functional outcomes when compared with RPN using standard main arterial clamping.

Conflicts of interest: The authors have nothing to disclose.

References


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