

Referral pattern & biochemical work-up of adrenal lesions and the role of endocrinologists in managing patients undergoing surgical adrenalectomy: A single centre audit of 10 years of laparoscopic adrenalectomies

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Introduction: Laparoscopic adrenalectomy is the gold standard treatment for adrenal lesions. High volume centres with input from endocrinologists and urologists with a special interest in adrenal lesions may have best outcomes.

Aims: To audit our practice and set standards with reference to preoperative workup and postoperative follow-up. This is a single centre, single surgeon experience of surgical adrenalectomy.

Material & Methods: Over a 10 year period 71 adrenalectomies were performed. 55 clinical notes were available for review. M:F 24:31, with equal gender distribution amongst all age groups except the 21-30 yr group (M: F 0:4). Most patients (n=18) were in the 6th decade. 33/55 cases were referred by

endocrinologists, 13 from other medical specialities, 8 by other surgical specialities, with a single direct primary care referral. 24 patients had left sided, 24 had right sided solitary lesions, and 7 cases underwent bilateral adrenalectomy.

Results: The formal adrenal CT protocol was followed in only 10/55 cases. Input from an endocrinologist was available in 44/55 cases preoperatively and 33/55 postoperatively. 11/55 were discussed in the relevant specialty MDT. Whilst most patients have some form of endocrine assessment, few had all of the appropriate tests done.

The urologist followed up 44 / 55 cases within 16 weeks. The endocrinologists had no follow up for 17 cases.

Conclusion: In the previous 10 years, patients presenting to our service with adrenal lesions do not appear to have received the service we would hope them to have. Adrenal protocol CTs are frequently not performed for incidental lesions and full endocrine assessment is not always performed preoperatively. We have set standards to tighten our processes since this audit was carried out.