

Kidney Cancer

Surgical Treatment Option: Partial Nephrectomy

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Felix L. Badillo, M.D., F.A.C.S., a senior partner and practicing urologist since 1983, joined the practice in 1985. In addition to general urology, Dr. Badillo specializes in minimally invasive, hand-assisted and laparoscopic surgery for kidney, bladder and prostate cancer with special interest in robotic surgery. To date, Dr. Badillo leads all urologists on Long Island in the number of successfully completed robotic procedures and actively trains numerous area physicians in robotic surgery. .

In the United States, kidney cancer accounts for approximately 3% of all adult cancers. According to the American Cancer Society, about 32,000 new cases are diagnosed and about 12,000 people die from the disease annually. Kidney cancer occurs most often in people between the ages of 50 and 70, and affects men almost twice as often as women.

Early diagnosis of kidney cancer is important. As with most types of cancer, the earlier the tumor is discovered, the better a patient's chances for survival. Tumors discovered at an early stage often respond well to surgical treatment.

With the increased use of imaging techniques such as sonography, computed tomography (CT Scans), and magnetic resonance imaging (MRI), urologic oncologists are seeing an increase in the detection of incidentally discovered renal malignancies. Some of these renal tumors are small and of very low malignant potential. Accordingly, they are sometimes observed and followed for changes in their size or growth characteristics and do not require surgery. However, larger lesions, which are highly suspicious for renal cell carcinoma (kidney cancer), do require surgery, which is considered to be curative.

About 75% of these incidentally discovered renal tumors can be successfully treated with a partial nephrectomy, removing the cancerous growth, along with a narrow rim or margin of normal kidney tissue, to ensure that the entire tumor is taken out. This technique preserves the normal remaining portion of the kidney, whereas previously the entire kidney had to be removed. Partial nephrectomies have been shown to be the recommended procedure of choice in those patients whose tumors are situated in or on the kidney, where an adequate margin can be obtained.

The goal of preserving as much normal, functioning kidney tissue as possible is important to all patients. Oncologically, there is no advantage to removing the entire kidney from these patients. Radiation therapy and chemotherapy are rarely needed, as this surgery is deemed curative. Follow-up of the surgical kidney and its mate is performed at 6-month intervals.

For more information or to make an appointment, please call 516.627.6188, ext. 149