

points to plus health care, the online services provided by relative websites or mobile applications has high legal risks for urologists.

Conclusions: The wave of internet plus health care brought a timely opportunity for the urologists to accumulate the academic credits and forge personal academic brands.

Keywords: Internet plus; health care; urologists

doi: 10.3978/j.issn.2223-4683.2015.s064

Cite this abstract as: Zhang Y, Jin X. Internet plus health care: review of the policies, consulting reports and advise for the urologists. *Transl Androl Urol* 2015;4(S1):AB064. doi: 10.3978/j.issn.2223-4683.2015.s064

AB065. Totally retroperitoneal laparoscopic radical nephrectomy with inferior vena cava thrombectomy (Mayo 0-3)

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Background and Objective: Management of renal cell carcinoma (RCC) with tumor thrombus extending to the renal vein and inferior vena cava (IVC) is challenging. The aim of this study was to evaluate the benefit of totally retroperitoneal laparoscopic radical nephrectomy with inferior vena cava thrombectomy in such patients.

Patients and Methods: From July 2014 to May 2015, 12 patients underwent laparoscopic radical nephrectomy for renal cell cancer combined with tumor thrombus of the inferior vena cava. Thrombus extension classified by the Mayo Clinic and the 2009 TNM classifications, complications, postoperative management, and survival results were analyzed. The surgeries were performed by retroperitoneal approach totally. For substantial level I-III involvement, complete caval isolation, including laparoscopic control of infra-renal and supra-renal IVC,

contra-lateral renal vein and lumbar veins was performed. Following thrombus extraction, the cavotomy was repaired with 4-0 prolene suture on RB-1 needle.

Results: Four patients had level 0, two patients had level I, five had level II, and one had level III thrombi according to the Mayo Clinic staging, and 11 were T3c and one was T4 according to the 2009 TNM classifications. Totally retroperitoneal laparoscopic approach was performed in patients with stage 0 to 3 thrombi. There was no intraoperative mortality and open conversion. The median follow-up interval was 8.6 months.

Conclusions: Renal cell cancer complicated with tumor thrombus without metastasis can be curable by performing a complete resection. The thrombus level determines the surgical approach and method. Our results confirm that Mayo level 0-3 caval vein tumor thrombus can be safely surgically treated by totally retroperitoneal laparotomy.

Keywords: Renal cell carcinoma (RCC); radical nephrectomy with thrombectomy; tumor thrombus

doi: 10.3978/j.issn.2223-4683.2015.s065

Cite this abstract as: Zhang S, Ma L, Huang Y, Liu K, Tian Y, Bi H. Totally retroperitoneal laparoscopic radical nephrectomy with inferior vena cava thrombectomy (Mayo 0-3). *Transl Androl Urol* 2015;4(S1):AB065. doi: 10.3978/j.issn.2223-4683.2015.s065

AB066. The successful experiences of totally laparoscopic tumorectomy for a large adrenal neoplasm with two failed operations in other hospital – confidence, determination and courage

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