

HYDRODISSECTION OF COLON

Procedural information

Date of procedure	April 2014
Location	Newcastle upon Tyne, UK
Hospital	Freeman Hospital
Physician	Dr. Phil Haslam

Case history

73 year old patient presented with a small right lower pole renal mass measuring 23 mm that was considered suitable for radio frequency ablation (RFA).

Procedural details

Contrast scan made apparent that the colon was

too close to the ablation zone and that it would need to be displaced by injection of 5% dextrose solution (hydrodissection).

Patient's mobility made it very difficult to obtain an oblique position to access the space between the spleen and colon.

Use of Morrison Steerable Needle™ made it possible to pass the needle between the colon and kidney whilst avoiding traversing the liver which would have occurred with a more lateral approach.

Morrison Steerable Needle™ was inserted with intermittent CT scanning. Once it had traversed the initial subcutaneous and muscle layers it was easily curved by adjusting the lever. The curve

then allowed safe advancement of the needle around the anterior surface of the kidney between the kidney and colon.

250ml of 5% dextrose was then injected displacing the colon. RFA was then performed successfully without any damage to the adjacent colon.

Results and comments

This procedure was undoubtedly made easier and safer with Morrison Steerable Needle™.

Hydrodissection would have been otherwise challenging due to poor patient mobility and the close proximity of the liver.



Patient presented with a small right lower pole renal mass.



Morrison Steerable Needle™ advanced between kidney and colon.



RFA performed successfully.