Aims and objectives of this session
As evidence on the oncological safety and long term benefits of partial nephrectomy have been accumulated, the indications of the approach are constantly expanding into larger and more complicated tumours. In addition, numerous different technical variations of partial nephrectomy have emerged with regard to management of renal ischemia (hilar or artery only clamping, selective clamping or clampless approaches), to tumour excision approach (heminephrectomy, minimal margin partial nephrectomy, tumour enucleation) and tumour bed sealing options. As a result, partial nephrectomy has evolved from a single operation into a group of nephron sparing approaches aiming into achieving optimum oncological outcomes with minimum functioning kidney damage. Perfecting the technique of nephron sparing surgery should be a goal of every upper track surgeon. In this session three partial nephrectomies performed via an open, a laparoscopic and a robotic assisted technique will be demonstrated under the critical review of expert in the field aiming into stressing important tips and tricks of each approach.

10:30 - 10:35  
Case presentation  47 year old male, 6 cm tumour centrally located  
M. Brausi, Modena (IT)

10:35 - 11:00  
Video presentation  Laparoscopic partial nephrectomy

10:35 - 10:50  
Surgical video  
P.L. Chlosta, Cracow (PL)

10:50 - 11:00  
Interrupted and challenged by:  
C.K. Bensalah, Rennes (FR)  
C. Surcel, Bucharest (RO)

11:00 - 11:25  
Video presentation  Robotic partial nephrectomy

11:00 - 11:15  
Surgical video  
C.K. Bensalah, Rennes (FR)

11:15 - 11:25  
Interrupted and challenged by:  
P.L. Chlosta, Cracow (PL)  
C. Surcel, Bucharest (RO)

11:25 - 11:50  
Video presentation  Open partial nephrectomy

11:25 - 11:40  
Surgical video  
C. Surcel, Bucharest (RO)
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<td>11:40 - 11:50</td>
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<td>C.K. Bensalah, Rennes (FR)</td>
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<td>11:50 - 12:00</td>
<td><strong>Conclusion</strong></td>
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<td>M. Brausi, Modena (IT)</td>
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