At UW Health, we offer multidisciplinary adrenal care to meet the needs of patients with adrenal disease. Our team of surgeons works hand-in-hand with endocrinologists, radiologists, oncologists and interventional radiologists to determine the best course of care for each patient.

**WHAT ARE COMMON DISEASES OF THE ADRENAL GLANDS?**
The adrenal glands are two small glands that are located on top of each kidney. The main role of the adrenal glands is to make hormones such as adrenaline or steroids. Normally, only one or part of one adrenal gland can produce enough hormones for the body. Often, patients are referred for an adrenalectomy after an abdominal CT scan reveals an incidental adrenal nodule or an enlarged adrenal gland.

*Common conditions include:*
- Incidental adrenal nodules (revealed by abdominal CT)
- Pheochromocytoma
- Cushing’s Syndrome
- Hyperaldosteronism
- Adrenocortical carcinoma (rare but needs to be treated aggressively)

**TREATMENT OPTIONS**
Medical and surgical treatment options are available. Laboratory tests, imaging and sometimes venous sampling play a role in determining which course of treatment is appropriate for each patient. Surgical removal of an adrenal gland (adrenalectomy) is most commonly performed for a tumor located within the adrenal gland that is either producing too many hormones or is potentially cancerous.

**Laparoscopic Adrenalectomy**
The most common surgery performed is a laparoscopic adrenalectomy. With laparoscopic adrenalectomy, surgery occurs through three or four small incisions measuring less than 0.5 inches. Most patients go home the day after surgery with minimal pain and many return to work within seven to 10 days.
**Who is a candidate for laparoscopic adrenalectomy?**

Traditionally, only small tumors were treated with laparoscopic surgery. UW Health surgeons have successfully treated very large tumors (9–10 cm) laparoscopically. Each case is tailored to the specific patient and tumor characteristics.

**What are the benefits of laparoscopic adrenalectomy?**

- Smaller incisions
- Less pain
- Less scar tissue
- Faster recovery and return to work

**Retroperitoneal Adrenalectomy**

Surgeons may also perform a retroperitoneal adrenalectomy, during which the patient is lying face down and three small incisions are made, measuring less than 0.5 inches. In this position, the adrenal glands lie against the ribcage in the back and are easily accessible.

**Who is a candidate for retroperitoneal adrenalectomy?**

This minimally invasive approach can be used for patients having both glands removed and those with extensive abdominal scar tissue from previous surgery.

**WHAT CAN A PATIENT EXPECT FOLLOWING SURGERY?**

Most patients take off up to one week from work and return to their normal level of functioning within one to two weeks. After surgery, the patient may shower and eat a normal diet. Patients are seen in the surgery clinic one to two weeks after surgery. Further follow-up with the surgeon or endocrinologist may be needed depending on the specific disorder.

**ARE THERE SIDE EFFECTS FOLLOWING ADRENALECTOMY?**

If only one of the adrenals is removed, there are usually no side effects or need for hormone replacement. In rare cases where both adrenal glands are removed, the patient will require hormone replacement.