



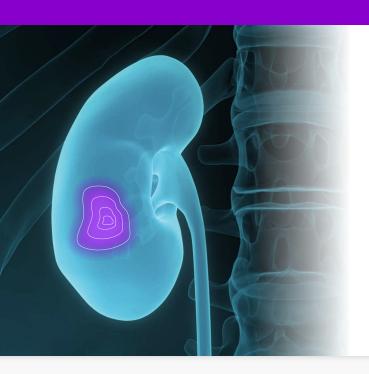




Patient Pathway Options for Kidney Cancer

Renal cancer cryoablation is a well-established procedure suitable for treating a range of tumour sizes and locations within the kidney ¹.

Cryoablation destroys tissue through targeted and precise freezing.



Kidney Cancer Cryoablation:

- can be as effective as surgery and less damaging to healthy kidney 1,2,3
- is a curative and minimally invasive procedure¹
- is recommended by NICE^{4,5}
- provides physicians and patients with more therapeutic options



Benefits of cryoablation vs nephrectomy:



Lower procedural risk profile^{2,6,7}



Lower risk of bleeding⁸



Lower post-operative complication rate^{2,9}



Shorter procedural times 8, 10, 11



One day stay in hospital vs four to five days 1, 6, 12



Faster recovery and return to normal activities 8, 10



Can be conducted under local anaesthesia/conscious sedation^{7,13,14}



Better overall survival rates 14



Kidney cancer is the 7th most common cancer in the UK.¹⁵



Patient Pathways





David is 70 years old and has an ultrasound or CT scan for non-specific abdominal pain, which diagnoses a kidney cancer.



USING a Cryoablation Service



The Multi-Disciplinary Team (MDT) discusses David's case.

WITHOUT using a Cryoablation **Service**

The interventional radiologist in the MDT highlights David as suitable for cryoablation.







The urologist offers David a nephrectomy. This could be a partial or total nephrectomy, to surgically remove a part or all the kidney. A total nephrectomy comes with a higher rate of complications and post operative limitations.

David has a two-hour cryoablation procedure, stays overnight in hospital and is home the following day.

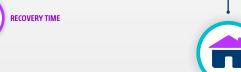




David undergoes a four-hour surgery and stays in hospital between four and six days.

One week later David returns to normal daily life and spending time with his friends and family.









Six weeks later David is slowly beginning to return to normal daily life.



RECOVERY TIME

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with conscious sedation. Arab J Urol. 2020 Mar 23:18(3):163-168.

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