MINIMALLY INVASIVE INTRACORPOREAL URINARY DIVERSION AFTER ROBOTIC RADICAL CYSTECTOMY IN PATIENTS WITH TRANSITIONAL CELL CARCINOMA OF THE BLADDER

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Scopo del lavoro

Robot-assisted radical cystectomy (RARC) and laparoscopic radical cystectomy (LRC) are becoming increasingly widespread for the treatment of bladder tumor. We present our technique of intracorporeal urinary diversion and present oncological and functional outcomes focusing specifically on the oncological parameters and comorbidity of the procedures.

Materiali e metodi Single hospital case series from 2009 to 2012 including 46 selected patients with high grade and/or muscle invasive urothelial cancer of the bladder without clinical evidence of limph-node involvement and an American Society of Anesthesiologists (ASA) score < 4. Group A (N=31) underwent robotic intracorporeal neobladder after robotic radical cystectomy, whereas group B (N=15) anderwent laparoscopic ileal conduit after laparoscopic cystectomy. The two group were demographically comparable. We evaluated the mean age, clinical stage, operative time, blodd loss, intracorporeal complication and trasfusion, type of diversion, time of catheterization, analgesic consumption, start of oral nutrition, rate of postoperatorive complication, lenght of hospital stay, pathologic diagnosis of the specimen, number of lymph nodes removed, and the oncologic outcome. Risultati The mean operative time was 320 minutes (range: 280-380 minutes) for group A and 280 minutes (range: 260-310minutes) for group B. The mean blood loss was 640 mL (range: 370-810 mL) in group A and 410 mL (range: 300-650 mL) in group B. The mean of lymph nodes removed was 18 (range: 16-21) for group A and 13 (range: 11-16) for group B. Five patients were diagnosed with positive lymph nodes. Surgical margins were clear in all but one patient. Early complications occurred in 8 patients. Median postoperative stay was 14 d (range: 12-18). Discussione The numbers of robotic series are still limited. However, various technical procedures have been described concerning both the radical cystectomy (radical cystoprostatectomy, nerve sparing and prostate sparing cystectomy and anterior exentration) and the type of urinary diversion (ileal conduit, continent pouch and neobladder). Benefits include decreased blood loss and decreased pain which would finally translate in early recovery and faster return to normal activities especially in patients with peri-operative morbidity including the obese and elderly. Conclusioni Laparoscopy/robotic assisted radical cystectomy and minimally invasive intracorporeal urinary diversion is a safe procedure, like open surgery, but it offers the advantage of minimal invasiveness, represented by reduced analgesic consumption and early recovery of peristalsis with rapid oral nutrition.