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ROBOT-ASSISTED LIVING DONOR NEPHRECTOMY: A SINGLE CENTRE PRELIMINARY RISULTATI.

G. Siena, V. Li Marzi, A. Minervini, A. Tuccio, S. Caroassai, G. Vignolini, A. Mari, L. Masieri, M. Carini, S. Serni, G. Nicita (*Firenze*)

Scopo del lavoro

To assess the feasibility and safety of RALDN.

Materiali e metodi

From december 2011 to march 2016, 12 RALDNs were performed in a dedicated twin operative room, at a high volume robotic centre. All patients underwent a standard RALDN, renal hylum was controlled with vascular staplers (ECHELON FLEX™), kidney extracted through a Pfannenstiel incision.

Risultati

Median estimated blood loss was 182 mL (range, 80-450), no post-operative blood transfusion was required. The median warm ischemia time was 175 seconds (range, 90-220). There was no case of conversion to open or laparoscopic procedure. Median operative time was 183 minutes (range, 145-377); the median console time was 143 minutes (range, 115-220). One grade IIIa (selective embolization due an injury of the right epigastric artery during abdominal closure) and one grade IIIb (cholecystectomy, due a calculotic cholecystitis in 20th post-operative day) Clavien-Dindo complication occurred. Mean hospitalization was 4 days (range 3-10). All twelve recipients and donors are alive. One graft dysfunction on 3rd post-operative day, that required graft explant, was reported.

Discussione

Few papers focused on the potential benefits of Robot-assisted living-donor nephrectomy (RALDN). The 3D vision and the EndoWrist technology associated with the Robotic platform provide substantial advantages both for patients and surgeons. The prospect of robotic staplers, endowrist ligature, and robotic single port may further increase these advantages.

Conclusioni

RALDN was a safe and effective procedure. The intuitivity of the robotic approach provided since the beginning of our series optimal surgical outcomes.