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### LAPAROSCOPIC AND ROBOTIC URETERAL STENOSIS REPAIR: A MULTI-INSTITUTIONAL EXPERIENCE WITH A LONG-TERM FOLLOW UP

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#### Scopo del lavoro

The treatment of ureteral strictures represents a challenging procedure, due to the variability of etiology, site and extension of the stenosis. Proposed managements range from an end-to-end anastomosis to reimplantation into the bladder with a Boari flap or Psoas Hitch. Traditionally, these procedures have been undertaken by open approach, despite minimally invasive techniques have gained more acceptance. The aim of this study is to evaluate the safety and feasibility of minimally invasive surgery for the treatment of ureteral stenosis and to analyse perioperative Risultati at long-term follow up.

#### Materiali e metodi

We analyzed data from 62 patients with ureteral stenosis referred to laparoscopic (n=36) and robotic (n=26) management at 9 different Italian Institutions. Patients were followed according to the referring center's protocol. T-test and chi-square analyses were performed in order to compare the two approaches.

#### Risultati

Globally, 62 patients were retrospectively evaluated. All the procedures were successfully completed without open-conversion. Table 1 depicts overall patients characteristics according to surgical approach (namely, laparoscopic vs. robotic). Average estimated blood loss was  $91.2 \pm 71.9$  cc and  $47.2 \pm 32.3$  cc, while mean days of hospitalization were  $5.9 \pm 2.4$  and  $7.6 \pm 3.4$  for laparoscopic and robotic approach, respectively (all  $p \leq 0.006$ ). No differences were found in terms of operative time and postoperative complications rates. At median follow-up of 27 months, no significant differences were found in terms of stricture recurrences ( $p=0.09$ ).

#### Conclusioni

Minimally invasive surgical approach for ureteral stenosis is safe and feasible. Both robotic and pure laparoscopic approaches may offer good Risultati in terms of perioperative outcomes, low incidence of complications and disease recurrence.