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Robot-assisted radical cystectomy with totally intracorporeal orthotopic ileal neobladder: Preliminary experience

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INTRODUCTION & OBJECTIVES: Robot- assisted radical cystectomy is a widespread minimally invasive technique for the treatment of muscle-invasive and organ-limited bladder cancer in selected patients. In the current video we report the detailed description of our surgical technique and the preliminary results of our first three patients.

MATERIAL & METHODS: Between February and October 2016, three consecutive robot -assisted radical cystectomy with extended pelvic lymphadenectomy and totally intracorporeal ileal Neobladder reconstructions were performed at our Institution with an innovative surgical technique. All surgical procedures were performed by a single surgeon experienced in robot-assisted surgery with the use of the da Vinci system or Xi with a 6 trochar configuration whose 2 for the assistant surgeon and "Air-seal" insufflation system.

RESULTS: The mean patient age was 60 ys. No patients presented relevant medical comorbidities or personal story of previous abdominal surgery (Charlson comorbidity index 0). Preoperative staging was pT2 HG in 4 patients and pT1HG BCH-unresponsive in the third patient. The chest-abdomen-pelvis computed tomography (CT) for patient staging showed no pelvic lymphadenopathies or metastasis in the assessed patients. No intra-operative complication was recorded. We had a post operative complication IIIa (Clavien- Dindo) The mean estimated blood losses were 300 ml. A peritoneal drainage was placed In all patients and then removed in the fourth post operative day. The mean operative time and lenght of hospital stay were 490 minutes and 14,5 days, respectively.

CONCLUSIONS: Recent systematic reviews of literature reported that robot-assisted radical cystectomy with totally intracorporeal ileal bladder reconstruction represents a valid alternative to open surgery in selected patients with muscle-infiltrant bladder cancer. Our preliminary results demonstrate the technical feasibility of the above procedure in highly accessed reference centers with consolidated experience in pelvic robot-assisted surgery. In the current study, we demonstrated the technical feasibility of the robot-assisted radical cystectomy with totally intracorporeal ileal bladder reconstruction at our Institution. Further prospective clinical studies with larger patient cohorts are necessary to validate our surgical technique, to confirm the oncological validity and to define the patient selection criteria for such a surgical procedure.