

RESULTS: Dissection and resection of the mass was successfully completed without difficulty. The ureteral stents were inserted due to the tumor close proximity to the ureteric orifices and removed before complete closure the bladder. Blood pressure was stable entire the procedure. The operative time was 90 minutes with an estimated blood loss of 50ml. The patient had an uneventful postoperative period. Hospital stay was 2 days. Postoperative cystogram at 1 week before removal the catheter showed no leakage.

Histopathology revealed 3.6cm paraganglioma of the urinary bladder with negative surgical margins. Patient has been completely asymptomatic since surgery with normalization of norepinephrine and normetanephrine at 3 week after surgery.

CONCLUSIONS: Robotic-assisted laparoscopic partial cystectomy is an effective and safe procedure in bladder pheochromocytoma. The resection and suturing can be facilitated by the specific features of the robotic instrument.

VS02 Robotic / Lap Upper Tract

VS02-01 ROBOTIC INTRA-FASCIAL SIMPLE PROSTATECTOMY: NOVEL TECHNIQUE

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OBJECTIVE: We describe our initial experience with Robotic Intra-fascial Simple Prostatectomy (IF-RSP). Potential advantages include reduced blood loss, eliminate the need for postoperative bladder irrigation, and eliminate the risk of residual or future prostate cancer, without interrupting potency or continence.

METHODS: From June 2011 to March 2012, 10 patients with symptomatic prostatomegaly on TRUS (mean 81 grams) underwent IF-RSP. Three patients were on acute urinary retention. Demographic perioperative and outcome data were recorded up to 1 month follow-up.

RESULTS: Average age was 71.7 years (range 60 to 79), estimated blood loss was 375 ml (range 150 to 900 ml), operative time was 106 minutes (range 60 to 180), hospital stay was 1 day (range 0 to 3) and Foley catheter duration was 8.9 days (range 6 to 14). Drain was removed at a mean 2.8 days (range 0 to 8). Mean prostate volume on pre-operative TRUS was 81 gr. (range 47 to 153). Mean specimen weight was 81 gr. (range 50 to 150). Improvement was noted in IPSS (preoperative vs. postoperative 18.8 vs. 1.7) and Qmax (12.4 vs. 33.49 ml/min). SHIM score ranged from 12 to 24. All patients were completely continent within 1 month postoperatively and sexual function was preserved. One patient had urinary tract infection and 1 patient required blood transfusion postoperatively.

CONCLUSIONS: IF-RSP appears to be a feasible procedure in large-volume prostatomegaly. The entire prostate tissue is removed without compromising continence and potency. Larger series and longer-term follow-up are needed to evaluate the proper place of this approach.

VS02-02 ROBOTIC PERINEAL RADICAL PROSTATECTOMY: FEASIBILITY STUDY IN A CADAVER MODEL

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OBJECTIVE: Open perineal radical prostatectomy (PRP) is a well established technique. It was the main approach for radical pros-

tatectomy until the mid-1970's. We evaluate the feasibility of robotic PRP(R-PRP) in a cadaver model.

METHODS: The cadaver was placed in the lithotomy position with steep Trendelenburg and a Foley catheter was inserted into the bladder. A 3 cm perineal incision was made and the central tendon was divided. An open gasless approach was used, dissecting above the anal sphincter. The rectourethralis muscle was identified and divided. The robot was brought into the field from behind the head and docked. The prostatic apex and urethra were identified. The urethra was transected and the Foley was removed. The catheter was then reinserted through the opened proximal urethra and used as a handle for retraction of the prostate by the assistant. The prostate was dissected and extracted with robotic assistance, duplicating the steps of a PRP. The Foley catheter was again repositioned to guide the vesicourethral anastomosis. The perineal fascial and subcutaneous planes were reapproximated and the skin incision was sutured.

RESULTS: A nerve-sparing R-PRP was successfully completed with no injuries to surrounding structures. Setup time was 8 min. Time for open perineal access and prostate identification was 4 min. Prostate dissection and extraction took 17 min. Time for vesicourethral anastomosis was 7 min. Total operative time was 30 min.

CONCLUSIONS: Robotic perineal radical prostatectomy is feasible in a cadaver model. Future studies should evaluate the feasibility of lymphnode dissection through the same incision, clinical feasibility, and prospective comparisons with standard techniques.

VS02-03 SUPRAPUBIC TUBE PLACEMENT DURING ROBOT-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY

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OBJECTIVE:

METHODS:

RESULTS:

CONCLUSIONS: