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ENHANCEMENT OF TOTAL ANATOMIC RECONSTRUCTION BY ADDING DYNAMIC DETRUSOR CUFF TRIGONOPLASTY AND SUPRA PUBIC TUBE PLACEMENT

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INTRODUCTION AND OBJECTIVES: With the basic principle of restoring a patient's anatomy to its original state postoperatively, we attempted to identify technical aspects of total anatomical reconstruction that led to early return of urinary continence after robot-assisted laparoscopic prostatectomy (RALP).

METHODS: An analysis was performed in 107 consecutive men who underwent RALP as well as total anatomic reconstruction (TR) with the additions of a circum-apical urethral dissection, a dynamic detrusor cuff trigonoplasty, and placement of a suprapubic catheter by a single surgeon at a tertiary care center between June 2012 and September 2012. Patient demographics and post-operative urinary control was recorded at interval follow-up visits. Additionally, telephone interviews and follow-up questionnaires were used to assess pad usage and continence.

RESULTS: Of the 107 patients operated between June 2012 and September 2012, 14 patients were lost to follow-up. Therefore, data is reported on 93 patients. We defined early continence as patients using zero pads at 6 weeks or less. 39.8% of men who underwent the modified TR achieved early continence. 65.5% of the patients operated achieved continence with the use of 0-1 pad at 6 weeks.

CONCLUSIONS: Reconstructing the pelvic anatomy and supporting bladder structures leads to an earlier return to continence. Larger randomized trials will need to confirm these key steps.

Time to Continence

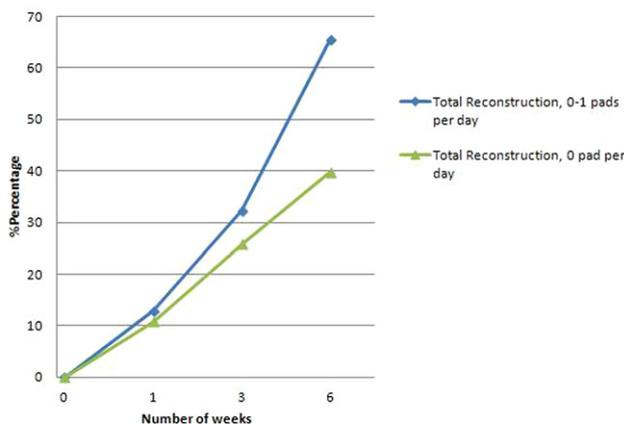


Figure 1: Percentage of patients achieving continence at 6 weeks using the modified total anatomical reconstruction after RALP. Percentage continent with 0 pad use shown, as well as 0-1 pad use.

Table 1: Early continence results

Definition of continence at 6 weeks	% Continent
0 pad, 6 weeks	39.8%
0-1 pad, 6 weeks	65.6%

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ROBOTIC RADICAL PROSTATECTOMY FOLLOWING SLEEVE GASTRECTOMY WITH CONCOMITANT ABDOMINOPLASTY, CASE REPORT

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INTRODUCTION AND OBJECTIVES: Robotic surgery may be difficult in patients with morbid obesity. Even patients undergoing rapid weight loss present challenges due to an often large and redundant pannus. We present a novel approach of concomitant robotic radical prostatectomy following and abdominoplasty in a morbidly obese patient with prostate cancer.

METHODS: A 53 year old male with a BMI of 55.16 kg/m² (grade III obesity) presented with a PSA of 4 ng/ml and Gleason 6 (3+3) adenocarcinoma of the prostate without evidence of metastatic disease. First, a laparoscopic partial gastrectomy was performed resulting in a weight loss of 57lb in 8 weeks (BMI 45.7 kg/m²). Second, we performed robotic-assisted laparoscopic prostatectomy (RALP) and concomitant abdominoplasty described by Regnault. The excessive skin and subcutaneous tissues was excised using "fleur de lis" technique, resulting in an inverted "T" shape scar. Sunsequently, robotic access and subsequent prostatectomy was performed through the exposed abdominal fascia devoid of overlying integument. Lastly, the port sites were closed and the skin flaps re-approximated thereby completing the abdominoplasty. We left 2 subcutaneous drains without placing any intra-abdominal drain.

RESULTS: The procedure was technically successful without need for conversion to open surgery. Total operative time was 270 min (180 minutes for the abdominoplasty and 90 minutes for the robotic prostatectomy). Estimated blood loss was 1000 cc (abdominoplasty 900cc, prostatectomy 100 cc). The skin excised from the abdominal wall weighed 44lb. The hospital stay was 4 days, and Foley catheter was removed on the 14th postoperative day. Final pathology confirmed adenocarcinoma Gleason score 6 (3 +3) with negative surgical margins. At 1 month follow-up the patient reported mild urinary incontinence (1 pad/day) and SHIM score of 15 with PDE5-inhibitors (baseline SHIM 23).

CONCLUSIONS: Combined abdominoplasty and robotic radical prostatectomy offers an attractive option for surgical treatment in morbidly obese individuals with prostate cancer. This principle may be extended to various conditions in obese patients that require surgical treatment.

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NUANCES IN NERVE SPARING DURING ROBOTIC ASSISTED RADICAL PROSTATECTOMY

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INTRODUCTION AND OBJECTIVES: We have previously published our work identifying anatomical landmarks for grading of nerve sparing. We now demonstrate further nuances in nerve preservation during Robotic assisted Radical Prostatectomy.

METHODS: The present study is a combination of a single surgeon experience after 5000 patients and a compilation of videos detailing some possible scenarios that surgeons might face when performing nerve sparing.

RESULTS: Case 1: 55 year old man with PSA of 5, SHIM score 25, DRE reveals T1c with and low volume disease. Complete bilateral nerve sparing is performed. Case 2: 60 year old man with SHIM score of 25, PSA of 7.2, and normal DRE. During the dissection of NVB, the surgeon initially misses the correct plane then correcting it to proceed