

# Robotic-assisted Nephroureterectomy and Bladder cuff excision Without Patient Repositioning and Robot Redocking

Duc Minh Pham<sup>1,2</sup>, Kinh Luan Thai<sup>1,2</sup>, Minh Sam Thai<sup>1,2</sup>

<sup>1</sup>University of Medicine and Pharmacy at Ho Chi Minh city, <sup>2</sup>Cho Ray Hospital, Vietnam



## Objectives

Robotic-assisted nephroureterectomy has recently become a minimal invasive treatment option for upper urinary tract transitional cell carcinoma. We report our own technique for a robotic nephroureterectomy and bladder cuff excision that does not require patient repositioning, port reassignment or redocking of robotic arms.

## Methods

Two patients with upper urinary tract transitional cell carcinoma underwent nephroureterectomy and bladder cuff excision with da Vinci Si robotic surgical platform: 01 case with left side tumor and 01 case with right side tumor. Patients were placed in a 70°, flank position without table flexion and with a 15° Trendelenburg tilt. Camera port was placed at lateral edge of rectus muscle, two fingerbreadths upper umbilicus. Two 8mm robotic ports were placed at the same lateral rectus margin, third 8mm robotic port and two assistant ports were introduced at the midline between xiphoid and symphysis pubis. The robot was docked at a 90° angle, perpendicular to the patient. Our port placement strategy allowed adequately approach to both the kidney, ureter and bladder without patient position changing or patient cart movement.

## Results

The mean operative time was 120 minutes (100-130 minutes), mean estimated blood loss was 75mL (50-100mL), mean hospital stay was 5 days. No case was needed blood transfusion or open conversion, no complication was observed. Short-term oncological outcomes have revealed no recurrence.



Fig 1. Patient Position



Fig 2. Port Placement

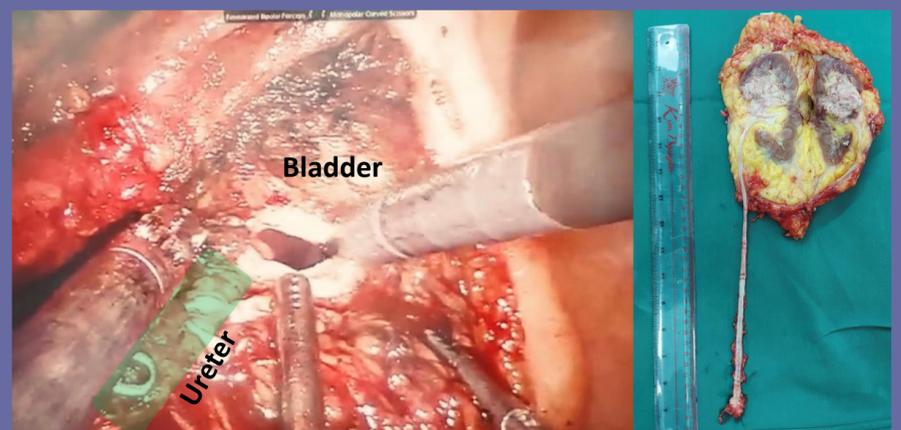


Fig 3. En bloc Nephroureterectomy and Bladder cuff excision

## Conclusion

Our initial results show that this technique has ability to reduce operative time with promising outcomes for patients with upper urinary tract transitional cell carcinoma.

**For more information, please contact:**

Duc Minh Pham, M.D.

Urology Department, Cho Ray Hospital, Vietnam

Email: phamducminh159@gmail.com

Tel: +84 937 392 789

