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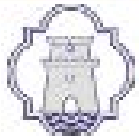
**CORSO
DI CHIRURGIA
PELVICA
ONCOLOGICA
MININVASIVA:
UP TO DATE**

17 - 18 GENNAIO 2019

POTENZA

Azienda Ospedaliera San Carlo
U.O. UROLOGIA

Palazzo di Vetro, Frimo Piano - Sala A
Via Potito Petrone, 85100 Potenza PZ



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**Cistectomia radicale
robotica: luci ed ombre di
una sfida ancora non vinta**

Michele Gallucci

Tips & Indications for RARC

- ✓ **RARC in Female**
- ✓ **PLND**
- ✓ **Orthotopic Padua Ileal Bladder**
- ✓ **Wallace vs Bricker anastomosis**

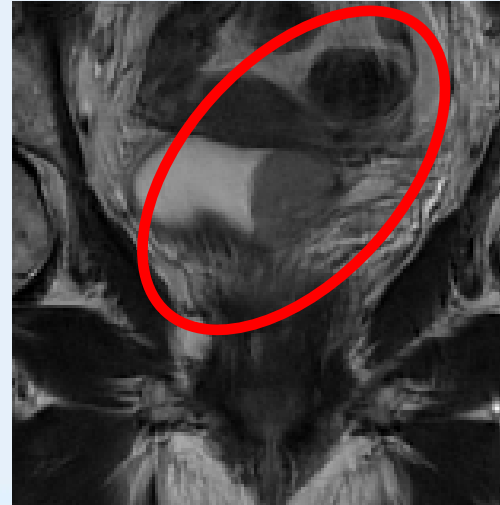
Clinical case

- ✓ **F; 63 yr; BMI 20,14 kg/m²; ASA 2**
- ✓ **Smoker**
- ✓ **Appendectomy, Lap cholecystectomy**
- ✓ **Gross hematuria in Sept 2017**

✓ **CT-scan (Oct 2017): 4 cm left bladder wall tumor, infiltrating intramural left distal ureter, with hydronephrosis. Signs of muscle, perivesical adipous tissue and uterus involvement. Absence of nodal and systemic metastasis; cT4a,cN0,cM0**



- ✓ **Bladder MRI (Nov 2017): 3 cm solid bladder tumor, with muscle-invasive pattern, involving left ureteral orifice and vagina; absence of pelvic nodal metastasis; cT4a, cN0, cMx**



✓ **TURB (Dec 2017):**

High-grade papillary urothelial carcinoma, T2, G3

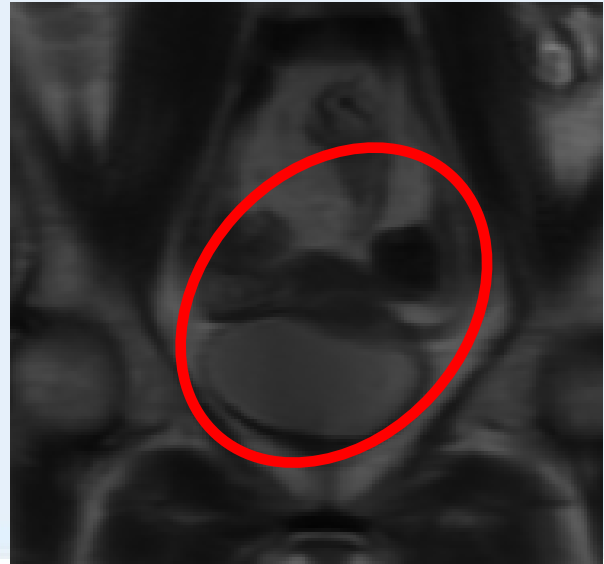
18th Jan- 21st Mar

- ✓ Neoadjuv Cht with gemcitabine plus cisplatin, 3 courses

✓ **CT-scan (Apr 2018):** *post neoadjuv CHT*; **Absence of bladder tumor in left bladder wall, with normal left ureteral orifice. Absence of nodal and systemic metastasis. cT0,cN0,cM0**



- ✓ **Bladder MRI (Apr 2018): *post neoadjuv CHT*; left bladder wall thickening, with 5 mm left ureteral orifice nodule; Non-muscle invasive pattern, as per complete response to neadjuv CHT. Absence of pelvic nodal metastasis; cT1,cN0,cMx**



Which benefits of posterior support?

- ✓ **Urinary tract infection risk decreasing**
- ✓ **Hypercontinence and pouchocele risk decreasing**
- ✓ **Neovesical ureteral reflux risk decreasing**
- ✓ **Improving daytime continence**

Prevention of Chronic Urinary Retention in Orthotopic Bladder Replacement in the Female

Paolo Puppo, Carlo Introini, Paolo Calvi, Angelo Naselli^{4*}

Major series of orthotopic bladder substitution in the female

Reference number	Publication year	Patients number	Type, number of urinary diversion	Number of patients available at follow-up	Perioperative mortality	Mean or median follow-up (months)	Pouch-vaginal fistula	Anastomoses strictures	Day continence	Night continence	Chronic retention
[1]	2002	136	Hautmann, 120 Hemi-Kock, 16	100	1 (0.7%)	36	–	–	95 (95%)	86 (86%)	16 (16%)
[2]	2001	102	Hautmann, 54 T-pouch, 35 Hemi-Kock, 12 VIP, 1	83	0	26	2 (2%)	1 (1%)	73 (88%)	60 (72%)	11 (11%)
[3]	2000	15	Studer, 15	15	0	19	0	1 (6%)	15 (100%)	12 (80%)	2 (7%)
[7]	1999	8	Studer, 4 Right colon, 2 Ileo-colic, 2	8	0	48	0	0	7 (88%)	7 (88%)	4 (50%)
[6]	1997	12	Hautmann, 12	12	0	Range 6–15	0	0	11 (92%)	11 (92%)	1 (8%)
[5]	1996	21	Hemi-Kock, 21	20	0	19	0	1 (5%)	19 (95%)	18 (89%)	4 (20%)
[4]	1996	18	Hautmann, 18	13	0	55	2 (11%)	2 (11%)	13 (100%)	13 (100%)	9 (70%)

Prevention of Chronic Urinary Retention in Orthotopic Bladder Replacement in the Female

Paolo Puppo, Carlo Introvini, Paolo Calvi, Angelo Naselli*

Posterior peritoneal support

- ✓ **Day continence rate: 96%**
- ✓ **Night continence rate: 92%**
- ✓ **Absence of any symptom or X-ray evidence of posterior reservoir wall descent**
- ✓ **All pts declared normal micturition at 6-mo f-up**

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Which PLND template for cN+?

- ✓ **Limited**
- ✓ **Standard (ureteral cross)**
- ✓ **Extended (Aortic bifurcation)**
- ✓ **Super extended (Inf Mes Artery)**

Stage-specific impact of extended versus standard pelvic lymph node dissection in radical cystectomy

Giuseppe Simone,¹ Rocen Papalia,¹ Mariaconsiglia Ferrero,¹ Salvatore Giuglianone,¹
Emanuele Castelli,² Denis Coltura,² Giovanni Muto¹ and Michele Gallucci¹

Table 2 Univariable and multivariable Cox analyses

Variable	DPS			PLND		
	Univariable Cox		P-value	Multivariable Cox		P-value
	HR	95% CI		HR	95% CI	
Template						
extended	1	-	-	1	-	-
Standard	1.96	1.37-2.87	<0.001	1.80	1.37-2.37	<0.001

2 fold increased risk of recurrence with standard LND

HR: hazard ratio

- **No data from RCTs**
 - (German and SWOG trials awaited)
- **Analysis of Institutional series:**
- **Extended-PLND as a predictor of improved cancer control**

Is LND yield of Rob comparable to open?

✓ **YES**

✓ **NO**

Perioperative and mid-term oncologic outcomes of robotic assisted radical cystectomy with totally intracorporeal neobladder: Results of a propensity score matched comparison with open cohort from a single-centre series

Giuseppe Simone¹, Gabriele Tufleri, Leonardo Misuraca, Umberto Anceschi, Mariacristina Ferrero, Francesco Minisola, Salvatore Guaglianone, Michele Gallucci

Demographic, clinical and pathologic data of RARC and ORC patients.

	Whole cohort		p value ²
	RARC (64)	ORC (299)	
A			
G			
A			
3	8 (12.5)	30 (10.0)	
4	0 (0)	12 (4)	
BMI, mean \pm SD	26.11 \pm 3.25	26.79 \pm 3.47	0.15
FG-NMIBC ³ , n (%)	3 (4.7)	25 (8.4)	0.44
LN count, mean \pm SD	33.4 \pm 12.3	30.7 \pm 14.1	0.16

Comparable Lymphnode count between robotic and open approach

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Exclusion criteria for neobladder?

- ✓ **Poor quality of life**
- ✓ **Low educational status**
- ✓ **Age >70**
- ✓ **None of the above**

Urinary Diversion

Richard E. Hautmann, Hassan Abol-Enen, Khaled Hafez, Isao Haro, Wiking Mansson, Robert D. Mills, James D. Montie, Arthur I. Sagalowsky, John P. Stein, Arnulf Stenzl, Urs E. Studer, and Bjoern G. Volkmer, for the World Health Organization (WHO) Consensus Conference on Bladder Cancer

ORTHOTOPIC RECONSTRUCTION

Patient Factors: For. The primary patient factor is the “patient’s desire for a neobladder.” The patient needs a certain motivation to tolerate the initial, and sometimes lasting, inconveniences of nocturnal incontinence associated with a neobladder. Most patients readily ac-

Technical aspects for Robotic VIP

- ✚ Spherical shape
- ✚ Double folding
- ✚ Intussuscepting mucosa
- ✚ “Pulley system” urethral anastomosis
- ✚ Orthotopic left ureter

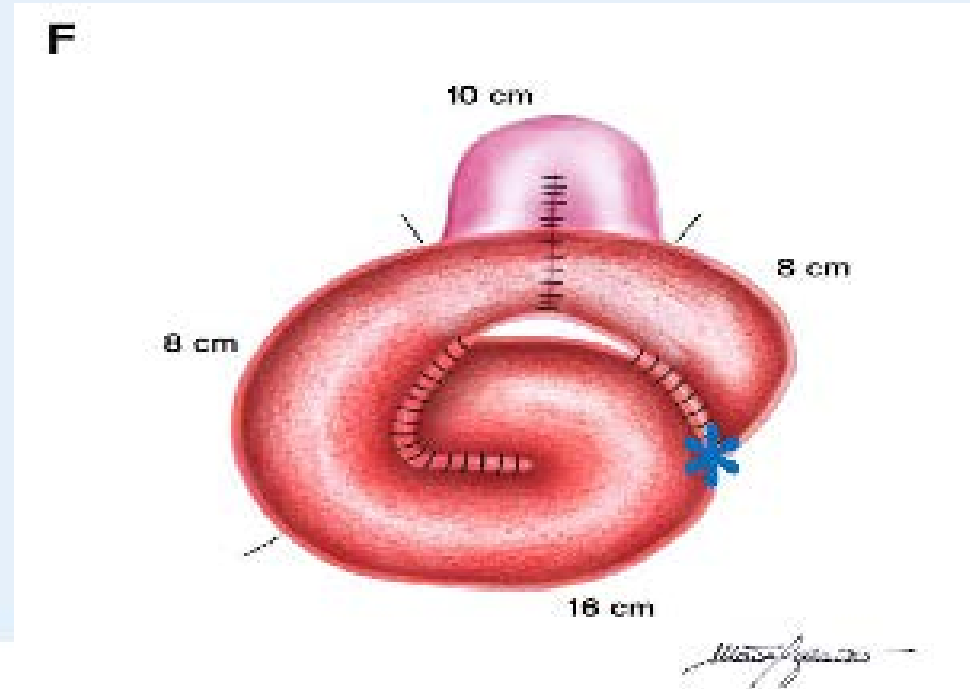
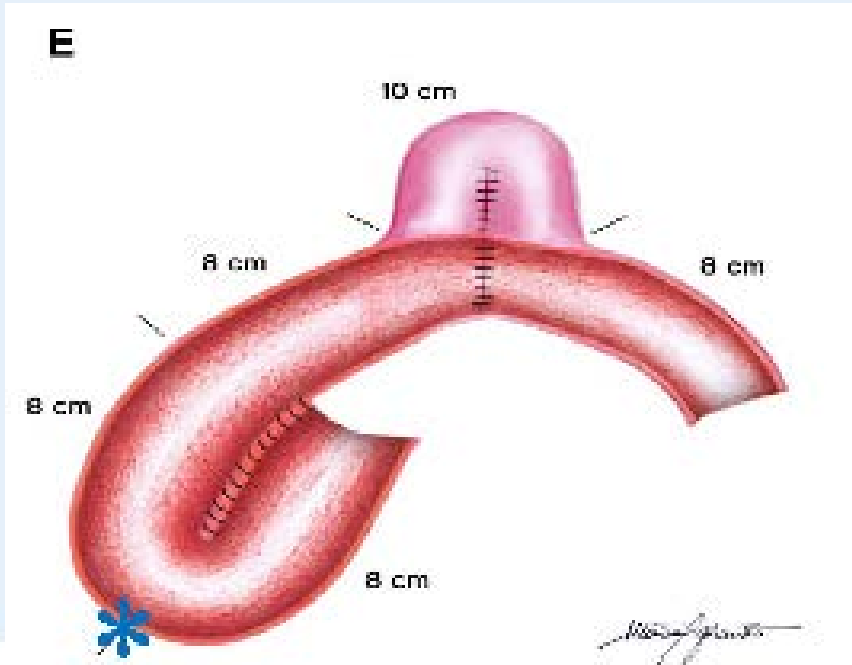
Spherical shape



Technical aspects for Robotic VIP

- + Spherical shape
- + **Double folding**
- + Intussuscepting mucosa
- + “Pulley system” urethral anastomosis
- + Orthotopic left ureter

Double folding



Early and Late Urodynamic Assessment of Padua Ileal Bladder

Marlaconsiglia Ferrero, Giuseppe Simone, Andrea Rocchegiani, Maurizio Buscarini, Rocco Papalia, Antonio Alcini, Gerardo Paolo Flammia, and Michele Gallucci

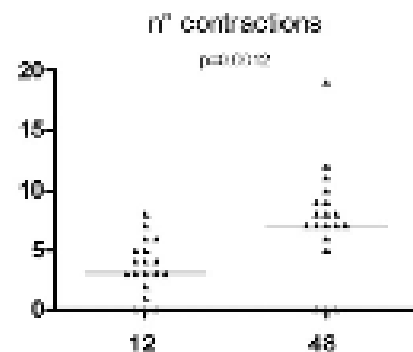
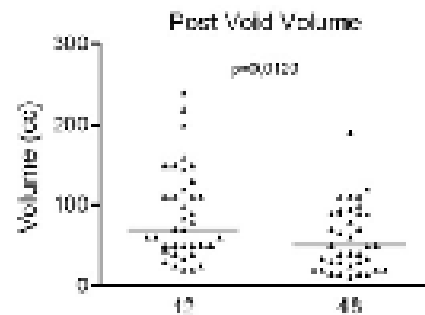
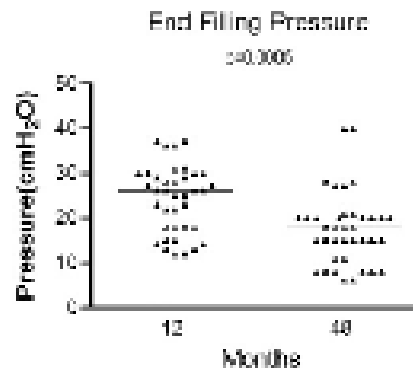
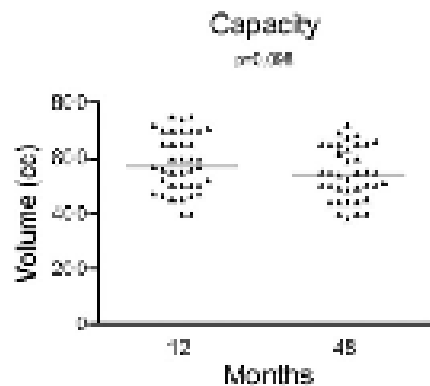


Table 1. Complete urodynamic findings at early and late f

Follow-up Point (mo)	Capacity (mL)	End-Filling Pressure (cm H ₂ O)	Flow (mL/s)	Postvoid Residual Urine Volume (mL)	Urethral Closure Pressure (cm H ₂ O)
12	569 ± 104.1	26 ± 7.4	16.5 ± 2.80	70 ± 56.82	80 ± 27.64
48	544 ± 95.23	18 ± 8.1	14.5 ± 2.72	50 ± 40.24	70 ± 27.52
P value	.098	.0005	.0007	.013	.095

Technical aspects for Robotic VIP

- + Spherical shape
- + Double folding
- + **Intussuscepting mucosa**
- + “Pulley system” urethral anastomosis
- + Orthotopic left ureter

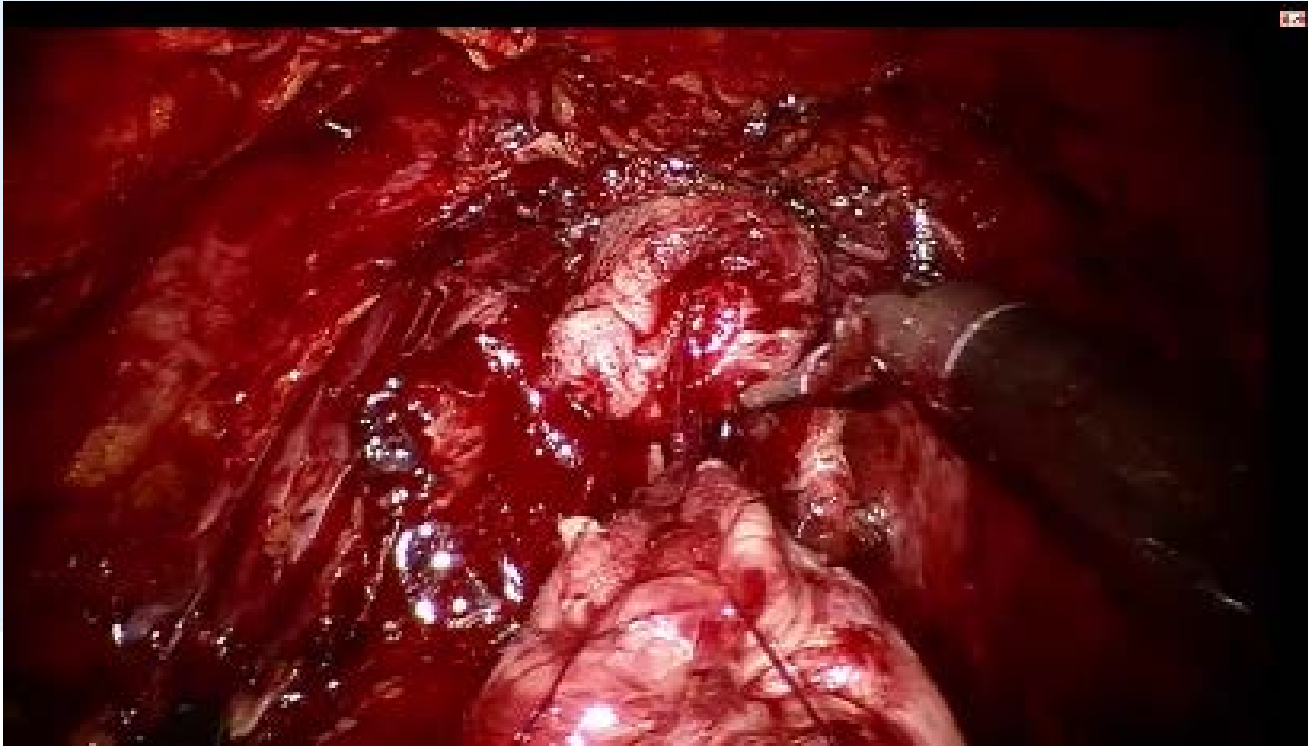
Intussuscepting mucosa



Technical aspects for Robotic VIP

- ✚ Spherical shape
- ✚ Double folding
- ✚ Intussuscepting mucosa
- ✚ **“Pulley system” urethral anastomosis**
- ✚ Orthotopic left ureter

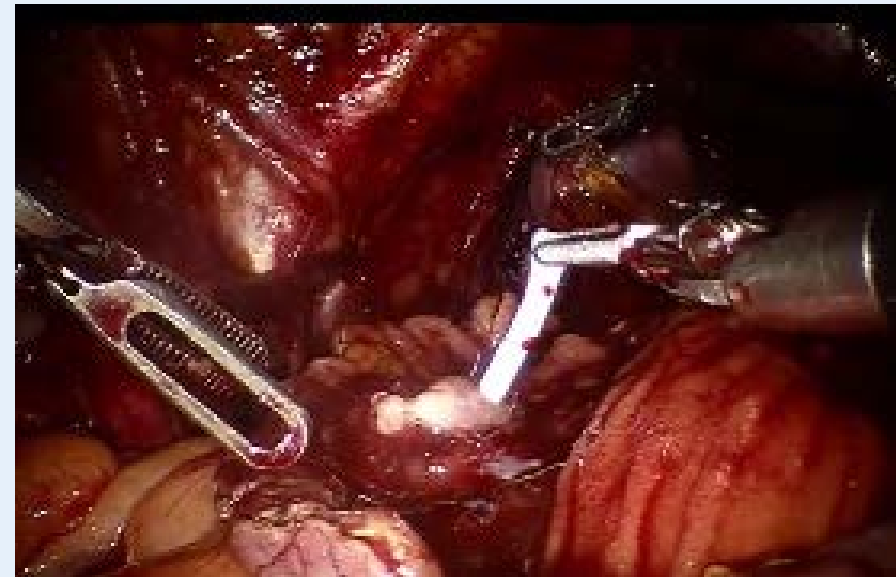
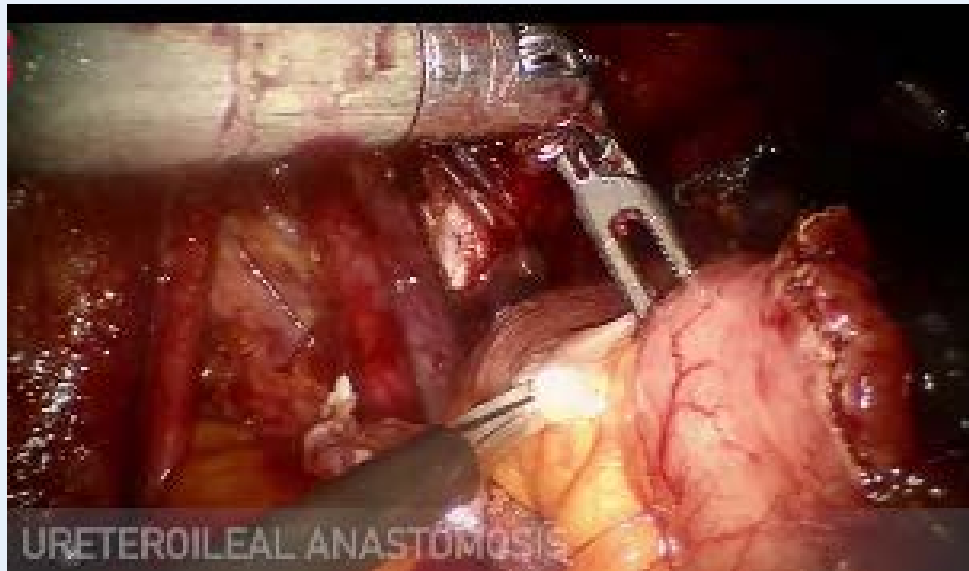
“Pulley system” urethral anastomosis



Technical aspects for Robotic VIP

- ✚ Spherical shape
- ✚ Double folding
- ✚ Intussuscepting mucosa
- ✚ “Pulley system” urethral anastomosis
- ✚ **Orthotopic left ureter**

Orthotopic left ureter



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- ✓ **Wallace vs Bricker anastomosis**

Wallace vs Bricker robotic anastomosis: any difference in terms of uretero-ileal stenosis risk?

- ✓ **Yes, Bricker has a higher rate of stenosis**
- ✓ **Yes, Wallace has a higher rate of stenosis**
- ✓ **There are not statistically significant differences**
- ✓ **No, there are no differences**

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Thanks for attention!