TOTAL NEPHROURETERECTOMY WITH LYMPHADENECTOMY IN TREATMENTOF UROTHELIAL TUMORS OF UPPER URINARY TRACT

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Video

Objective: Presenting the technique of associated lymph-adenectomy to total nephroureterectomy for right urothelial tumors of upper urinary tract.

Materials and methods: The approach was transperitoneal. The right colic angle and the ascending colon are mobilized, reaching the retroperitoneum. The fibroareolar tissue surrounding aorta and IVC is removed starting the diaphragmatic crura insertions down to the iliac vessels. The lumbar and Ilio-pelvic lymphadenectomy is obligatory. Total nephroureterectomy with perimeatic cistectomy is performed.

Conclusions: The radicality of total nephroureterectomy is obtained as a result of associated extensive lymphadenectomy.

SUBSTITUTION CYSTOPLASTY WITH DETUBULARIZED ILEUM

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Video

Introduction: The major advantage of the continent urinary reservoirs is an improving of the quality of life and of the corporal image in the radical cystectomy patients.

Materials and methods: A segment of about 30 - 35 cm is isolated configurated in a "U" form and detubularized. A suture is made between the two arms of the "U" and an intestinal plate is obtained. After the partial closing of the anterior segment with 3-0 PDS, anastomoses is practised to the urethra on a 20 Ch catheter with 6 points of 3-0 Vicryl. The ureters are implanted according to the modified Le Duc Camey technique and the pouch is closed.

Results: At the Urologic Clinic of "Fundeni" Hospital, 108 substitution cystoplasty have been performed. The studying group is represented by 51 cystoplasties. Camey II technique have been used in 10 cases. The evolution of the patients has been without major complications, with a very good diurnal and nocturnal continence.

Conclusions: The relative facile and rapidly performing, with a small rate of complications and a good social and professional integration of the patient, all together make this type of urinary diversion to be into the attention of urologists who are practising the substitution cystoplasty.

EXTENSION - SURGICAL TECHNIQUE

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Video

Introduction: Surgical technique for left renal cell carcinoma with infradiaphragmatic caval extension is presented.

Technique: A transperitoneal bilateral subcostal approach was used. After left colon