

**Materials and methods:** In the Urology Department of "Fundeni" Hospital - Bucharest over 1,200 radical cystectomies have been performed. The technique consists in the isolation / cross-sectioning the urethra in the urinary juxta-vesical region, followed by bilateral ileo-pelvic lymphodissection, the lymphatic tissue being removed from the common iliac vessels, external iliac vessels (up to the inguinal arcade), internal iliac vessels and obturator fossa liberation with the obturator nerve and ligature / cross-section of the obturator vessels. It follows the peritoneal incision between the bladder and the rectum with the decoliation of the urinary bladder, prostata, seminal vesicles from the rectum. The tiered ligature of the vascular pedicles is performed. The latero-prostatic endopelvic fascia is incised. Ligature / cross-section of the pubo-urethral ligaments, dorsal venous plexus and the urethra at the apex of the prostate is performed.

**Results:** On a statistic analysis made in 1988, in 630 radical cystectomies, the global death rate was 16.6%. The death rate has been reduced to 0% in cohorts of selected patients (51 patients with cystectomy & substitution cystoplasty).

**Conclusions:** Radical cystectomy represent the optimum modality of treatment for infiltrative bladder tumours. From a "formidable operation for a formidable illness" - Scott, it has become in the hands of some skilled surgeons, an operation of routine with exceptional results.

## STUDER'S ORTHOTOPIC BLADDER SUBSTITUTION

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### Video

**Introduction:** The continent urinary reservoirs connected to the urethra have known in the last decade a formidable development. A variant of these ones is the cystoplasty of Studer type.

**Materials and Methods:** About 60 cm of ileum is isolated and the small intestine is restored. The isolated intestinal segment is put under a "J" form, so that 22 & 22 cm should become the urinary reservoir and about 17 cm will be the part of the intestine in which the urethra are implanted. The declive portion is made under "U" form and is detubulized on a portion as long as about 44 cm. The arms of the "U" form are sutured each other with 3 PDS and so an intestinal plate is obtained which is perpendicularly double-fold plicated on the first suture. The reservoir is closed, a lateral stoma of about 1 cm is practised which is anastomozed to the urethra on a 20 Ch catheter, after the ureteral implanting on 6 Ch splints and the closing of the intestinal segment will be made.

**Results:** In a group of 51 patients this type of cystoplasty has been used in 15 cases.

**Conclusions:** The postoperative course was uneventful. In 3 cases the patients have had nocturnal incontinence. All of the 15 patients are continent all day long.

## ASPECTELE TRATAMENTULUI TUMORILOR PARENCHIMATOASE PE RINICHI UNIC

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### Summary

We have carried out the analysis of 23 cases of the parenchymatous tumors of solitary kidney within the period from 1980 to 2001 years. The surgical treatment has the following aims: complete removal of the tumor, the correct appreciation of the tumor stage, maintenance of choice. The operative techniques were dependent on the dimensions of tumor, its Characteristics and localization in the kidney. The results obtained by us are promising and reflect the modern approach to the treatment of the solitary kidney tumors. The treatment objective being the realization of radical removal of the tumor with preservation of kidney tissues.

### Actualitatea și obiectivele lucrării

Tumorile reno-ureterale pe rinichi unic sunt rare, în cazul tumorilor urogenitale incidența lor fiind aproximativ 1,8-2% din bolnavii cu tumori renale.

Tratamentul chirurgical al tumorilor renale urmărește câteva obiective esențiale: îndepărtarea completă a tumorii, aprecierea corectă a stadializării, menținerea unui rinichi normal funcțional.