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

reflection, the renal artery is ligated and divided, the left renal vein is dissected on. The right colon reflection is performed, the right renal vein and vena cava is dissected. Satinsky clamp is placed on infrarenal vena cava, a bulldog clamp is placed on the right renal vein and a Satinsky clamp is placed on vena cava above the thrombus. Circular incision on vena cava at the level of left renal vein is performed and en block perifascial nephrectomy including the thrombus is done. The vena cava incision is repaired with a continuos 4-0 vascular suture. Extensive lymph node dissection is performed.

Conclusions: Out of more than 1305 RCC operated in our Department between 1975 – 2000, 142 cases have had caval extension. Using appropriate surgical technique, the patient's survival is almost similar to those without caval extension.

ORTHOTOPIC BLADDER SUBSTITUTION WITH DETUBULARIZED SIGMOID COLON

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Video

Introduction: The surgeons who performs substitution cystoplasty should know different techniques utilising the small bowell and sigmoid colon, depending of the local anatomic situation.

Materials and methods: A sigmoid colon segment of about 25 cm is isolated. The colic continuity is restored. The isolated segment is put under a "U" shape, it is detubularized and the arms of the "U" are sutured each to the other. The reservoir is anastomosed to the urethra. The urether implantation is performing according to Le Duc Camey modified technique and the pouch is closed.

Results: From a cohort of 51 patients, this type of cystoplasty have been performed to 23 cases (4 partial detubulized, 19 total detubulized). The postoperative evolution was a good one, continence was relatively good, there were no phenomena of vesico - uretheral reflux. All the patients have had daily continence. 7 patients are incontinent during night time.

Conclusions: The sigmoid colon represents a technical variant for bladder substitution to be retained due to its pelvic position, a good vascularization, to easy restoring of the colic continuity, to the urodynamic qualities of the sigmoid bowell, etc.

RIGHT RCC WITH CAVO-CARDIAC TUMOR THROMBUS

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Video

Introduction: One of the unique features of RCC is the frequent pattern of growth intraluminally into the renal venous circulation in extreme cases this growth may extend into the inferior vena cava with cephaled migration in the heart.

Material and method: It has been our experience that an anterior surgical approach through a subcostal and pararectal incision provides excellent exposure for performing radical nephrectomy. A second cardio-vascular team, through a median sternotomy, canulated the ascending aorta and the right atrium and cardiopulmonary bypass is initiated. The tumor thrombus is gently removed from the IVC.

Results: In our department we performed more than 1305 radical nephrectomies for RCC. We have had 117 lateral or total IVC resection and in 8 cases we removed the thrombus from the right atrium.

Conclusions: This approach allows such thrombus to be removed completely in a controlled operative setting that provides excellent exposure and reduces the potential for massive blood loss or major vascular injury.