

- Pacienților cu HBP de gr. I și II cu masa nodulilor adenomatoase pînă la 60 g se efectuează rezecția transuretrală.
- Pacienților cu HBP gr. II și III cu masa nodulilor de la 60 și mai mare, cu sau fără dereglări ale funcției vezicii urinare și căilor urinare superioare, precum și pacienților cu contraindicație la TURP-adenomectomia transvezicală unimomentană sau după cistostomie.
- La determinarea indicațiilor pentru intervenția respectivă se iau în considerație următorii factori: gradul afecțiunii, forma de creștere și dimensiunile adenomului, particularitățile constituționale ale pacientului.

**Rezultatele** obținute demonstrează, că frecvența și caracterul complicațiilor intra- și postoperatorii în această afecțiune depind de selectarea rațională a modului de intervenții chirurgicale (transvezicală sau transuretrală) și calitatea efectuării ei.

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## CONTINENT URINARY DIVERSION WITH PARIETAL STOMA OF INDIANA TYPE

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### Video

**Introduction:** The indications of performing a continent urinary diversion are the followings: - radical cystectomy for infiltrative bladder tumour on females or males patients to whom the urethral anastomosed reservoir cannot be used; - defunctionalized urinary bladder : bladder extrophy, small neurologic, tuberculoses or irradiated bladder, interstitial cystitis.

**Materials and methods:** The operative technique consists in the isolation of 10 cm ileum and 30 cm of caecum & ascendent colon followed by the restoring of the ileum-colic continuity. The isolated segment of the colon is detubulized, the ureters are implanted using an anti-reflux technique, then the reservoir is closed, a continence mechanism is created (ileum-caecal valve, ileum plicature and the anti-peristaltic positioning of ileum), and the stoma is positioned.

**Results:** The results are shown (clinical, radiological and urodynamical) on the continent urinary diversion with parietal stoma. We have 4 cases with this type of diversion: 2 cases in patients with infiltrative bladder tumours and radical cystectomy, 1 case in a female pa-

tient with an extensive vezico-vaginal fistula and 1 case for a uro-genital tuberculosis with right single kidney, cutaneous ureterostomy and small scarred bladder.

**Conclusions:** The continent urinary diversion with parietal stoma is a good choice for the patients with radical cystectomy for infiltrative bladder tumours or defunctionalised urinary bladder and urethra.

## THORACOABDOMINAL APPROACH IN UROLOGICAL SURGERY

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### **Video**

**Introduction:** Thoracophrenolaparotomy is a type of approach which could be used for the ablation of: RCC, upper urinary tract urothelial tumours, retroperitoneal lymphodissection or retroperitoneal tumours, adrenal gland tumours.

**Technique:** The patient is placed in dorsal decubitus position on operation table, with the elevator under the 12th ribs. The right shoulder is 30° rotating facing the horizontal line, pelvis at about 10°. The incision begins at the mid-axillary line over the eighth, ninth or tenth rib. The incision extends over the rib and across the costochondral junction into the epigastrium, where it courses inferiorly as a midline incision toward the pelvis. We prefer rib resection and rectus muscle transection in the epigastrium. The costochondral junction is then divided and also the diaphragm in the direction of its fibers. Closure are made in the following order: - chondrocostal cartilage suture with unabsorbable suture; - diaphragm closure in two layers with 1.0 Vicryl; - paravertebral pleural aspiration tube insertion; - retroperitoneum drainage; - closure of intercostal muscles and parietal pleura with separate Vicryl 1.0 suture placing into figure eight; - abdominal wall closure is performed in the usual manner.

**Conclusions:** The postoperative course of the patient was uneventful, the hospitalisation was about 10 days, with the same morbidity as the transabdominal approach.

## THE CLAM CYSTOPLASTY

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### **Video**

**Introduction:** This is a surgical solution for the patients with idiopathic or neuropathic instability or hyperreflexia of the bladder detrusor which clinical manifestations are the urgency and / or incontinence.

**Material and methods:** Prolonged conservative treatment had failed in all cases. The surgical procedure consists off the bisection of the bladder in sagittal or coronal plane and the augmentation with a detubularized intestinal segment without any resection. Clam cystoplasty looks to be the most effective treatment for detrusor instability resistant to conservative treatment. We used it when prolonged medical treatment failed.

**Conclusions:** The Clam procedure is easier, quicker and satisfactory as augmentation cystoplasty in selected cases.

## ORTHOTOPIC BLADDER REPLACEMENT – OUR EXPERIENCE ON 93 CASES

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### **Communication**

**Purpose:** Orthotopic urinary tract reconstruction has become a standard surgery technique. Reservoir anastomoses to the urethra enables the patient to empty his bladder by micturition, avoiding the catheters use or external appliance.