tient with an extensive vezico-vaginal fistula and 1 case for a uro-genital tuberculoses 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

G. Glück, I. Sinescu

Center of Urological Surgery, Dialysis and Renal Transplantation
"Fundeni" Clinical Institute, Bucharest, ROMANIA

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 lineover the eighth, ninth or tenth rib. The incision extends over the rib and across the costochondral junction into the epigastrium, where it courses inferiorily 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 fibbers. 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 uneventfull, the hospitalisation was about 10 days, with the same morbidity as the transabdominal approach.

THE CLAM CYSTOPLASTY

Glück G., M. Glück

Center of Urological Surgery, Dialysis and Renal Transplantation
"Fundeni" Clinical Institute, Bucharest, ROMANIA

Video

Introduction: This is a surgical solution for the patients with idiopathic or neuropathic instability or hiperreflexia 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 bissection of the bladder in sagital 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

Sinescu I. and Glück G.

Center of Urological Surgery, Dialysis and Renal Transplantation
"Fundeni" Clinical Institute, Bucharest, ROMANIA

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.