

## RADICAL CYSTECTOMY (ANTERIOR EXENTERATION) IN FEMALE PATIENTS

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### Video

**Introduction:** Radical cystectomy or anterior exenteration, is the treatment of choice for infiltrative bladder tumours in female patients. Radical cystectomy consists in ileo-pelvic lymphodissection + extirpation of: a). urinary bladder + urethra, b). uterus, ovary, uterine tubes, c). anterior vaginal wall.

**Materials and Methods:** From the radical 1.200 cystectomies performed between 1975 - 1998, to women, 164 anterior pelvectomies have been made. The female patient in a dorsal decubitus position with the elevator located under the umbilicus. After checking the bladder lesions, liver, ileo-pelvic and para-aortic adenopathies, the peritoneum is incised at the level of the iliac vessels and the urethers are dissected up to the juxta-vesical level, where are divided. The ligature / cross-sectioning of the lombo-ovarian ligaments and round ligament is practised. The ileo-pelvin lymphodissection is practised. The incision of the recto-vaginal peritoneum is followed by the decollation of vagina from the rectum. The ligature of the vascular pedicles and cross-sectioning, follows. The posterior vaginal wall is transversally incised. Anteriorly the pubo-vesical ligaments and the dorsal vein of the clitoris are ligated and cross-sectioned. Laterally, the lateral walls of the vagina are incised. The urethra is isolated and divided. The operation is ending by the suture of the vaginal anterior wall.

**Results and Conclusions:** Female radical cystectomy may be performed with an acceptable low rate of morbidity and mortality. The operation is the election procedure for multifocal cancer and / or infiltrative in the urinary bladder.

## ORTHOTOPIC SUBSTITUTION CYSTOPLASTY IN FEMALE PATIENTS AFTER ANTERIOR PELVECTOMY FOR INFILTRATIVE BLADDER TUMOUR

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**Introduction:** Hubner's studies have established: the continuity of the bladder with urethra is not a compulsory condition for the urethral closing mechanism. Colleselli shows that the preservation of the musculature of 2/3 out of inferior part of the urethra with its innervation is important for female continence. Stenzl's pathological studies identify the group of female patients to whom the substitution cystoplasty could be performed.

**Materials and Methods:** This type of substitution cystoplasty has been used on 4 female patients (from a cohort of 51). In 3 cases we used the detubularized sigmoid colon and in 1 case the detubularized ileum - Studer's technique for female patients with bladder tumours pT<sub>3</sub>NoMoU - G<sub>1,3</sub>.

**Results:** The postoperative course was uneventfull. The female patients have been continent day and night. Their neobladder capacity ranged between 350 - 500 cc.

**Conclusions:** Female orthotopic substitution cystoplasty on selected cases is feasible.

## RADICAL CYSTECTOMY FOR INFILTRATIVE BLADDER TUMOUR IN MALE PATIENTS

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### Video

**Introduction:** Radical cystectomy represents the elective treatment of infiltrative bladder tumour consisting in the ileo-pelvic lymphodissection followed by the urinary bladder, prostata and seminal vesicles extirpation.