

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 pT₃NoMoU - G_{1,3}.

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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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.

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.