

## Parallel Session 1(B): Video Session

### Abstract Titles

Robotic (Trans-peritoneal and Retroperitoneal approach) versus Laparoscopic Adrenalectomy for Pheochromocytoma: Step-by-Step Technique of First Irish experience

Ipsilateral robot assisted laparoscopic ureteroureterostomy in an adult duplex collecting system

Robotic-applied versus assistant applied clips in robotic assisted radical prostatectomy (RARP)-an analysis of efficacy, efficiency and cost

Antegrade total glans resurfacing for malignant and benign conditions of the penis; video demonstration of operative technique

Xi Robotic versus laparoscopic Anderson-Hynes pyeloplasty in adults: a single surgeon experience

Robotic Assisted Ureteric Re-implantation with Psaos Hitch Following Iatrogenic Injury

Robotic assisted laparoscopic prostatectomy – a video review of posterior seminal vesical, vas deferens & prostate dissection technique & early outcomes in a single centre

Robot-assisted nephroureterectomy: Single Stage Technique including Bladder Cuff

Da Vinci Xi robotic partial nephrectomy for complex renal tumours: step by step approach of trans-peritoneal and retroperitoneal technique

Robotic nephroureterectomy with bladder cuff excision using Da Vinci Xi: a video presentation of technique

Robot assisted urethrolysis and fistula repair post incontinence surgery

### Robotic (Trans-peritoneal and Retroperitoneal approach) versus Laparoscopic Adrenalectomy for Pheochromocytoma: Step-by-Step Technique of First Irish experience

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**Introduction:** Recent evidence supports the use of minimally invasive robotic surgery for the surgical management of adrenal masses. Our aim is to describe a current step-by-step technique of robotic adrenalectomy (RA) and to compare its outcomes with those of laparoscopic adrenalectomy (LA).

**Methods:** Data were retrospectively reviewed from a prospectively maintained database. 20 patients underwent adrenalectomy using

minimally invasive approach. Four patients had a diagnosis of pheochromocytoma; of whom 3 underwent LA and 1 underwent RA. The main steps of our current surgical technique for RA are described in the video lecture: patient positioning, port placement, and robot docking; exposure of the adrenal gland; identification and control of the adrenal vein; circumferential dissection of the adrenal gland; and specimen retrieval and closure. Demographic parameters and main surgical outcomes were assessed.

**Results:** In both groups, skin-to-skin operative time, estimated blood loss less, and intra-operative hemodynamic parameters were similar. There was no conversion to open. There was no morbidity or mortality in either group. Operation time was longer by 20 min in the RA, primarily related to docking of the robot. Blood loss and length of stay were similar.

**Conclusions:** To our knowledge, this is the first Irish experience comparing robotic versus laparoscopic resection of pheochromocytoma. Our results show that the robotic approach is similar to the laparoscopic regarding safety and efficacy. The standardization of each surgical step optimizes the RA procedure.