Results: 12 patients who underwent RALP were compared with a similar cohort of 12 patients who underwent LP. The robotic procedures were superior in terms of shorter operating time by 30 minutes on an average. The minimum time taken for RALP and LP were 110 minutes and 170 minutes respectively. One patient in LP group had urine leak and failed compared to none in the RALP group. The surgeon reported subjective ergonomic benefits with the use of the robot.
Conclusions: Robotic assistance helps to decrease the operative time for laparoscopic pyeloplasty and helps in better anastomosis. It seems ergonomically superior for the surgeon.

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

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Introduction: The risk of injury to the ureter during an abdominal hysterectomy is estimated at 1.3% (1). This injury often occurs following ligation of the uterine vessels as the ureter crosses under the artery. We present the case of a 45 year old female who was referred with a left nephrostomy insitu following an injury to her left distal ureter during hysterectomy for a large fibroid. An initial attempted endoscopic realignment procedure was successful, but following removal of stent there was development of a vesicovaginal fistula. We present in video format our method of robotic assisted ureteric reimplantation with psoas hitch.
Methods: The ureter was mobilised proximal to healthy tissue with preservation of the adventitia. The bladder was then mobilised and a psoas hitch was performed to ensure a tension free anastomosis. The ureter was then spatulated and anastomosed into the bladder over a JJ stent.
Conclusion: This video demonstrates our technique of robotic assisted laparoscopic ureteric reimplantation with psaos hitch following iatrogenic injury to the distal ureter.

Reference

1. Gilmour D., Das S., Flowerdew G. (2006) Rates of urinary tract injury from gynecologic surgery and the role of intraoperative cystoscopy. *Obstet Gynecol* 92: 1366–1377.

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

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Introduction: Robotic assisted laparoscopic prostatectomy (RALP) yields similar oncological & functional outcomes compared to the gold standard radical retropubic prostatectomy with shorter hospital stays & less blood loss & transfusion rates. Using a teaching video, we describe our outcomes from RALPs in a single centre over an 18-month period incorporating an initial posterior dissection approach to the seminal vesicle, vas deferens & posterior prostate.
Methods: We performed 64 RALPs over an 18 month period between October 2017 & April 2019. Age ranged from 49 to 74 (median 59). Pre-op ISUP grade included grades one through five & average Prostate Specific Antigen (PSA) rates was 7.9 (0.9–46). MRI findings included T2 & T3a with an average volume of 39 cc (15–159).
Results: Perioperative outcomes showed average surgical time was 04:02 hours (3:12–5:41) with intra-op blood loss of 408 mls (20–1000 mls). A drain was left in 92% of cases (n = 59). Average length of stay was 4.7 days (2–12). There were three Clavien-Dindo 3 complications; a post-op bleed requiring embolization, a port-site hernia requiring repair and chylous ascites requiring drainage. Pathological stage ranged from T2 to T3b with an average weight of 56.11 g (24–148 g) with 13 patients (20%) with positive surgical margins. Functionally, 61% (n = 36) of patients were wearing 0–1 pads at 3–4 months and average IIEF domain A score at this period was 8.4/30.
Conclusion: RALP with an initial posterior dissection to the seminal vesicle was a safe and efficient method for controlling prostate cancer with promising functional outcomes.

Robot-assisted nephroureterectomy: Single Stage Technique including Bladder Cuff

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Background: We present our surgical technique for pure robot-assisted nephroureterectomy with bladder cuff excision (RANU) (single stage).
Objective: To demonstrate our surgical technique of a single-step RANU, not requiring repositioning or re-docking whilst using the da Vinci Xi operating system.
Materials and Methods: A brief retrospective review of all patients undergoing RANU for UTUC from March 2018 until March 2019 was performed. Cases were analysed based on patient demographics, perioperative outcomes, histopathology and short-term follow-up data.
Results: To date, 12 robot-assisted nephroureterectomies have been performed using the single-stage technique. Mean age 66.5 years (range 50.08–84.75), 8 (66.66%) male patients and 4 (33.33%) female. Three patients (25%) had received neoadjuvant chemotherapy. Mean body mass index 27.9 (21.4–38.1). 6 left-sided vs. 6 right-sided nephroureterectomies. Mean operative time of 03:45 (02:50–04:46), mean estimated blood loss 142 mls (50 mls – 300 mls). Mean catheter duration was 5.6 days (2–10). Seven tumours (58%) were high-grade, mean tumour size was 3.4 cm (1.4–15 cm). 3 patients (25%) had pT1, 3 (25%) had pT2, 2 (17%) had pT3, 2 (17%) had pTa and 2 (17%) had pT0 stage disease. Three (25%) patients had lymph node dissections, One patient had positive lymph nodes on final histology. Three patients had post-operative complications (One Grade I, and two Grade II). Mean length-of-stay was 5.5 days (2–14). No metastases noted on follow-up imaging.
Conclusions: This teaching video shows our positioning and surgical technique for single-step RANU without need for repositioning or re-docking.

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

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Complex renal tumours may preclude a minimally invasive approach to nephron sparing surgery in some patients. We describe our