PE07 Concurrent robotic radical prostatectomy and repair of bilateral, large inguinal hernias with mesh application

EUR Urol Suppl 2019;18(6):e2558

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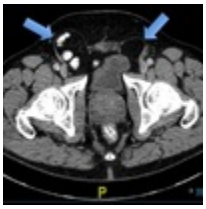
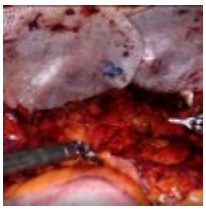
Introduction & Objectives: To present concurrent robot assisted radical prostatectomy (RARP) and extensive, bilateral inguinal hernia repair.

Materials & Methods: Fifty-five year old male patient admitted to our urology outpatient clinic with lower urinary tract symptoms. His PSA level was 4.8 ng/ml. Rectal examination revealed a grade I benign prostate. A PIRADS 3 lesion was detected in right midgland posteriorly on multiparametric magnetic resonance (MRI) imaging. MRI fusion prostate biopsy showed Gleason 3+3 prostatic adenocarcinoma in 3 cores (right basal, right apex and right mid-gland cores). Abdominal computerized tomography showed bilateral inguinal hernia (a 3.5 cm defect on the left with herniated bowel segments, a 4.5 cm defect on the right with herniated bowel segments and bladder) (Picture 1).



Results: Following the completion of the transperitoneal RARP procedure without any complications by the robotic urologist (AEC) with preoperative sterile urine, sufficient hemostasis and watertight urethrovesical anastomosis a 10.8 cm x 16.0 cm sized mesh (Bard 3DMax) was inserted into the abdomen and secured with absorbable tacks over the hernia area following the preparation of the hernia sac by the robotic general surgeon (EB) (Picture 2). Lastly, peritoneum is covered over the mesh with a barbed suture. Estimated blood loss was 100 ml. Postoperative follow-up was uneventful. Drain was removed postoperative day-2 and patient was discharged on day-3 without any complications. Final pathology showed pT2 prostatic adenocarcinoma with a Gleason score of 3+4 and clear surgical margins.



Conclusions: Concurrent RARP and inguinal hernia repair can be performed safely and effectively at the same session. For large and bilateral hernias, involvement of a general surgeon is helpful.