PE58 Intracorporeal Studer pouch formation following robotic radical cystectomy: Balbay's technique

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Introduction & Objectives: To present the outcomes of intracorporeal Studer pouch formation following robotic radical cystectomy (Balbay's technique).

Materials & Methods: 22 patients (18 male, 4 female) with bladder cancer were included. 20 cm ileal segment was spared starting from ileoceacal junction. Laparoscopic ileal bowel staplers (60&45 mm) were used to cut ileal segments and to perform ileo-ileal anastomosis. Then, 55 cm ileal segment was used for the pouch with placement of marking stay sutures at every 10^{th} cm on both sides of the ileum. Starting from the distal end, urethral remnant was anastomosed to the ileum on its antimesenteric border at the 10^{th} cm. Proximal 15 cm was used as the chimney of the pouch and the remaining ileal segment was incised on its antimesenteric border. Stapler lines were removed. Firstly, segregated ileal segment is folded at the 20^{th} cm towards to the right, and posterior plate was formed horizontally between adjacent medial edges by bringing corresponding points of 10^{th} and 30^{th} cm, and 0 and 40^{th} cm marks together initially. Closure of the posterior plate was accomplished with both stay and continuous suturing. Then, anterior plate was formed vertically with a second folding by bringing the lateral edges of the remaining opening at 20^{th} and 40^{th} cm marks together initially and closure completed in the same manner. Wallace type uretero-ileal anastomosis by internal JJ stenting was performed after completing the pouch so that urine was diverted towards to the pouch for continuous low pressure irrigation.

Results: Mean operation time, estimated blood loss and mean LN yield were 9.2 hours, 361.4 mL and 38.6, respectively. No leakage from the pouch was confirmed by measuring postoperative drain creatinine levels which were compatible with those of serum levels. Mean duration of hospital stay was 10.5 days. Surgical margins were positive in 3 (9.1%) patients. Positive LNs were detected in 8 patients (36.4%) who had ³pT3 stage. pT stages included: pT0 (n=4), pTis (n=4), pT1 (n=2), pT2(n=1), pT3a (n=3), pT3b (n=5), pT4a (n=3). Incidental prostate cancer was identified in 5 (27.8%) patients. Complications (modified Clavien) included 28 minor and 3 major during 0–30 days; 4 minor and 5 major during (31–90 days). Readmission rates were 3 (13.6%) and 8 (36.4%) during same periods, respectively. Patients with 1-year follow-up, day-time continence outcomes were: 10 (58.8%) fully continent (no pad), 4 (23.5%) mild (1 pad/day) and 3 (17.7%) moderate(2 pads/day) incontinence. None had severe incontinence.

Conclusions: Application of Balbay's technique for intracorporeal Studer pouch formation following robotic radical cystectomy is a safe and effective minimally invasive procedure with satisfactory oncological and functional outcomes.