

## PE74 Robot assisted laparoscopic diverticulectomy of urinary bladder-experience of single hospital

EUR Urol Suppl 2019;18(6):e2652

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**Introduction & Objectives:** Bladder diverticulectomy is indicated for recurrent urinary tract infections, tumor, refractory lower urinary tract symptoms and obstruction. Reviewing previous studies, surgical management of urinary bladder diverticulum with robot assisted laparoscopy had proven as safe and effective as open and endoscopic methods. We report a series of robot assisted laparoscopic bladder diverticulectomy of our hospital.

**Materials & Methods:** Seven patients had received robotic assisted laparoscopic bladder diverticulectomy between June 2017 and November 2018. The 7 patients all had lower urinary tract symptoms (LUTS) and urinary tract infection history with medical treatment. Operations performed by two surgeons using the da Vinci robotic system. We described the surgical technique and outcomes and reviewing records.

**Results:** All patients are men (median age 70.3 years old, range 64–75) with median BMI 23.4 (range 19.2-27) underwent da Vinci diverticulectomy. Among the 7 patients, 3 patients had previous transurethral resection of prostate (TURP) history (2-6 years ago), the other 3 patients had TURP and 1 patient received robot assisted laparoscopic radical prostatectomy (RaLRP for Pca) before bladder diverticulectomy. Median total operative time was 145 minutes (range 110 to 240), including one patient underwent ureteral reimplantation due to proved urothelial carcinoma in diverticulum and near right ureteral orifice (240 mins). The average blood loss was 62 ml (range 10 to 150), Median days of drainage removal was 4.4 days (range 1 to 12) and received regular diet on post operation day 3 (range 1 to 7). The average post voiding residua urine (PVR) before operation was 465 ml (range 174 to 719), and the average PVR post operation was 66.2 ml (range 0 to 138).

**Conclusions:** As medical article reviewing, robotic assisted laparoscopic bladder diverticulectomy is safe and effective for patients to improve their LUTS, life quality and decrease post operation PVR obviously.