

## PE85 Robot-assisted supine extraperitoneoscopic retroperitoneal lymph node dissection for post chemotherapy residual lymph node mass in testicular cancer: our initial experience

EUR Urol Suppl 2019;18(6):e2668

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**Introduction & Objectives:** Retroperitoneal lymph node dissection (RPLND) is the treatment of choice for Post Chemotherapy (PC) residual lymph node mass in Non-Seminomatous Germ Cell Tumours(NSGCT). Robotic surgery offers technical advantages and is being increasingly used in these scenarios through transperitoneal route in deep Trendelenburg position. The feasibility of robot-assisted supine extraperitoneal (RASE) approach was assessed in this study.

**Materials & Methods:** A review of RASE RPLND in Post Chemo residual lymph node mass, performed by a single surgeon from October 2017 to April 2019 was done. In total, there were 6 procedures. All the patients had clinical stage II NSGCT and also had undergone previous chemotherapy (BEP X3-4cycles). Surgical Procedure: Robot-assisted Supine Extraperitoneoscopic approach was used with DaVinci Xi System. The patient was positioned supine and retroperitoneum was created by finger dissection from a flank. Full bilateral nerve-sparing template dissection was done. Supine Extra peritoneal approach gives adequate space for removing even large masses. Outcome measurements: Mean operative time, estimated blood loss, hospital stay and lymph node count were retrospectively analysed. Intraoperative and postoperative complications were also reviewed.

**Results:** There was no intraoperative vascular or bowel injury and none required blood transfusions. All the 4 successful RASE RPLND patients had the return of bowel function within 24 hours of surgery. One patient had >7 cm retrocaval mass and another patient had severe bleomycin toxicity and cisplatin-induced IVC thrombus. One patient had post-op chylous ascites and chylothorax, which was managed conservatively. There was no evidence of retroperitoneal disease recurrence to date in any of the patients.

Operative time	410 min (240 -510)
Blood loss	150 ml (100-250 ml)
Node yield	33 (18-44)
Hospital stay	4,5 days (2-12 days)

**Conclusions:** RASE approach helps in reducing the morbidity and aids early recovery in RPLND . It may be a better approach in high risk patient with bleomycin toxicity and venous thrombosis. It needs a large cohort and longer follow up to fully ascertain the safety and therapeutic efficacy of this technique.