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**Introduction & Objectives:** Complete dehiscence of the vesico-urethral anastomosis is a possible complication following radical prostatectomy. This represents a challenging scenario that might occur in high rate of intra- and postoperative complications. We present a challenging case of robot-assisted redo vesico-urethral anastomosis in a patient who had complete dehiscence of the anastomosis after open radical prostatectomy.

**Materials & Methods:** A 67 years old man who underwent open radical prostatectomy without nerve sparing in a different centre for a low-risk prostate cancer (ISUP grade 1, pT2b R0 NxM0) was referred to our high-volume centre for a postoperative pelvic pain and voiding problems. The postoperative course was characterized by active bleeding in the pelvis and leakage at the level of vesico-urethral anastomosis. The patient was admitted at our Institution with a suprapubic catheter and a transurethral catheter in situ. CT scan showed a complete dehiscence of vesico-urethral anastomosis and presence of a pelvic hematoma with a maximum axial diameter of 10 cm. The transurethral catheter was surrounded by the huge hematoma. Redo robotic assisted vesico-urethral anastomosis was performed after 3 weeks from surgery. During the procedure 200 cc of clots were removed. V-Loc suture 3-0 15 cm was used posteriorly to reduce the bladder neck and to secure the ureteral orifices. Vesico-urethral anastomosis was performed with two V-Loc 3.0 sutures of 23 cm each. A new 18Ch transurethral catheter was placed under vision. Subsequently the suprapubic catheter was removed and two drains were positioned.

**Results:** Pelvic drains were removed in post-operative day 2. No minor or major complications were recorded during hospital stay. Length of stay was 3 days. RX cystography was performed after 10 days and no evidence of urinary leakage was observed. Transurethral catheter was removed after 10 days. No complications were recorded after transurethral catheter removal. At 1-month follow-up, the patient used 3-4 pads/day and pelvic rehabilitation was started. After 3 months PSA was 0.010 ng/ml and the patient was completely continent (1 safety pad was used).

**Conclusions:** Robot-assisted revision of a complete dehiscence of the vesico-urethral anastomosis is feasible and safe. It allows an optimal exposure and identification of the injured structures. Optimal functional outcome was recorded.