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Introduction & Objectives: Risk of strictures of vesico-urethral anastomosis (VUA) after radical prostatectomy (RPE) is still high and is observed in up to 4-30% of cases. Most important risk factors of anastomotic strictures are surgeon's experience and surgical technic used. Main reasons of development of this complication are absence of matching of mucosa of bladder and urethra or VUA failure or insolvency.

Materials & Methods: Retrospective analysis of database included 2255 PC pts after RPE performed in one center was done. In the study 255 pts operated in 2017-2018 were included. Standard "rocket technic" of formation of bladder neck was applied in 188 (74%) pts. New modified technic of formation of VUA was performed in 67 (26%) pts. The main steps of new technic of formation of bladder neck are presented in the video. Mean pts age in group of standard method of formation of VUA and experimental new technic was 64.1 ± 6.9 and 63.7 ± 6.3 ($p=0.67$). No differences between two groups were observed in preoperative PSA level 16.9 ± 14.2 vs 15.7 ± 15.1 ($p=0.98$), clinical stage ($p=0.45$) and biopsy Gleason score ($p=0.34$). On day 7 after RPE control cystography was performed in all pts to assess quality of VUA. Functional results were assessed on 3, 6, 9 and 12 months after surgery.

Results: Control cystography on day 7 after RPE reveled urine leakage (VUA insufficiency) in 2 (2.9%) pts in modified technic arm and in 26 (13.8%) pts in control group ($p=0.01$). In 3 months after surgery urine leakage in standard technic group was observed in 12 (6.4%) pts with 3-5 pads/day and in 4 (5.9%) pts in modified technic group with 1-2 pads/day ($p=0.58$). Total incontinence rate was low in two groups and did not differed significantly. In 12 months after surgery stricture of VUA was observed in 0 pts in modified technic group and in 10 (5.3%) pts in control arm ($p=0.04$).

Conclusions: The surgeon's experience and precision technique for performing reconstruction of the bladder neck and the formation of VUA are extremely important. The proposed method of bladder neck formation when performing VUA after RPE can significantly reduce the risk failure and anastomosis stricture.