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**Introduction & Objectives:** Uretero-ileal anastomosis stricture is developed in approximately 3 to 11% of the patients who undergo ileal conduit urinary diversion after cystectomy. Non-invasive treatments, such as endoscopic stricture incision have a low long-term patency rate. Robot-assisted stricture repair provide the potential benefits of minimally invasive surgery, and a success rate above 90%. We aim to demonstrate our surgical technique for uretero-ileal stricture repair.

**Materials & Methods:** We present the case of a 78 year-old male with bilateral nephrostomy tubes due to bilateral uretero-ileal anastomosis stricture. He was firstly treated by Holmium Laser Endoureterotomy and dilatation, but the stricture recurred. We describe our novel approach and port configuration for robot-assisted repair.

**Results:** As perioperative complication, the patient developed paralytic ileus. During the stay, drain output was checked for creatine, ruling out urine leakage, so nephrostomy tubes were removed safely. Before discharge, ileal conduit catheter was also removed. Ureteral stents were removed 4 weeks following the procedure. Postoperative renal function remained stable.

**Conclusions:** In our experience, robotic -assisted uretero-ileal anastomosis stricture repair is a feasible technique. This novel approach is suitable for both ureters lengthy dissection, being also feasible for a laparoscopic approach.