

VE10 Robotic-assisted bladder augmentation and artificial sphincter placement for neurogenic bladder dysfunction: A step-by-step procedure

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Introduction & Objectives: Augmentation bladder is a viable option for refractory overactive bladder (OAB). We described the case of a patient with a neurogenic bladder with persistent OAB despite anticholinergic treatment and intravesical botulinum toxin injection, associated with severe incontinence. A step-by-step robotic-assisted procedure is presented.

Materials & Methods: No intestinal preparation was required. Under general anesthesia, the patient was placed in a supine position. An 8mm robotic optic port was positioned below the umbilicus, at the level of the right umbilical ligament. Three operative 8mm port were positioned then in a linear configuration, along with an assistant 12mm port in the right iliac fossa. The DaVinci Xi robot was docked and directed cephalad. The surgery began by the bladder neck dissection with a posterior and antero-lateral approaches. The supra-trigonal cystectomy was then performed after identification of ureteral orifices. An appropriate 40 cm length of ileum was identified, detubularized along its antimesenteric border and then sutured to the top the bladder. After measurement of the bladder neck circumference, the AMS 800™ artificial urinary sphincter was placed and connected to the reservoir balloon.

Results: The operative time was 548 min and estimated blood loss was 800 cc. No post-operative complication was reported. The patient was allowed a free dietary regimen on POD 1, abdominal drain was removed on POD 3 and hospital stay was 14 days.

Conclusions: