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**Introduction & Objectives:** Radical cystectomy remains the most effective treatment for patients with localized, invasive bladder cancer and recurrent noninvasive disease. Recently some surgeons have begun to describe outcomes associated with less invasive surgical approaches to this disease such as laparoscopic or robotic assisted techniques. We report our maturing experience with 100 consecutive cases of robotic assisted laparoscopic radical cystectomy regarding perioperative results, pathological outcomes and surgical complications.

**Materials & Methods:** A total of 100 consecutive patients (73 male and 27 female) underwent robotic radical cystectomy with intracorporeal urinary diversion at our institution from February 2018 to February 2021 for clinically localized bladder cancer. Outcome measures evaluated included operative variables, hospital recovery, pathological outcomes, and complication rate.

**Results:** Mean age of this cohort was 60.4 years (range 38 to 82). 95 patients underwent ileal conduit diversion, 5 received a neobladder). Mean operating room time for all patients was 184 min (best time was 160 min) and mean surgical blood loss was 286 ml. On surgical pathology, 2% of the cases were pT1, 35% were pT2, 51+12% were pT3/T4 disease and 17% were node positive. Mean number of lymph nodes removed was 16 (range 10 to 40). In no case there was a positive surgical margin. Mean days to flatus were 2.6, bowel movement 2.8 and discharge home 8.2. There were 21 postoperative complications in 20 patients with 4% having a major complication (Clavien grade 3 or higher) and 15% being readmitted within 30 days of surgery. At a mean follow up of 12 months 3 patients had disease recurrence and died 4 of disease.

**Conclusions:** We report a relatively large and maturing experience with robotic radical cystectomy for the treatment of bladder cancer providing acceptable surgical and pathological outcomes. These results support continued efforts to refine the surgical management muscle-invasive bladder cancer.