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Introduction & Objectives: Treatment of penile cancer without palpable inguinal lymph nodes has evolved, utilizing less aggressive techniques and reducing morbidity. Modified inguinal lymphadenectomy allows for correct staging in most stages. Currently, it is possible to reproduce the classic surgical technique by video-assisted techniques, with similar oncological results and fewer complications.

Material and methods: Technique description of SVABIL in our oncological centre. Literature revision on video-assisted bilateral inguinal lymphadenectomy (VABIL), with special focus on simultaneous bilateral technique.

Results: The surgical steps of SVABIL are: patient positioning, trocar placement, deep blunt dissection until the Scarpa, identification of anatomical dissection limits, identification of the femoral vessels and isolation of the saphenous vein until de fossa ovalis, ganglion excision and closure. In SVABIL, two surgical teams work simultaneously in each limb. In relation to surgical team positioning, the main surgeons place themselves laterally to the lower limbs, while the assistant surgeon is placed in a medial position.

Our centre has been performing SVABIL for six months, having performed two surgeries. Average time was of 135 minutes without any intraoperative complications. Average hospital stay was of 5 days, without any complication during admission and in the 30 days after surgery. The number of lymph nodes removed by member was 6.5.

Conclusions: The VABIL procedure is comparable to the classic open procedure in an oncological point, presenting with fewer rate of complications. The possibility to performed simultaneous bilateral surgery has the potential to reduce the number of surgeries/time, keeping the same oncological and safety principles.