

Attending Surgeon: \_\_\_\_\_

MR #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Cystectomy Assessment and Surgical Evaluation (CASE)

### DOMAINS\*

1

2

3

4

5

#### Lymph Node Dissection [if LND Performed Before RC]

Console Surgeon: \_\_\_\_\_

##### Lymph Node Dissection (LND)\*\*\*

[Not Intended for Detailed Assessment of LND, but only for Surgeons that Start Cystectomy with LND]

- No Lymphatic Tissue Removed: Non-visualization of Obturator Nerve or Iliac Vessels
- Injury to Genitofemoral Nerve and/or Obturator Nerve and/or Iliac Vessels

2

- Inadequate Removal of Lymphatic Tissue: Partial Visualization of Obturator Nerve or Iliac Vessels
- Triangle of Marcille\* Not Defined

3

4

- Template-Appropriate Lymphatic Tissue Removed: Complete Visualization of the Obturator Nerve and Iliac Vessels
- Triangle of Marcille\* is Well-Defined

\*defined Triangle of Marcille = mobilization of External Iliac Artery to retrieve lymphatic tissue at exit of Obturator Nerve from Psoas Muscle

#### Peri-Ureteric Space

Console Surgeon: \_\_\_\_\_

##### Identify and Dissect Ureters Down to the Uretero-Vesical Junction (UVJ)

- Injury or Traumatic Handling of Ureter
- Inadvertent Entry into Urinary Bladder
- Injury to Iliac Vessels

1

2

- Difficulty Identifying Ureter
- Excessive handling / De-Vascularization of Ureter
- Inadequate Proximal Dissection of Ureter: Not Allowing a Tension-Free and Safe Anastomosis

3

4

- Atraumatic, Adequate Dissection to Allow Tension-Free and Safe Anastomosis
- Adequate Peri-Ureteric Tissue

#### Lateral Pelvic Space

Console Surgeon: \_\_\_\_\_

##### Release of Urinary Bladder from the Lateral Pelvic Wall

- Incomplete Release of Urinary Bladder/Tumor from Lateral Pelvic Wall and Iliac Vessels
- Entry into the Urinary Bladder/Tumor
- Injury to the Iliac Vessels/ Obturator Nerve
- Non-visualization of EndoPelvic Fascia (EPF)

1

2

- Improper Surgical Plane +/- Entry into the Inguinal Space and/or Entry into Peri-Vesical Fat
- Partial Visualization and Incomplete Opening of EPF

3

4

- Separation of the Bladder from the Lateral Pelvic Wall, Nerves, and Vessels: Properly Defining the Lateral Vascular Pedicle
- Complete Visualization and Opening of the EPF

#### Anterior Rectal Space

Console Surgeon: \_\_\_\_\_

##### Release of Urinary Bladder from the Anterior Rectal Wall

- Incomplete Release of the Urinary Bladder and Prostate from the Anterior Rectal Wall
- Wrong Plane with Entry into Urinary Bladder/Tumor, Prostate, Seminal Vesicles, or Rectum

1

2

- Wrong Plane, Too Close to Bladder or Rectum with Subsequent Correction

3

4

- Clean and Adequate Development of the Anterior Rectal Space down to the Prostatic Apex or Distal Urethra

#### Control of Vascular Pedicle

Console Surgeon: \_\_\_\_\_

##### Control of the Vascular Pedicle

- Injury to Vessels
- Vascular Pedicle is Not Defined

1

2

- Vascular Pedicle is Incompletely Defined
- Poor Control and bleeding from the Vessels

3

4

- Control of Vascular Pedicle with Insignificant Bleeding

#### Anterior Space of Retzius (Vesical)

Console Surgeon: \_\_\_\_\_

##### Release of Urinary Bladder from the Anterior Abdominal Wall/ Bladder Drop

- Inadvertent Entry into Urinary Bladder, Prostate or Anterior Abdominal Wall.
- Injury to Inferior Epigastric Artery

1

2

- Wrong Plane with Tissue Left Anteriorly, Obscuring the Operative Field

3

4

- Clean Dissection from Abdominal Wall that Respects All Surgical Planes with Minimal Bleeding

#### Control of DVC

Console Surgeon: \_\_\_\_\_

##### Control of Dorsal Venous Complex (DVC)

- Inadvertent, Premature Entry into the DVC
- Uncontrolled DVC Bleeding

1

2

- Incomplete Closure of DVC, Minor Bleeding
- Need to Re-Suture

3

4

- Adequate Control of DVC with Minimal Bleeding

#### Apical Dissection

Console Surgeon: \_\_\_\_\_

##### Urethral Transection

- Spillage of Bladder or Urethral Contents
- Inadequate Urethral Dissection (Non-Visualization of the Urethra)
- Injury to Lateral Apical NVB (if Nerve-Sparing Performed)

1

2

- Partial Visualization of the Urethra with Inadvertent Entry into Prostate and Subsequent Correction
- Excessive Shortening or Charring/ Cautery of Urethra (if Planned Orthotopic Diversion)

3

4

- Complete Visualization and Clean Division of the Urethra
- No Spillage of Bladder or Urethral Contents
- Preservation of the NVB (if Nerve-Sparing Performed)

\* The presence of any single or multiple criteria within each anchor qualifies for that score.