Robot-Assisted Radical Cystectomy with Intracorporeal Neobladder Construction

Introduction and Objective: In this video we demonstrate the technique of radical cystectomy with Studer neobladder which was completed with robotic assistance exclusively.
Material and Methods: The patient was kept in trendlenburg position and ports placed in a fan-shaped manner (two 12mm ports, one for camera and one for the assistance, three robotic 8mm ports were used for the robotic trocars). The procedure started with dissection of the ureter to the ureterovesical junction. The posterior layer of the Denonvilliers' fascia was incised and the posterior and the lateral pedicles secured with Echelon 60 staplers (vascular cartridge). The posterior dissection proceeded till the prostatic apex. The endopelvic fascia was the landmark at this point. The prostatic apex was dissected and the urethra secured, care was taken to clamp the cut end of the bladder catheter to prevent spillage. The second part of the procedure included extended lymphadenectomy which included the internal, common and the external nodes. The dissection included the area at the bifurcation of the aorta. The neobladder was constructed with 40 cm of the ileum and additional 20 centimeters for the chimney. The urethrovesical anastomosis was done with help of robot and the ureterovesical anastomosis was done with Bricker's technique.
Results: All patients had a 8/30 ureteric stents and a perurethral catheter (20 Fr). The catheter was removed after 2 weeks following a cystogram. The margins were free in all cases.
Conclusion: Robotic cystectomy with robot-assisted intracorporeal construction of neobladder is safe, feasible and oncologically safe.

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