Robotic-Assisted Ileovesicostomy: A Pure Intracorporeal Technique Video

Introduction and Objectives: Ileovesicostomy is a surgical option for treating adult patients with a neurogenic bladder. In this video we present a robotic assisted ileovesicostomy performed purely intracorporeal.
Material and Methods: A 48-old-female patient with a BMI of 34, and a history of multiple sclerosis presented with a neurogenic bladder. A pure robotic-assisted ileovesicostomy was performed using 5 trocars: one robotic camera trocar, three 8 mm metallic trocars, and one 12 mm Versastep assistant port trocar. These were placed in a fan shaped manner, starting supraumbilically. We evaluated the operative time, peri-operative outcomes, and complications.
Results: Severe lysis of adhesions was performed completely robotically. The resection of the ileal segment selected for the ileovesicostomy, as well as the ileal-ileal side to side anastomosis was performed totally intracorporeal. A U-shaped cystotomy and an antimesenteric spatulation of the ileal segment was performed. The ileovesicostomy anastomosis was performed with 3-0 biosyn sutures. Separate stitches were used to secure the cardinal angles of the anastomosis and a running suture was used between them. The total operating room time was 330 minutes. The total console time was 240 minutes. Of these, 120 minutes were used to perform the severe lysis of adhesions, and 120 minutes to perform the intracorporeal ileal-ileal side to side anastomosis and ileovesicostomy. The EBL, JP drainage, and hospital stay was 50 cc, 4 days, and 5 days, respectively. There were no complications at 6 months' follow-up.
Conclusions: Pure intracorporeal robotic assisted ileovesicostomy can be performed safely. The robotic-assisted technology enhances the performance of severe lysis of adhesions and suturing in different angles.

To view this video, please click here