Ureteral fibrin sealant injection of the distal ureter during

laparoscopic nephroureterectomy--a novel and simple modification of

the pluck technique.

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Abstract:

OBJECTIVES: To describe a novel technique to block the distal ureter, thus preventing spillage of

tumor cell bearing urine during laparoscopic pluck nephroureterectomy. Currently, there is no

consensus on the appropriate management of distal ureter during laparoscopic nephroureterectomy.

METHODS: A review was performed of patients who underwent modified laparoscopic pluck

nephroureterectomy for upper tract transitional cell carcinoma from July 2007 to December 2008.

After confirming an absence of bladder tumors, an 8F olive-tipped ureteral catheter was introduced

into the ureteral orifice. Five milliliters of Tisseel was injected into the ureter. Five milliliters of indigo

carmine was injected intravenously to confirm the presence of ureteral blockage. Using a Collins

knife, the ureteral orifice was dissected until the extravesical fat was visualized. A Foley catheter

was placed and a laparoscopic nephroureterectomy was then completed. The drain was removed

on the 3rd postoperative day and Foley was removed on the 10th postoperative day after a normal

cystogram.

RESULTS: We performed 8 procedures using the above-described technique. The median age was

62 years, all were males; 2 were operated on the right side and 6 on the left. The average operative

time and estimated blood loss was 308 minutes and 150 mL, respectively. The average length of

stay was 6 days. One major and 2 minor complications (ileus) were noted. Mean cancer follow-up is

11 months. All specimen margins free of tumor. No extravesical or intravesical recurrences were noted.

CONCLUSIONS: Ureteral fibrin sealant injection produces dependable ureteral obstruction during laparoscopic pluck nephroureterectomy and may prevent tumor spillage in the extravesical tissues.

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