

VIDEO ABSTRACT

VIDEOSURGERY

Video can be found at <http://www.ceju.online/journal/10000/pyeloplasty-robotic-surgery-robotic-pyeloplasty--1960.php>

Minimally-invasive robotic pyeloplasty: the 'window technique'

Franco Gaboardi, Salvatore Smelzo, Guglielmo Mantica, Davide De Marchi, Giovanni Passaretti, Giovannalberto Pini, Giuseppe Saitta, Nazareno Suardi

Department of Urology, San Raffaele Turro Hospital, Milan, Italia

Article history

Submitted: May 20, 2019

Accepted: Aug. 9, 2019

Published online: Aug. 29, 2019

Citation: Gaboardi F, Smelzo S, Mantica G, et al. Minimally-invasive robotic pyeloplasty: the 'window technique'. Cent European J Urol. 2019; 72: 331.

Key Words: pyeloplasty ↔ robotic surgery ↔ robotic pyeloplasty

The transmesocolic approach offers the advantage of direct approach to the ureteropelvic junction (UPJ). We aim to present our technique modification for robotic pyeloplasty called 'window technique'.

The video shows a minimally-invasive approach named the 'window' technique. It is performed after the preventive insertion of the Contour™ stent which is a ureteric single J stent subsequently easily convertible into a double J.

The surgical procedure is carried out with the patient in flank position and the insertion of 4 trocars (12, 8, 8 and 5 millimeters). On the right side, a 2 cm incision of the supramesocolon after recognition of the UPJ is performed. There is isolation of the proximal ureter and of the renal pelvis. Four stay sutures are placed to the 'window opening'. Excision of the stenotic ureteral tract, spatulation of the ureter and anastomosis with continuous suture are performed. After completion of the anas-

tomosis, the complete reconstruction of the supramesocolon is performed. The procedure is similarly performed on the left side, through a 2 cm incision of the mesocolon. In the second postoperative day there is the conversion of the Contour™ into a double J stent.

The pre-operative insertion of the Contour™ stent allows the exact identification of the site of UPJ and the execution of a robotic pyeloplasty with a minimally-invasive incision of the retroperitoneum. Moreover, at the end of the procedure, anastomotic leakages can be easily recognized and repaired.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

Corresponding author

Guglielmo Mantica

guglielmo.mantica@gmail.com