

Video can be found at <http://ceju.online/journal/2022/vesicourethral-anastomosis-stenosis-prostatectomy-2207.php>

## Robotic reconstruction of vesico-urethral anastomosis stenosis: a descriptive technique and short-term results

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Vesicourethral anastomotic stenosis (VUAS) represents a late complication following radical prostatectomy (RP). VUAS rate after open radical prostatectomy (RP) ranges between 3–15%, and considerably decreases to nearly 2% after robot-assisted RP. Endoscopic management of VUAS provides good results when the stricture has limited size, while in more complex cases open reconstructive surgery still remains the preferred treatment option. In this setting, robotic assistance represents the latest development in VUAS management although the number of published reports is still extremely limited. Aim of the present paper is to show robotic VUAS reconstruction, specifically focusing on technical details and perioperative outcomes.

In the accompanying video material we present a robotic VUAS reconstruction case in a 70-year old man treated with open RP in 2017. Patient was sent to our referral Institution due to recurrent stenosis (11 previous endoscopic interventions in the latest 21 months). The main surgical steps were the following: 1) Developing a posterior plane between the bladder neck and the rectum until reaching the pelvic

floor musculature; 2) Recreating the space of Retzius carrying the dissection inferiorly beneath the pubic symphysis to the area of the bladder neck; 3) Opening the bladder anterior to the bladder neck and excising the scar tissue; 4) Freeing the bladder from the scar preserving as much of the healthy bladder neck as possible; 5) Performing the vesicourethral anastomosis following the standard principles.

Operative time was 115 minutes. No perioperative complications were recorded. At 12-month postoperative evaluation, patient did not experience recurrence.

To conclude, robotic management of VUAS after is a feasible treatment option with promising short-term functional results. Further evidence, including comparative studies with adequate number of patients and longer follow-up are warranted.

### CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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