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[Radical cystectomy with orthotopic neobladder replacement: Comparison of robotic assisted and open surgical route].

[Article in French]

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Abstract

INTRODUCTION: Radical cystectomy remains the referent treatment of non-metastatic muscle-invasive bladder cancer (MIBC). The fast development of robotic surgery has led some teams to use it for the surgical treatment of the MIBC, in the hope of reducing postoperative morbidity. Urinary diversion by bladder substitution is a bypass option. The aim of our study was to compare the robot-assisted cystectomy with open cystectomy, with urinary diversion by bladder substitution.

PATIENTS AND METHODS: Over a two-year period, all the patients who underwent a robot-assisted laparoscopic or open cystectomy with urinary diversion by bladder substitution have been included. The urinary diversion performed was extracorporeal.

RESULTS: The study concerned were 26 men, 15 of them underwent robot-assisted cystectomy, and 11 open cystectomy. There was no significant difference in the median operating time or duration of stay (300 vs 314min and 14 vs 18 days). However, there were less blood loss and more lymph nodes collected in the cystectomies robot-assisted group (median: 400 vs 800mL, P=0.016; 15 vs 10, P=0.01). Three grade III complications of the Clavien-Dindo classification have been described in the robot-assisted group, and none in the open group. No robot-assisted procedure required a conversion to laparotomy. Within 90 postoperative days, complications are basically low grades and results are consistent with the literature.

CONCLUSION: In our series, robot-assisted cystectomies with extracorporeal bladder substitution is technically feasible, with best results on blood loss and the number of lymph nodes removed, without impact on the length of stay.

LEVEL OF EVIDENCE: 4.

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KEYWORDS: Bladder cancer; Cystectomie robot-assistée; Cystectomy; Orthotopic neobladder; Outcomes; Remplacement vésical orthotopique; Robotic; Résultats; Tumeur de vessie

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