



AB005. 45. Robotic assisted left nephroureterectomy for ureteric transitional cell carcinoma with excision of bladder cuff in a morbidity obese patient with no robotic re-docking—case presentation and video

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Abstract: Standard treatment for transitional cell carcinoma (TCC) of the ureter is nephroureterectomy. However, this operation is challenging in the morbidly obese patient, especially with open surgery. The introduction of robotic surgery has facilitated increased use of minimally invasive surgery. However, the procedure can be made technically more difficult by the need to re-dock, which entails operating in two separate quadrants. We present a case presentation of a hyper obese patient who was morbidly obese, undergoing robotic assisted left nephroureterectomy,

with accompanying video. The patient is an 83-year-old female who presented in May 2017 with gross haematuria. She was obese, with a weight of 136 kg (300 lb) at a height of 157 cm (5'2") and a BMI of 55.2. Imaging revealed a 5 cm stricture in the lower left ureter. Endoscopy confirmed low grade TCC but endoscopic ablation was not possible. Left robotic assisted nephroureterectomy was performed using the Da Vinci Xi system. The video shows the procedural steps including port placement; organ targeting; colonic takedown; nephrectomy; ureteric mobilisation; excision of bladder cuff and watertight bladder closure. Cystogram on day 6 showed no evidence of leak. Discharge was day 7. Pathology revealed a low-grade ureteric TCC, completely excised. Robotic surgery using the Da Vinci Xi system greatly facilitates nephroureterectomy, especially in the hyper obese patient and allows for replication of the open technique with excision of bladder costs without re-docking of the robot.

Keywords: Robotic; nephroureterectomy; hyper obese

doi: 10.21037/map.2018.AB005

Cite this abstract as: Bouchier-Hayes DM, Moore S. Robotic assisted left nephroureterectomy for ureteric transitional cell carcinoma with excision of bladder cuff in a morbidity obese patient with no robotic re-docking—case presentation and video. *Mesentery Peritoneum* 2018;2:AB005. doi: 10.21037/map.2018.AB005