

## AB012. Robotic-assisted laparoscopic radical cystectomy with total abdominal hysterectomy and bilateral salpingo-oophorectomy and bilateral pelvic lymph node dissection and extra-corporeal ileal conduit urinary diversion: initial experience in Ireland

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**Background:** Robot-assisted procedures are expanding rapidly in minimally invasive urologic surgery. We demonstrate the use of da Vinci Xi dual console system for robotic-assisted laparoscopic radical cystectomy (RALRCP) and total abdominal hysterectomy (TAH) and bilateral salpingo-oophorectomy (BSO) with bilateral pelvic lymph node dissection (PLND) and extra-corporeal ileal conduit diversion (ICUD) in a female patient post neo-adjuvant chemotherapy.

**Methods:** We assembled video footage from the above procedure from the patient who underwent RALRCP with TAH and BSO and PLND following neo-adjuvant chemotherapy for muscle invasive urothelial cancer of the bladder.

**Results:** We demonstrate trocar placement and a robotic-arm docking strategy for this procedure. Surgical steps involved in RALRCP with TAH and BSO and PLND are shown. The bladder is placed on traction using the fourth arm, and the avascular planes of dissection, including the space of Retzius and the para-vesical spaces, are shown. The specimen was extracted through the vagina in an endocatch bag. Approximately 5-cm-sized McBurney's incision was made in the right iliac fossa. The ICUD was achieved through this incision by an extracorporeal technique. The total operative time was 380 minutes and the estimated blood loss was 350 mL. The pathologic examination showed a stage T1, N1 with negative surgical margins.

**Conclusions:** RALRC with TAH and BSO and PLND can be an alternative to the open technique. We are the first group to perform RALRC with TAH and BSO in Ireland and to report on our technique and outcome.

**Keywords:** Robotic; laparoscopic; radical cystectomy; hysterectomy; oophorectomy; pelvic lymph node dissection (PLND); ileal conduit

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