



AB049. SOH22ABS227. An update of robotic-assisted laparoscopic urological surgeries: our experience with a dual-console da Vinci Xi surgical system

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Background: Minimally invasive surgery (MIS) has increasing becoming new standard of care in various surgical fields. Robotic-assisted laparoscopic surgery (RALS) benefits both patient and surgeon alike. We report our up to date experience with a variety of urological procedures performed utilizing a da Vinci Xi robotic surgical system at our tertiary care university teaching hospital.

Methods: We analysed our cases from a prospectively maintained robotic data base. Data were collected by independent third party. The dual-console Da Vinci Xi[®] Surgical Robot was utilized for all cases. The type and number of procedures were recorded, along with patient demographics, length of stay, morbidities and mortalities as per the Clavien-Dindo classification.

Results: A total of 241 urological procedures were performed over 5 years period which included 103 partial nephrectomy, 74 radical nephrectomy, 26 pyeloplasty, 16 Adrenalectomy, 11 nephroureterectomy, 6 radical cystectomy, 2 psoas-hitch with ureterocystoneostomy, 1 vesicovaginal fistula repair, 1 renal cyst marsupialization, 1 trans-vesical Freyer's prostatectomy. The median age was 62 and postoperative length of stay was 4 days. The median estimated blood loss was less than 100 mL. Six procedures (2.5%) were converted to open. Eight and four patients experienced Clavien-Dindo Grade 2 and 3 Complications

respectively. There were no mortalities.

Conclusions: RALS can be safely implemented to a wide spectrum of urological conditions including complex procedure for both benign and malignant conditions. Over the past decade, MIS have virtually revolutionised all surgical specialties and RALS has accelerated these changes. Without doubt, RALS is here to stay and will expand further in all surgical disciplines.

Keywords: Da Vinci Xi; minimally invasive surgery (MIS); robotic-assisted laparoscopic surgery (RALS); urological surgery; surgical system

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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