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Suprapubic-assisted laparoendoscopic single-site surgery versus open ureterovesical reimplantation using insertion method

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OBJECTIVES

To compare the efficacy of suprapubic-assisted laparoendoscopic single-site surgery (SA-LESS) and open ureterovesical reimplantation using insertion method, and to evaluate its clinical value.

METHODS

30 patients who underwent SA-LESS ureterovesical reimplantation and 32 patients who underwent open ureterovesical reimplantation using insertion method were selected from July 2010 to December 2016. To collect the material such as preoperative water accumulation, operation time, intraoperative blood loss, postoperative complications, postoperative day 1 Visual Analogue Scale/Score(VAS), postoperative analgesia time, ventilation time, drainage withdrawal time, catheter indwelling time, hospital stay. All patients were reexamined 3 months, 6 months and 12 months after operation, and then every year. The follow up included urinary color Doppler ultrasound, urinary analysis, renal function, intravenous urography and cystography, and patient scar assessment questionnaire. The differences of intraoperative and postoperative items between the two groups were compared.

RESULTS

All patients in the SA-LESS group and open group were successfully operated. No significant differences were found in operative time and postoperative catheter indwelling time between the two groups. The SA-LESS group was evidently decreased in intraoperative blood loss, intraoperative incision length, postoperative intestinal function recovery time, VAS score after surgery and postoperative analgesia time compared with the open group. Furthermore, the SA-LESS group showed more shortage in postoperative drainage tube indwelling time and postoperative hospital. Complications occurred in 2 patients in the SA-LESS group, all of which were anastomotic leakage. In the open group, 9 patients had complications after operation. Among them, 4 patients had anastomotic leakage and 5 patients developed a wound infection. And complication rates were decreased in SA-LESS group. The total PSAQ of the SA-LESS group was also lower than that of the open group at 3 months, 6 months and 1 year. All cases were followed up for B-ultrasound and IVU, and postoperative hydronephrosis was improved to varying degrees. All cases were followed up for cystoscopy and no ureteral reflux was seen.

CONCLUSIONS

SA-LESS ureterovesical reimplantation using insertion method, can result in small trauma, rapid postoperative recovery, less complications, and better cosmetic results with stable, long-term postoperative effect, which is worthy of application.

REFERENCES

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