Resection of the inferior stenosis and re-anastomosis in upper and middle ureteral stenosis MP22 - 15 through Suprapubic assisted transumbilical single-port laparoscopic (SA-LESS)

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OBJECTIVES

To explore the clinical application value of Suprapubic-assisted laparoendoscopic single-site surgery(SA-LESS) ureteral stricture resection and re-anastomosis in upper and middle ureteral stenosis.



CONCLUSIONS

Suprapubic-assisted laparoendoscopic single-site resection and anastomosis of ureteral stricture is safe and feasible for the treatment of ureteral middle and upper segment stricture. it has the advantages of little postoperative pain and good cosmetic effect, and is worthy of clinical selection application.

From January 2016 to December 2018, 18 patients with upper ureteral stenosis were randomly divided into two groups (group A and group B, 9 cases in each group). Group A was performed SA-LESS technology, which was independently innovated by our hospital, to perform laparoscopic resection and re-anastomosis of ureteral stenosis. Group B was performed standard three-site laparoscopic resection and re-anastomosis of ureteral stenosis. 13cases from January 2013 to December 2013 (Group C) of open ureteral stricture were selected as control. The clinical data of all cases were collected, including the causes of ureteral stricture, the length of stricture, the function of kidney, the time of operation, the amount of bleeding during the operation, the time of hospitalization after the operation, the cosmetic effect after the operation, the complications of urinary extravasation and restenosis.

Both the SA-LESS group and the standard laparoscopic group were successfully operated without increasing the working channel. There was no conversion to open surgery. In the open group, 13 operations were successful. The operative time of the three groups was 135.4 ± 20.2 min, 121.9 ± 18.5 min and 108.9 ± 15.4 min respectively, p = 0.073, and no significant difference in statistics. the intraoperative blood loss of the three groups were 62.4 \pm 5.4ml, 64.3 ± 7.5 ml, 80.5 ± 20.4 ml and p < 0.05 respectively. The intraoperative blood loss of the SA-LESS group and the standard laparoscopic group was less than that of the open operation group. The postoperative pain scores of the three groups were 2.3 (1-4), 2.8 (1-4) and 3.6 (2) respectively, the pain score of SA-LESS group and standard laparoscopic group was lower than that of open operation group. The postoperative beauty score of SA-LESS group was 38.24 ± 3.22 , 35.63 ± 3.52 and 33.42 ± 4.12 , respectively, and the beauty effect of SA-LESS group and standard laparoscopic group was better than that of open operation group. In addition, there was no significant difference in the postoperative hospitalization time, postoperative urinary extravasation and restenosis among the three groups.

1. Ghosh B, Jain P, Pal DK, et al. Managing mid and lower ureteral benign strictures: the laparoscopic way. J Laparoendosc Adv Surg Tech A, 2018, 28(1):25-32. 2. Zou XF, Zhang GX, Jiang B, et al. Innovation and application of LESS in urology: Suprapubic-assisted laparoendoscopic single-site surgery (SA-LESS) with report of 745 cases in a single center. Eur Urol, 2018. (Abstract) (Presentation type: Poster)

METHODS

RESULTS

REFERENCES