

MINIMALLY INVASIVE SURGERY · UMIBA

Laparoscopic radical cystectomy

Open radical cystectomy plus extended pelvic lymphadenectomy plus urinary diversion remains the “gold standard” treatment for muscle-invasive bladder carcinoma and for non-invasive carcinoma at high risk of recurrence or progression.¹ Laparoscopic radical cystectomy began to be performed a few years ago, showing certain advantages in blood loss, painkiller requirement, a smaller scar, and prompt recovery. Even so, the lack of adequate comparative studies, of experience, and of long-term follow-up to prove similar oncological results kept this technique from spreading quickly.

ADVANTAGES OF THE TECHNIQUE

- avoiding the midline supra- and infra-umbilical incision and its consequences
- fewer wound-related complications
- more precise surgery (visual magnification from the laparoscope)
- a lower rate of intraoperative bleeding and transfusions
- less use of painkillers after surgery
- early postoperative recovery and mobility
- a faster return to work

Clinical rationale

Most of the indexed studies published over the last 5 years are retrospective or case series, but high-quality studies have now been published comparing the two techniques (open versus laparoscopic) and assessing long-term oncological outcomes. The most recent clinical trial, published in 2014, documented that laparoscopic surgery improved every perioperative parameter assessed: blood loss, need for transfusion, use of pain relievers, early walking, and the start of oral tolerance, with comparable oncological results.

As laparoscopic surgery became routine in urology, this minimally invasive technique spread to increasingly complex operations. Although the first published statistics failed to show advantages over open surgery and in fact recorded more complications, the technique has since been refined, and we can now state that in experienced hands and with the right indication, every point of comparison with open surgery has been surpassed.

Summary of the advantages of laparoscopic radical cystectomy:

Of course, these results are not achieved unless the surgery is indicated precisely and in keeping with the operating surgeon's experience and training, which is why it is advisable to perform it at centers where laparoscopic practice is constant and the surgeons have been trained in this type of complex condition. ¹ Georges-Pascal Haber, Sebastien Cruzet, Inderbir S. Gill: Laparoscopic and

Robotic Assisted Radical Cystectomy for Bladder Cancer: A Critical Analysis. European urology 54 (2008) 54–64

2 T Lin, X Fan, C Zhang, K Xu, H Liu, J Zhang ,C Jiang ,H Huang, J Han, Y Yao, W

Xie, W Dong, LBi and J Huang: A prospective randomised controlled trial of laparoscopic vs open radical cystectomy for bladder cancer: perioperative and oncologic outcomes with 5-year follow-up. British Journal of Cancer (2014) 110, 842–849

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