

Clinical experience of laparoscopic-assisted cystectomy with continent ileal reservoir

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摘要

Abstract

Introduction: Laparoscopic-assisted radical cystectomy with continent ileal reservoir reconstruction is a challenging procedure. We report our experience learned from a hand-assisted laparoscopic technique in our transition to a pure laparoscopic approach. Materials and Methods: Eighteen consecutive patients underwent laparoscopic-assisted radical cystectomy with continent ileal reservoir. Hand-assisted laparoscopy was used for the first 11 patients and pure laparoscopy was performed for the subsequent 7 patients in radical cystectomy. Continent ileal reservoir reconstruction was performed extracorporeally via the hand port wound or trocar extension wound. Surgical outcome was analyzed in a retrospective review of the medical records. Results: In the hand-assisted and pure laparoscopic groups, the mean operative time for cystectomy was 2.5 and 2.3 h, for continent ileal reservoir reconstruction it was 4.0 and 3.7 h, and for bilateral lymph node dissection it was 0.8 and 0.6 h, respectively. Mean intraoperative blood loss was 286 ml for the hand-assisted and 179 ml for the pure laparoscopic group. There were no major intraoperative complications nor need for conversion in any of the procedures. Bowel movement was regained in a mean of 3 days and the mean length of postoperative hospital stay was 7 days. Conclusions: The hand-assisted laparoscopic experience of radical cystectomy learned from the initial 11 patients effectively helped us in the transition to a pure laparoscopic approach. A comparable surgical outcome was found in both groups of patients.