tient with an extensive vezico-vaginal fistula and 1 case for a uro-genital tuberculoses with right single kidney, cutaneous ureterostomy and small scarred bladder.

**Conclusions:** The continent urinary diversion with parietal stoma is a good choice for the patients with radical cystectomy for infiltrative bladder tumours or defunctionalised urinary bladder and urethra.

## THORACOABDOMINAL APPROACH IN UROLOGICAL SURGERY

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***Video***

**Introduction:** Thoracophrenolaparotomy is a type of approach which could be used for the ablation of: RCC, upper urinary tract urothelial tumours, retroperitoneal lymphodissection or retroperitoneal tumours, adrenal gland tumours.

**Technique:** The patient is placed in dorsal decubitus position on operation table, with the elevator under the 12th ribs. The right shoulder is 30° rotating facing the horizontal line, pelvis at about 10°. The incision begins at the mid-axillary lineover the eighth, ninth or tenth rib. The incision extends over the rib and across the costochondral junction into the epigastrium, where it courses inferiorily as a midline incision toward the pelvis. We prefer rib resection and rectus muscle transection in the epigastrium. The costochondral junction is then divided and also the diaphragm in the direction of its fibbers. Closure are made in the following order: - chondrocostal cartilage suture with unabsorbable suture; - diaphragm closure in two layers with 1.0 Vicryl; - paravertebral pleural aspiration tube insertion; - retroperitoneum drainage; - closure of intercostal muscles and parietal pleura with separate Vicryl 1.0 suture placing into figure eight; - abdominal wall closure is performed in the usual manner.

**Conclusions:** The postoperative course of the patient was uneventfull, the hospitalisation was about 10 days, with the same morbidity as the transabdominal approach.

## THE CLAM CYSTOPLASTY

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***Video***

**Introduction:** This is a surgical solution for the patients with idiopathic or neuropathic instability or hiperreflexia of the bladder detrusor which clinical manifestations are the urgency and / or incontinence.

**Material and methods:** Prolonged conservative treatment had failed in all cases. The surgical procedure consists off the bissection of the bladder in sagital or coronal plane and the augmentation with a detubularized intestinal segment without any resection. Clam cystoplasty looks to be the most effective treatment for detrusor instability resistant to conservative treatment. We used it when prolonged medical treatment failed.

**Conclusions:** The Clam procedure is easier, quicker and satisfactory as augmentation cystoplasty in selected cases.

## ORTHOTOPIC BLADDER REPLACEMENT – OUR EXPERIENCE ON 93 CASES

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***Communication***

**Purpose:** Orthotopic urinary tract reconstruction has become a standard surgery technique. Reservoir anastomoses to the urethra enables the patient to empty his bladder by micturition, avoiding the catheters use or external appliance.

**Materials and Methods:** Between 1992 – 2001, 93 patients underwent radical cystectomy and orthotopic bladder replacement. All the patients have had bladder tumors, stage $pT_1$ – $pT_3$ (1pT4) $N_0M_0$. 7 patients were NĂ (2 $N_1$, 5 $N_2$), 84 patients have had TCC, 3SCC, 3 fibrosarcomas, 1 adenocarcinoma, 2 cases of defunctionalized bladder. Patients' age is ranged between 38 – 74 years (71 males, 4 females). Follow-up between 7 and 126 months. Bladder replacement consisted in 55 cases with detubularized ileum (Camey, Studer, others) and 38 cases with detubularized sigmoid bowel (Reddy).

**Results:** Postoperative early complications: urinary leakage (7), urinary fistula (1), ileal fistula (3), stercoral fistula (1), acute pyelonephrites (1), small bowel occlusion (1). Late complications: regional recurrence (7), metastasis (5) post-irradiation rectitis (1), acute pyelonephrites (2), ureter-neobladder strictures (2), neobladder urethral stenosis (3), pulmonary embolism (1), gastro-intestinal bleeding. 16patients died, 1 patient is lost of follow-up. Diurnal continence is very good 97,5%. Night continence is 65%. Urodynamic findings: mean bladder capacity 300 cc (ranged between 250 - 400 cc), mean intravesical pressure at maximum cystometric capacity was 51 $cmH_2O$ (40-60 $cmH_2O$), urethral profile – mean pressure 40 $cmH_2O$ (35-45 $cmH_2O$).

**Conclusions:** These findings confirm that the orthotopic bladder replacement may be considered the choice method for urinary diversion after radical cystectomy. Our patients' continence rate is excellent and guarantees a good quality of life.

## THE ENDOSCOPIC RESECTION IN TWO SURGERY STEPS – THERAPEUTIC SOLUTION IN PECULIAR BPH CASES

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**Objective:** The two steps endoscopic resection for BPH can be from the beginning indicated (great adenomas) or imposed during resection (intra-operative or anaesthetic complications or incidents).

**Material and Methods:** Out of 7500 TUR-P done during 1983 – 2000 in our center, from which 57 cases of prostatic adenomas were endoscopic resected in two steps (at maximum of 7 days from the first intervention). This kind of surgical intervention was settled from the beginning in 5 cases (10,6%), and for the rest it was imposed by the intra-operative complications.

**Results:** The TUR-P intervention in two steps was performed in 5 cases with great adenoma where classical operation was not indicated due to associated organics problems (especially severe respiratory dysfunction, marked obesity, etc), when was respected one lobe and after around one week the operation was ended. For the rest of 52 cases the endoscopic resection had to be stopped because of intra-operative massive bleeding (12 cases), trigonal submination (5 cases), anaesthetical accidents (17 cases) and cardio-vascular balance accidents (18 cases).

**Conclusions:** The endoscopic resection in two steps solved in better conditions patients with prostatic adenomas comparative to an incomplete resection, which would have stressed the symptomatology and complications of those patients.

## UNELE ASPECTE ALE VAPORIZĂRII TRANSURETRALE A ADENOMULUI DE PROSTATĂ

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***Summary***

*The aim of our work was to offer our experience in the process of curing the adenoma prostate through EVAP. 38 patients that were subjected to this surgery obtained good results. This method proved its effectiveness, the urination was restored in three days. On the basis of this experience we came to the conclusion of the necessity to make the vasosection before the main surgery in order to avoid orchiepididymitis.*

***Actualitatea***

Rezecţia transuretrală este un "standard de aur", utilizat în tratamentul adenomului de prostată.