For stage T2 to T4a urinary bladder cancer, radical cystectomy is still the gold-standard treatment. These procedures need three steps: cystectomy, pelvic lymph node dissection, and urinary diversion. Robotic-assisted or purely laparoscopic surgeries can perform the former two steps (cystectomy and pelvic lymph node dissection) and have achieved comparable surgical outcomes with open radical cystectomy. However, the third step (urinary diversion) is still a rigorous challenge for intracorporeal manipulation because the procedure is very complex and time-consuming even by experienced laparoscopists. To date, most urinary diversions are still performed extracorporeally. The authors report 22 patients undergoing laparoscopic radical cystectomy with extracorporeal-assisted urinary diversion using minimal incisions. Compared with traditional open radical cystectomy, this procedure has less intraoperative blood loss, lower blood transfusion rate, less length of incisional wound, and lower ileus rate. These advantages are considered to be related to the additional continuous pressure by the pneumoperitonium, the reduced fluid loss from the intestines, and minimum the intestinal manipulation.

Although there are some limitations of this study, including a small cohort, selection bias, and short-term follow-up, the authors provide a feasible surgical technique for urological laparoscopists to deal with advanced bladder cancer.

Conflicts of interest

All contributing authors declare no conflicts of interest.

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