

Robotic radical prostatectomy in patients underwent major colon operations with or without colostomy

Andritsos K., Moros V., Leontis St., Sava A., Poulakis V.

Objective

We present our experience, illustrated with video, of robotic radical prostatectomy (RRP) in patients underwent major colon operations such as sigmoidectomy, colectomy or low anterior rectal resection with or without colostomy after that.

Material

RRP was performed in a 53 years old patient who had left end colostomy. The PSA value was 8ng/ml and the Gleason score 6. In order to be placed the trocars extended laparoscopic adhesiolysis was necessary.

Results

Eleven patients with major colon surgery in the past history underwent RRP in our clinic. Three had previously underwent left colectomy, 6 sigmoidectomy and 2 low anterior rectal resection. In the time of RRP 3 cases had left colostomy with Hartmann pouch. One of the cases with low anterior rectal resection the procedure was unable to be continued to RRP because of massive adhesions. Procedure time (including laparoscopic adhesiolysis) was 130 (95-210) minutes. Th estimated blood lost was 150 (100-250) ml and the hospital stay was 2 (1-4) days

Conclusions

Left colectomy, sigmoidectomy and low anterior rectal resection with or without colostomy are not represent contraindication for RRP. However, laparoscopic experience of the robotic surgeon is the key for the success of these complicated cases.