

Advancing Health

A CASE STUDY from MedStar Washington Hospital Center

Curing Bladder Cancer: **Robotic Cystectomy with Urinary Diversion**

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Abstract

A 73-year-old male was found to have invasive bladder cancer upon workup for blood in the urine. He underwent a robotic-assisted laparoscopic cystectomy, regional lymphadenectomy and an ileal conduit urinary diversion. This minimally invasive approach resulted in reduced postoperative pain, a shorter hospital stay, and a quicker return to preoperative activities for the patient. He remains cancer-free a year after the procedure.

CASE STUDY

Robotic Cystectomy with Urinary Diversion

Patient Presentation

- 73-year-old male with intermittent gross hematuria and irritative voiding symptoms.
- Past medical history of hypertension, hyperlipidemia and BPH (enlarged prostate).

Assessment

- Before referral to MedStar Washington Hospital Center, the patient had a cystoscopy and bladder tumor resection that showed a high-grade urothelial carcinoma, which was not invading the detrusor layer of the bladder.
- Re-staging cystoscopy and biopsy at our institution revealed pathologic upstaging to a muscle-invasive tumor. A radical cystectomy with urinary diversion was recommended.
- The patient was seen in our multidisciplinary cancer clinic and was recommended to proceed with neoadjuvant chemotherapy (gemcitabine & cisplatin) followed by radical cystectomy and urinary diversion.

Diagnosis

- Urothelial carcinoma of the bladder.

Treatment

- After successful completion of neoadjuvant chemotherapy, Dr. Stamatakis performed a robotic-assisted laparoscopic cystoprostatectomy, bilateral pelvic and iliac lymphadenectomy and an ileal conduit urinary diversion. The conduit was created by harvesting a 15cm segment of distal ileum to which the ureters were connected proximally, after which an abdominal stoma was made with the distal end.

Outcomes

- Patient's postoperative course was unremarkable, and his pain was well-controlled with oral medication.

Conclusion

- Minimally invasive robotic approaches to bladder removal can result in less postoperative pain and improved recovery with equivalent oncologic outcomes, compared to traditional open surgery.
- Bladder-sparing therapies can be used in non-muscle invasive bladder cancer, but in muscle-invasive and locally advanced tumors, extirpation with radical cystectomy with urinary diversion is typically recommended. Radical cystectomy should also be offered to those patients with persistent/recurrent non-muscle invasive bladder cancer despite bladder-sparing therapies.



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“Robotic approaches to urologic malignancies are beneficial for our patients because they can reduce surgical morbidity, shorten hospital stays and return them to their pre-surgical lifestyle quicker than open surgery. Robotic bladder surgery also results in less intraoperative blood loss, thus reducing the need for perioperative blood transfusions.”

Experts in Advanced Urologic Robotic Surgical Procedures

Our multi-disciplinary approach to diagnosis and management of benign and malignant tumors of the male genitourinary and the female urinary system provides individualized treatment plans and improved outcomes for cancer patients at all stages. We are experts in minimally invasive, advanced open, laparoscopic and robotic surgery. More than 90 percent of all urologic surgeries are performed using robotic surgery, ensuring that maximum functionality is restored to affected organs after treatment.

Washington Cancer Institute at MedStar Washington Hospital Center is a state-of-the-art facility, featuring some of the most sophisticated diagnostic and treatment technologies in the country. Each year, we diagnose more than 2,300 new cases of cancer, more than any other cancer center in the Washington region.

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To learn more, please visit **MedStarWashington.org/Urology**.

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