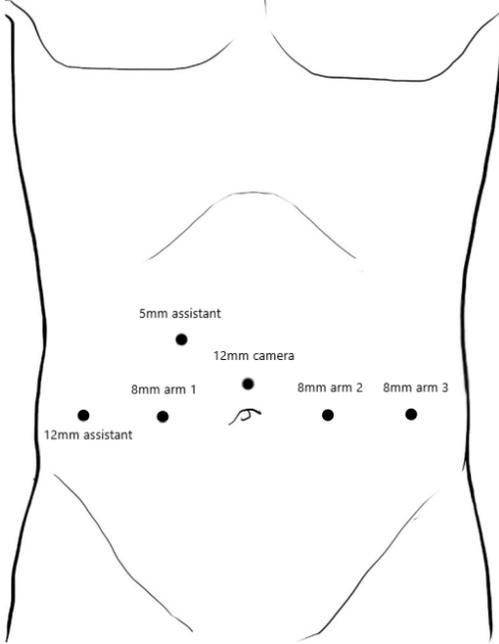


Cookson

Robotic Radical Prostatectomy

| | | |
|---|--|---|
| <p>Suture 0 vicryl ties x1 (Carter Thomason) 0 vicryl ct1 x3 (DVC, sharpen scissors) 0 vicryl ur6 x2 (Fascia) 3-0 vicryl rb1 x2 (Rocco, hemostasis) 4-0 monocryl ps2 x2 (Skin closure) Lapraty x1</p> <p>Available 2-0 nylon ps (Drain) 3-0 vlok cv23 6 inch (Anastomosis) 3-0 vlok cv23 9 inch (Anastomosis) 3-0 vlok v20 6 inch (Pedicles)</p> | <p>Robot Arms Arm 1: Monopolar scissors Arm 2: Precise bipolar Arm 3: Cobra Large needle driver x2</p> <p>Supplies Davinci robot set 12mm applied port 12mm airseal port 5mm applied port 18fr 5cc foley x2 Baby laps Purple clips x3 Surgicel powder Surgical original</p> <p>Available 10mm or 12mm bag 15fr jp drain and bulb Gold clip applier Gold clips</p> | <p>Ports</p>  <p>The diagram illustrates the abdominal wall with various port sites marked by dots. At the top center is a 12mm camera port. Below it are three 8mm arm ports labeled '8mm arm 1', '8mm arm 2', and '8mm arm 3'. To the left of the camera is a 5mm assistant port, and to the right is a 12mm assistant port. The diagram also shows the outlines of the robot's arms and the patient's torso.</p> |
| <p>Notes</p> <p>Position: lithotomy with arms tucked at side</p> <p>Sharpen robotic scissors with ct1 needle before starting OG tube for all robots – check before positioning Face shield should be low enough to not impede assistant instruments and camera arm. Test patient in Trendelenburg after positioning Bed control goes in metal box immediately after positioning Carter Thomason airseal port before docking Drain through 3rd arm port “Do not remove” stickers on foley luer port and bag Safety pins on drain bulb tag</p> <p>DVC stitch: 0 vicryl ct-1 6 inch x2 Hemostasis stitch: 3-0 vicryl rb1 6inch Rocco Stitch: 3-0 vicryl rb1 8 inch with a lapraty clipped and tied on the end Anastomosis stitch: 6 or 9 inch vloks tied together with a lapraty clipped in the middle</p> | | |

Overall Procedure

- 1: Drop bladder: Divide urachus and develop space of Retzius
- 2: Peri-prostatic tissue
- 3: Endopelvics
- 4: DVC control
- 5: Bladder neck transection
- 6: Seminal vesicles / posterior dissection
- 7: Nerve spare / pedicle control
- 8: Prostatic apical dissection and urethral division
- 9: Bag specimen / hemostasis
- 10: Pelvic Lymph node dissection
- 11: Rocco posterior reconstruction
- 12: Urethrovesical anastomosis
- 13: Place drain and hemostatic agents