

Patel

Robot Radical Cystectomy with Ileal Conduit

Suture	Robot Arms	Ports
<p>1 pds ct1 x2 (Fascia)            0 vicryl ct1 (Sharpen scissors)            0 vicryl dyed ties x1 (Carter Thomason and ureters)            0 vicryl undyed ties x1 (Carter Thomason and ureters)            2-0 nylon ps x1 (Drain)            2-0 vicryl sh x3 (Stoma and rectus muscle approximation)            3-0 vicryl sh x6 (Bowel approximation, conduit tag, conduit fixation, stoma, subcutaneous closure)            3-0 silk sh x1 (Non-conduit tag)            3-0 vlok v20 6inch x2(Pedicles)            4-0 chromic rb1 x2 (Bowel eversion)            4-0 monocryl rb1 undyed x2 (Ureteroenteric anastomosis)            4-0 monocryl rb1 dyed x2 (Ureteroenteric anastomosis)            4-0 monocryl ps2 x2 (Skin)</p>	<p>Arm 1: Monopolar scissors            Arm 2: Precise bipolar            Arm 3: Cobra Large needle driver x2            Double fenestrated grasper x2</p> <p>Supplies            Davinci robot set            Gold clip applier            12mm port            12mm sleeve            12mm airseal port            15mm port            18fr 5cc foley x1            Baby lap sponges            Purple clips x4            Gold clips x2            Applied atraumatic grasper            Evicel            Surgicel nuknit            15mm jp drain and bulb            7x80 stents            Glidewire            15mm bag</p> <p>Available            60mm 440cm endopath stapler</p>	

<p>4-0 prolene rb1 da x1 (Hemostasis)  Umbilical tape 18in x1 (Measure bowel)</p> <p>Available  2-0 silk keith x1 (Stoma site marking)</p>	<p>60mm white loads</p> <p>Female:  Sponge stick  Vessel sealer</p>	
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**Notes**

Position: lithotomy with arms tucked at side

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

Mark pfannenstiel location before docking

Medial assistant port or arm 1 to be used for stoma site if possible

Carter Thomason both assistant and camera ports before docking

15mm through pfannenstiel marking after cystectomy

Drain through 3<sup>rd</sup> arm port

Safety pins on drain bulb tag

Ureter tags: 2 gold clips with 6inch dyed and undyed tags

Pedicle stitch: 3-0 vlok v20 6inch x2 looped together

Umbilical tape: 20cm with marks at 5, 10, 15, 20cm

Conduit tag: 3-0 vicryl sh 27 inch

Non-conduit tag: 3-0 silk sh 6 inch

Bowel approximation: 3-0 vicryl sh 6 inch

Conduit fixation: 3-0 vicryl sh 6 inch

Bowel eversion: 4-0 chromic 6inch x2

Ureteroenteric anastomosis: 4-0 moncryl dyed and undyed 6inch for each side

**Overall Procedure**

1: Posterior dissection

2: Left ureteral dissection

3: Left pelvic lymph node dissection

4: Left bladder pedicle

5: Right ureteral dissection

6: Right pelvic lymph node dissection

7: Right bladder pedicle

8: Tunnel left ureter

9: Drop bladder: Divide urachus and develop space of Retzius

10: DVC control

- 11: Apical dissection and urethral transection
- 12: Bag specimen / hemostasis
- 13: Harvest ileal conduit
- 14: Bowel anastomosis
- 15: Left ureteroenteric anastomosis
- 16: Right ureteroenteric anastomosis
- 17: Conduit extraction \ place drain
- 18: Stoma maturation \ specimen extraction