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Laparoscopic nephro-ureterectomy for upper tract urothelial cancer: cystoscopic closed system pluck

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BACKGROUND

Laparoscopic nephro-ureterectomy has emerged as a safe alternative to open surgery for upper tract urothelial cancers.¹ The dilemma during this procedure is the management of the distal ureter. Cystoscopic dissection of the distal intramural ureter obviates the open approach;² however, the open ureter is associated with tumour spillage.³ We describe a novel cystoscopic closed system pluck.

TECHNIQUE

In the lithotomy position, around the appropriate ureteric orifice, a Collin's knife is used to incise the bladder deep into muscle with a margin < 5 mm (Fig. 1). A 5-mm laparoscopic hem-o-lok clip® (Teleflex Medical, High Wycombe, UK) is inserted via the straight working channel of the cystoscope into the bladder (the jaws of the loaded clip applicator are gently closed, but not locked, to allow introduction easily down the working channel, then opened fully when within the bladder). The clip is applied across the intramural ureter (Fig. 2). Following patient repositioning, either a retroperitoneal or transperitoneal laparoscopic nephro-ureterectomy is performed. Subsequently, minimal traction and further blunt dissection is applied to the distal ureter, completely freeing it off the bladder. The hem-o-lok clip is clearly visible and adherent to the distal ureter confirming total ureteric excision (Fig. 3). The entire specimen is removed via the endocatch bag. An in-dwelling 16-F Foley urethral catheter is left *in situ*; following a cystogram on day 8, the catheter is removed.

DISCUSSION

The closed system pluck allows a complete minimally invasive nephro-ureterectomy to be performed. It adheres to the oncological principles that dictate complete '*en bloc*' removal of the specimen, minimising the risks of tumour spillage and

Figure 1 Dissection around ureteric orifice with Collin's knife.

Figure 2 Application of hem-o-lok clip around intramural ureter.

Figure 3 Closed system laparoscopic nephro-ureterectomy with hem-o-lok clearly visible on distal ureter.

seeding. Compared to the open approach of the distal ureter, it is associated with reduced operative time, postoperative pain and hospital stay.

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TECHNICAL TIPS

The use of Tegaderm™ for finger buddy-strapping: a dressing with many advantages

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Buddy-strapping is a method of finger splinting that allows protected active movement in situations such as stable phalangeal fractures, undisplaced stable metacarpal fractures and ligamentous interphalangeal joint injuries. We have found buddy-strapping with Tegaderm™ (3M Healthcare, Germany) a transparent adhesive dressing, has a number of advantages over tape. It is simple for patients to self-apply. A full range of movement is possible with full support provided throughout. The dressing is waterproof, easy to clean and does not discolour. Finally, it allows easy inspection and is cosmetically more appealing to patients. We have not found that it stretches.

Figure 1 Buddy-strapping of the little and ring fingers with Tegaderm™. This particular patient had a stable fracture of her little finger metacarpal.

Technique for reducing incision-related post-operative pain

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We describe a technique to help reduce the pain associated with transverse abdominal wall incisions (Fig. 1). During closure of the wounds, two 6-Ch PVC end-perforated 350 mm wound drains (Van Straten Medinorm, Nieuwegein, The Netherlands) are inserted deep to the internal oblique muscle (corresponding with the neurovascular bundle). The 'drain' exits laterally, 6–7 cm away from the transverse incision and away from any bone. It is stuck to the skin with two Vygon dermafilms (Dermafilm®, Vygon, UK). Once closure is complete, 0.25% levobupivacaine is infiltrated via a pink (20-G) cannula affixed to the end of the drain as this minimises spillage. Further local anaesthesia can be instilled at the appropriate dose postoperatively using either boluses or continuous infusion via a pump (Bupivacaine Easypump, Braun, France).

Figure 1 Anaesthetic infiltrated via pump.

Use of anterior cruciate ligament guide for minimally invasive subtalar arthrodesis

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For the successful outcome of minimally invasive subtalar arthrodesis, skilful and accurate screw positioning are essential.