UroQare

Bladder

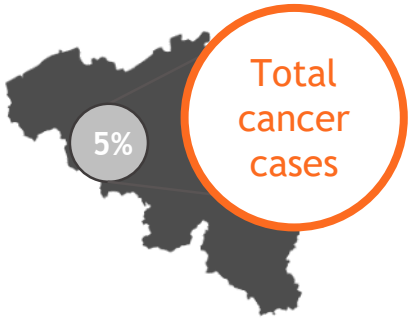
Innovatief klinisch pad voor Robot radicale cystectomie

Karel Decaestecker

MARIA MIDDELARES

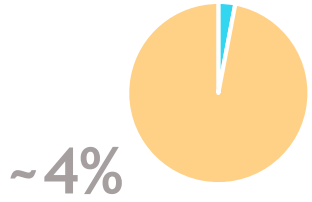
Bladder cancer: facts and figures Belgium

The **5th** most common cancer in Belgium[1]



~4,527 new cases diagnosed in 2020 (5% of total cancer cases)[1]

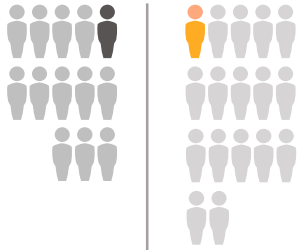
79% of invasive bladder cancer cases in Belgium are in males and 21% are in females[2]



~4%

of all cancer deaths

7th most common cause of cancer mortality in Belgium, with ~**1161** deaths from bladder cancer in 2020[1]



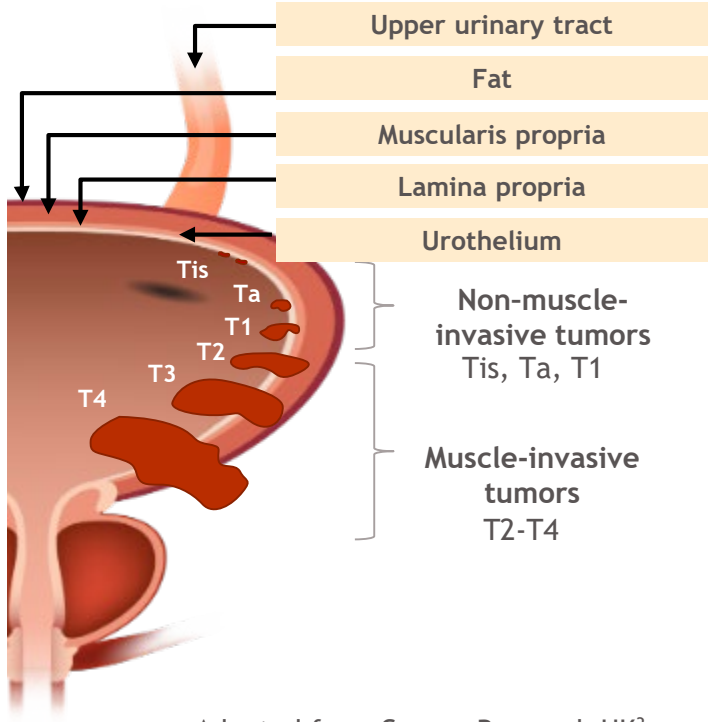
59% of men survive 5 years or more[2]

49% of women survive 5 years or more[2]

1.WHO International Agency for Research on Cancer. Globocan Cancer statistics. Available at: https://gco.iarc.fr/today/data/factsheets/populations/56-belgium-fact-sheets.pdf. Accessed September 20201. 2. Belgium Registry Cancer_Fact Sheet Bladder Cancer. https://kankerregister.org/media/docs/CancerFactSheets/2019/Cancer_Fact_Sheet_BladderCancer_2019.pdf Accessed September 2021. *Figures from the 2019 Belgium Cancer Registry include invasive bladder cancer only

Bladder cancer classification

- Bladder cancer is clinically classified as non–muscle-invasive (NMIBC), muscle-invasive (MIBC), or metastatic urothelial carcinoma (mUC)[1]

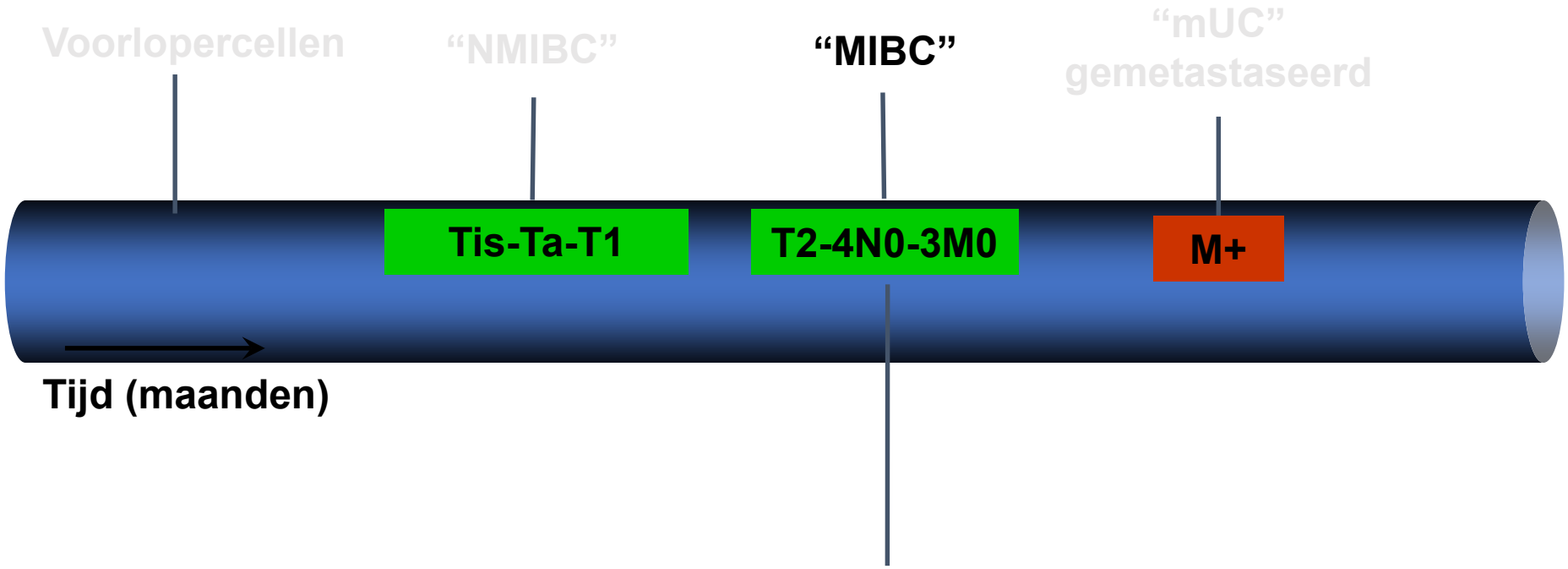


Adapted from Cancer Research UK[3]

Classification[1-2]	TNM Staging[1,2-3]	Brief description[1,2-3]
NMIBC	Ta, T1, Tis N0, M0	Local tumor confined to the bladder mucosa or subepithelial connective tissue
Localized or locally advanced, resectable MIBC	T2–T4, any N, M0	Tumor extends into or through the muscularis propria, with or without minimal lymph node involvement
Locally advanced, unresectable MIBC or mUC	T4b Any N M0 or any T, Any N, M1	Cancer that invades the pelvic or abdominal wall or has spread to lymph nodes or distant organs

1. Cancer Research UK. https://www.cancerresearchuk.org/about-cancer/bladder-cancer/types-stages-grades/types. Accessed May 27, 2021.
2. Cancer Research UK. https://www.cancerresearchuk.org/about-cancer/bladder-cancer/types-stages-grades/stages. Accessed May 27, 2021.
3. American Cancer Society. https://www.cancer.org/cancer/bladder-cancer/detection-diagnosis-staging/staging.html. Accessed May 27, 2021.
4. American Cancer Society. https://www.cancer.org/cancer/bladder-cancer/detection-diagnosis-staging/survival-rates.html. Accessed May 27, 2021.

Behandeling van blaaskanker

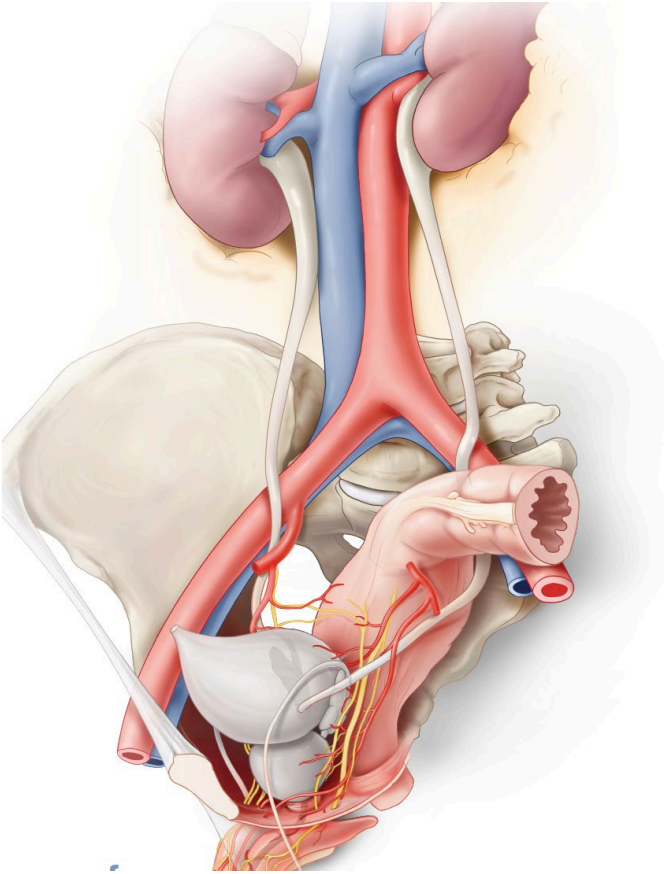


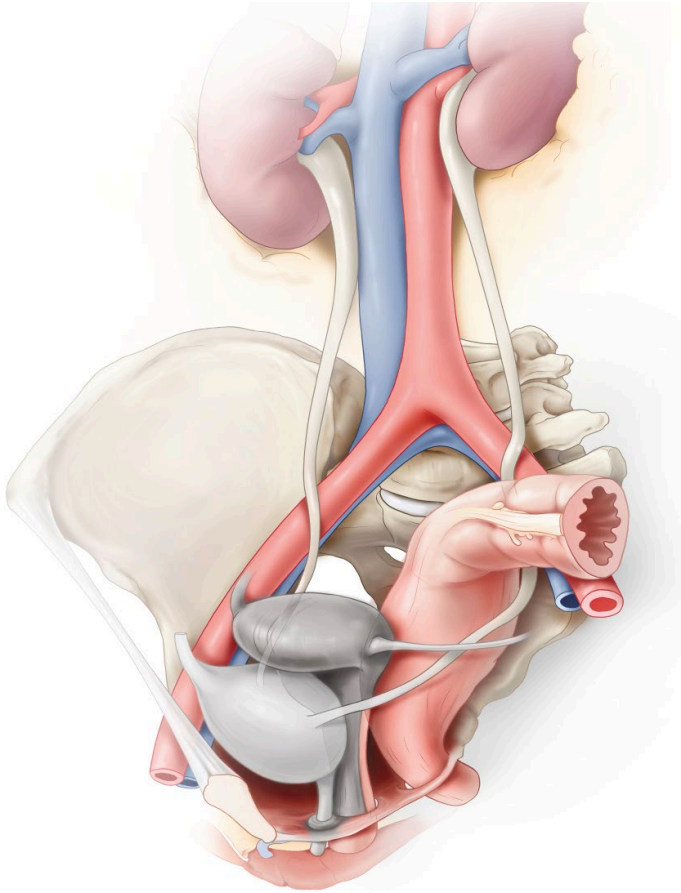
Uroloog
Medisch Oncoloog
Radiotherapeut
Diagnose - artsen
Onco supporting team
Huisarts

- Neo-adjuvante chemotherapie
  +/- immunotherapie
- **Radicale cystectomie**
  vs Radiochemo
- Adjuvante Immuno/chemo/radio

Radical cystectomy

for bladder cancer

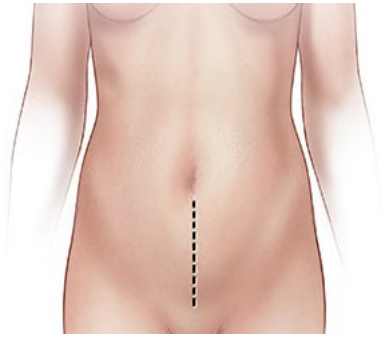


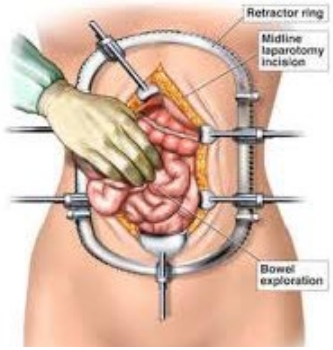


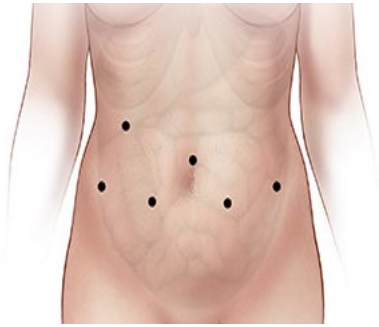
Anterior pelvic exenteration vs

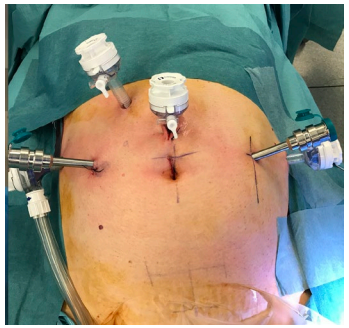
Sex-organ sparing radical cystectomy

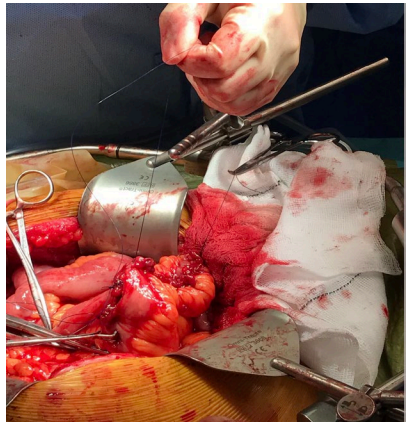
Open vs Robot

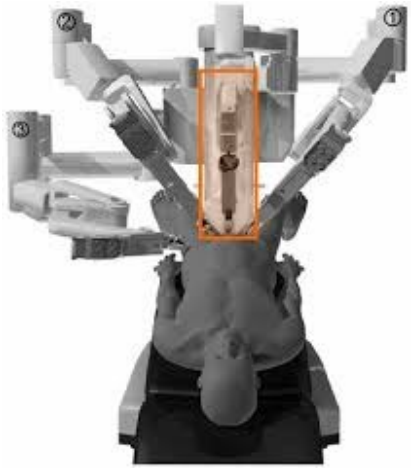


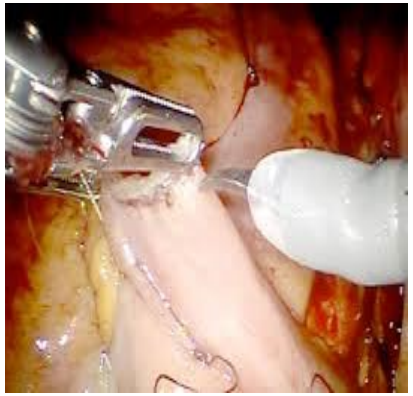












JAMA | Original Investigation

Effect of Robot-Assisted Radical Cystectomy With Intracorporeal Urinary Diversion vs Open Radical Cystectomy on 90-Day Morbidity and Mortality Among Patients With Bladder Cancer

A Randomized Clinical Trial

- decreased blood loss,
- reduced blood transfusion rates,
- Less days in hospital 90d post surgery
- Less complications (thrombo-embolic & wound)
- Better QOL and less disability first 3 months

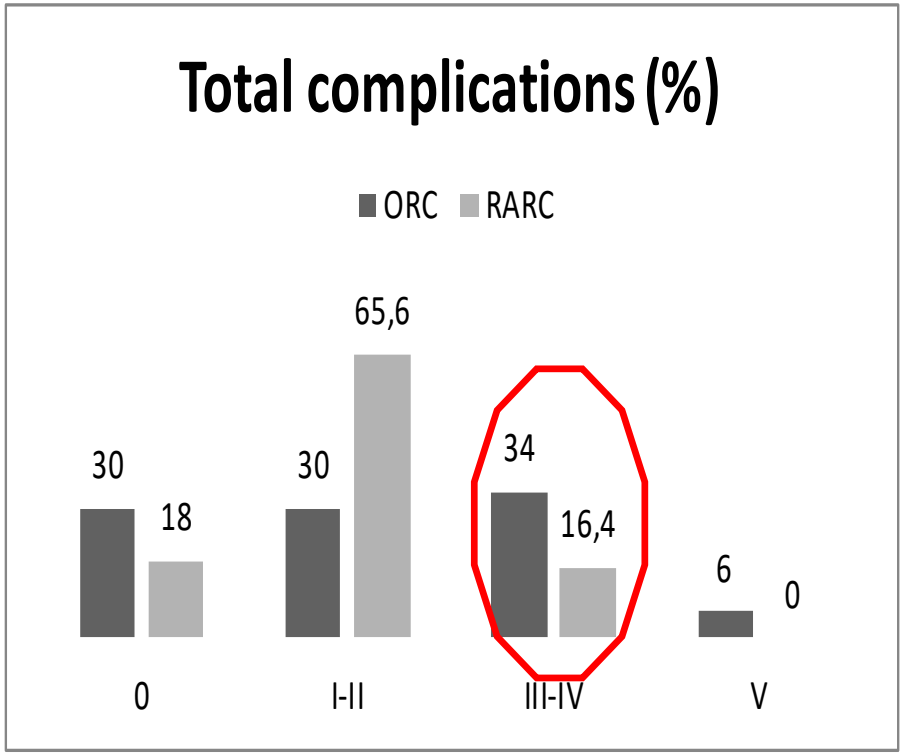
- longer duration of surgery (30min)

- RARC was non-inferior to ORC for cancer recurrence

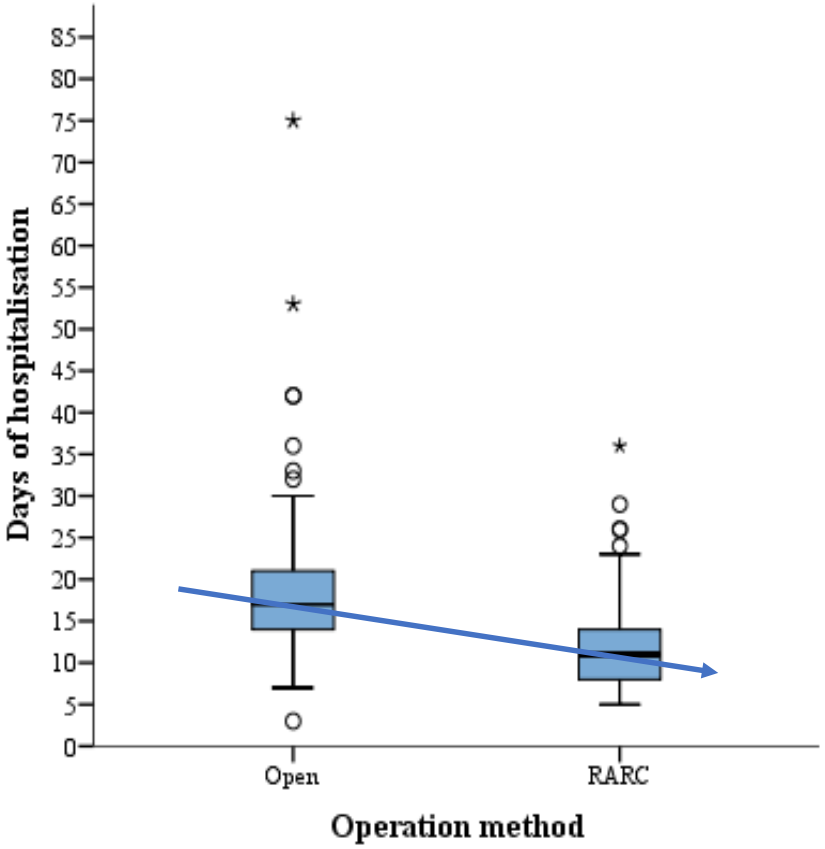
Catto J et al. JAMA Published online May 15, 2022

Open versus robot

Complications



LOS



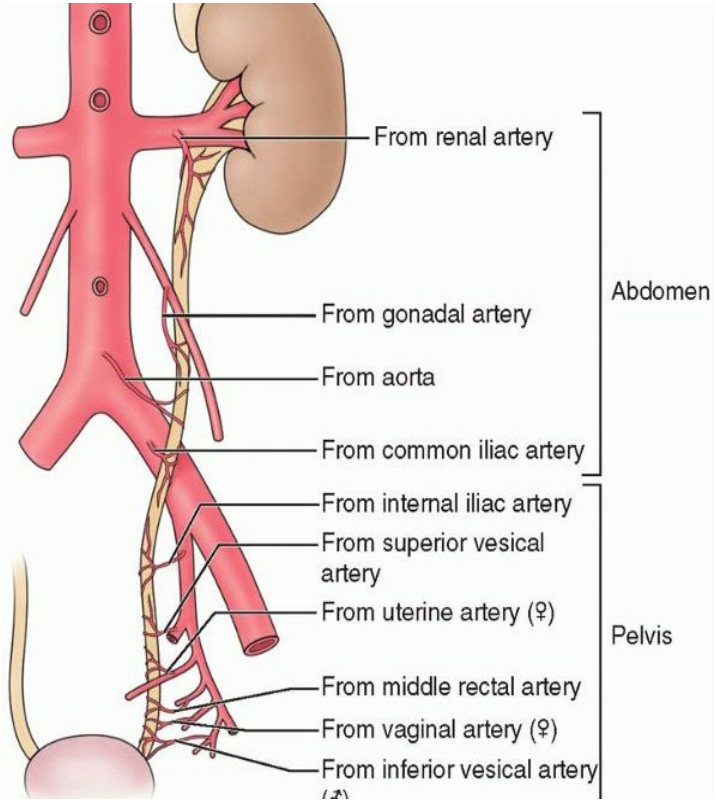
LOW IMPACT iRARC:

Low pressure

Vessel sealer extend SynchroSeal

European Association of Urology
©

Firefly



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Bladder Cancer

Learning Curve Analysis for Intracorporeal Robot-assisted Radical Cystectomy: Results from the EAU Robotic Urology Section Scientific Working Group

Carl J. Wijburg [a,], Gerjon Hannink [b], Charlotte T.J. Michels [c], Philip C. Weijerman [a], Rami Issa [d], Andrea Tay [d], Karel Decaestecker [e], Peter Wiklund [f], Abolfazl Hosseini [g], Ashwin Sridhar [h], John Kelly [h], Frederiek d'Hondt [i], Alexandre Mottrie [i], Sjoerd Klaver [j], Sebastian Edeling [k], Paolo Dell'Oglio [l], Francesco Montorsi [m], Maroeska M. Rovers [b,c], J. Alfred Witjes [n]*

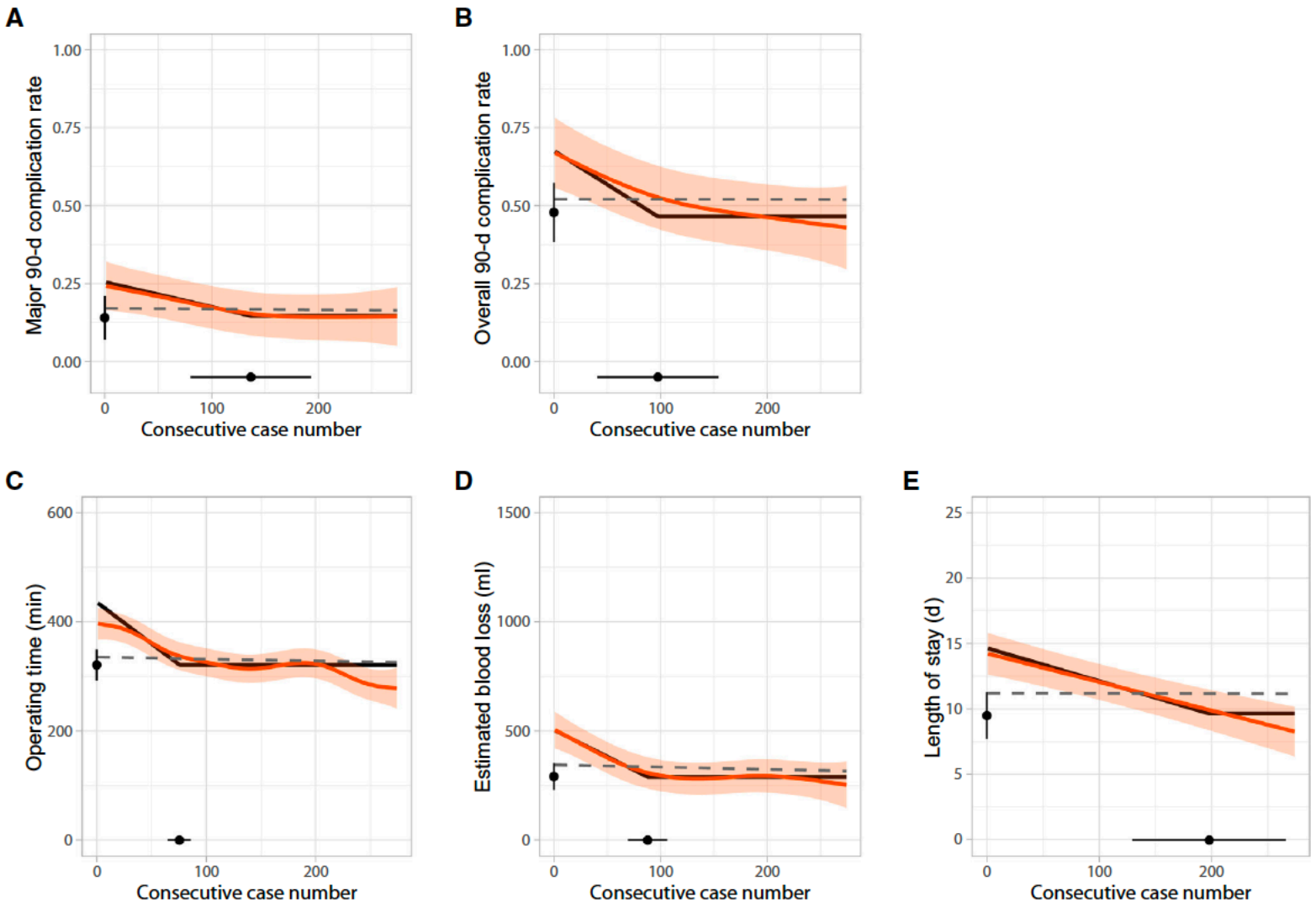


Fig. 1 – Learning curves for the outcomes measured. (A) Major complications within 90 d. (B) Overall complications within 90 d. (C) Operating time. (D) Estimated blood loss. (E) Length of stay. The orange lines represent the observed outcomes fitted using generalised additive mixed models (GAMMs) with 95% confidence intervals (CIs). The black lines represent the outcomes fitted using a two-piece mixed-effects model. The 95% CIs for the breaking point are shown on the horizontal axis and the 95% CIs for the plateau on the vertical axis. The dashed grey lines represent the predicted outcomes fitted using GAMMs based on the case mix.

LISA-ERAS @ AZMM

Pre-operative

- Counseling & education
- Medical optimization
  - Overweight
  - Anemia
  - Hypertension
  - Smoking
- Prehabilitation
  - ↑ cardiopulmonary fitness by physical exercises
- Carbohydrates loading
  - Reduce dehydration and metabolic changes
- Liquids until 2h before surgery
- Preanasthesia medication
  - anxiolytic drugs

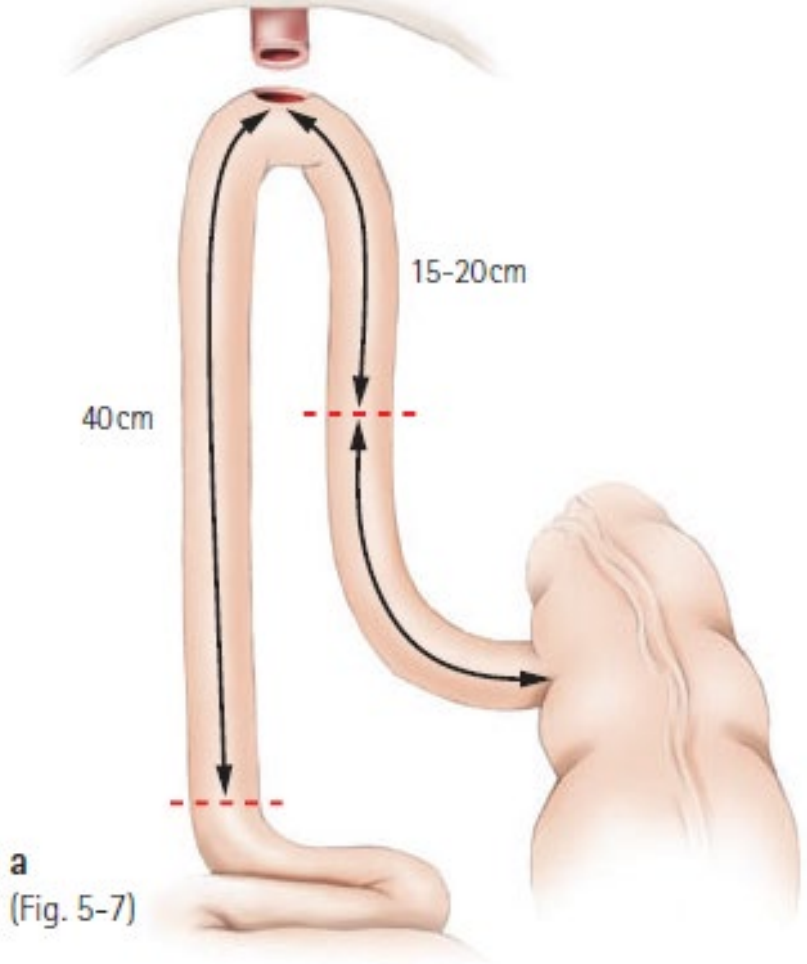
Intra-operative

- Low impact surgery
  - Intracorporeal RARC
  - Infiltration port entry
  - ALARA
    - Trendelenburgh 25°
    - Pneumo 8mmHg
    - Coaculation settings
  - Constant smoke evacuation
  - Gentle bowel handling
- Low impact anesthesia
  - Optimal pain control
  - Optimal muscle relaxing
  - Goal-directed fluid therapy
  - Normotension
  - Normothermia
  - Nasogastric tube (NGT)
- Both
  - Antibiotic prophylaxis and skin preparation
  - Padding and safe positioning
  - Intermittent compressive stockings

Post-operative

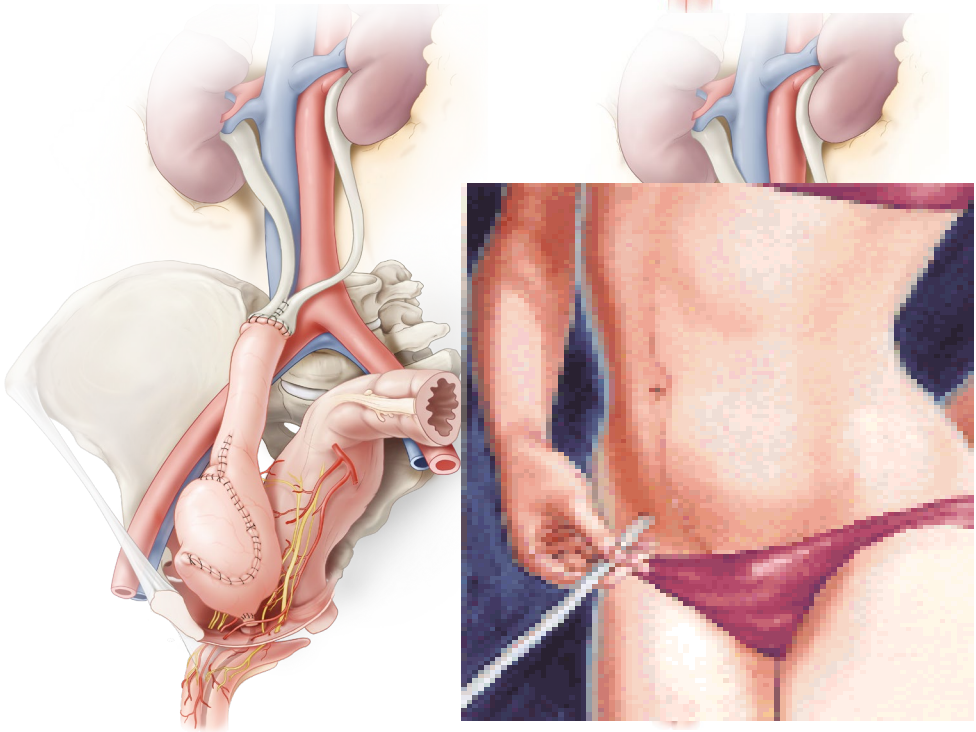
- Prevention of postoperative ileus
  - liquids after 4h
  - Light diet if bowel movements appear (POD2)
  - chewing-gum
  - Prokinetic drugs
  - immediate NGT removing (on table)
  - early drain removal (POD1)
- Postoperative analgesia
  - avoiding opioid drugs
- Deep Venous Thrombosis (DVT) Prophylaxis
  - LMWH after 8h
- Early mobilization
  - passive mobilization in bed (POD0-1)
  - sitting in the chair (POD1)
  - walking (POD2)
  - Early drain & catheter removal (single J POD 6)
- Stoma or neobladder education
- LOS 5-7 days

Intracorporeal urinary diversion



Ileal conduit
“Bricker”

Neobladder

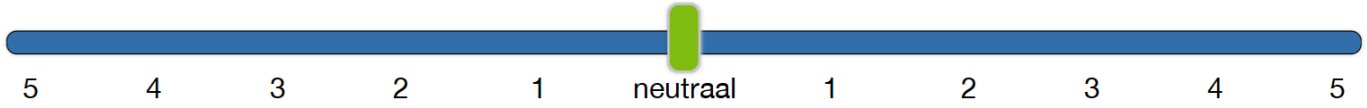


Keuzehulp stoma vs vervangblaas

1. Uiterlijk

Uiterlijk van mijn lichaam met een stoma is voor mij totaal geen probleem

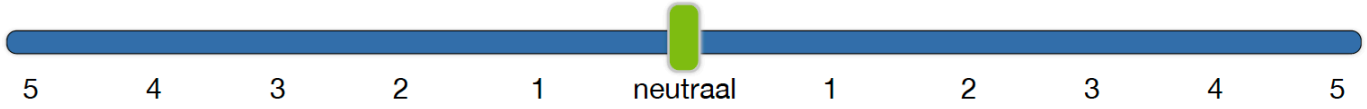
Uiterlijk van mijn lichaam met een stoma is voor mij een erg groot probleem



2. Gemak

Ik zie erg op tegen het aanleren van nieuw plasgedrag en zie meer in het gemak van een stoma

Het aanleren van nieuw plasgedrag is voor mij geen enkel probleem



3. Discipline

Discipline opbrengen is niet mijn sterkste kant

Ik kan de discipline makkelijk opbrengen om bijv. op de klok te plassen

Keuzehulp stoma vs vervangblaas

4. Kans op blijvend urineverlies

Eventueel blijvende urine-incontinentie zou ik als een grote handicap ervaren

Eventueel blijvende urine-incontinentie zou helemaal geen probleem zijn

5 4 3 2 1 neutraal 1 2 3 4 5

5. Katheteriseren (het legen van de blaas via een slangetje door de plasbuis)

Ik wil absoluut niet kathetereriseren

Katheteriseren lijkt me geen probleem

5 4 3 2 1 neutraal 1 2 3 4 5

6. Seksualiteit

Een stoma zou geen belemmering vormen voor mijn seksualiteit

Een stoma zou een grote belemmering vormen voor mijn seksualiteit

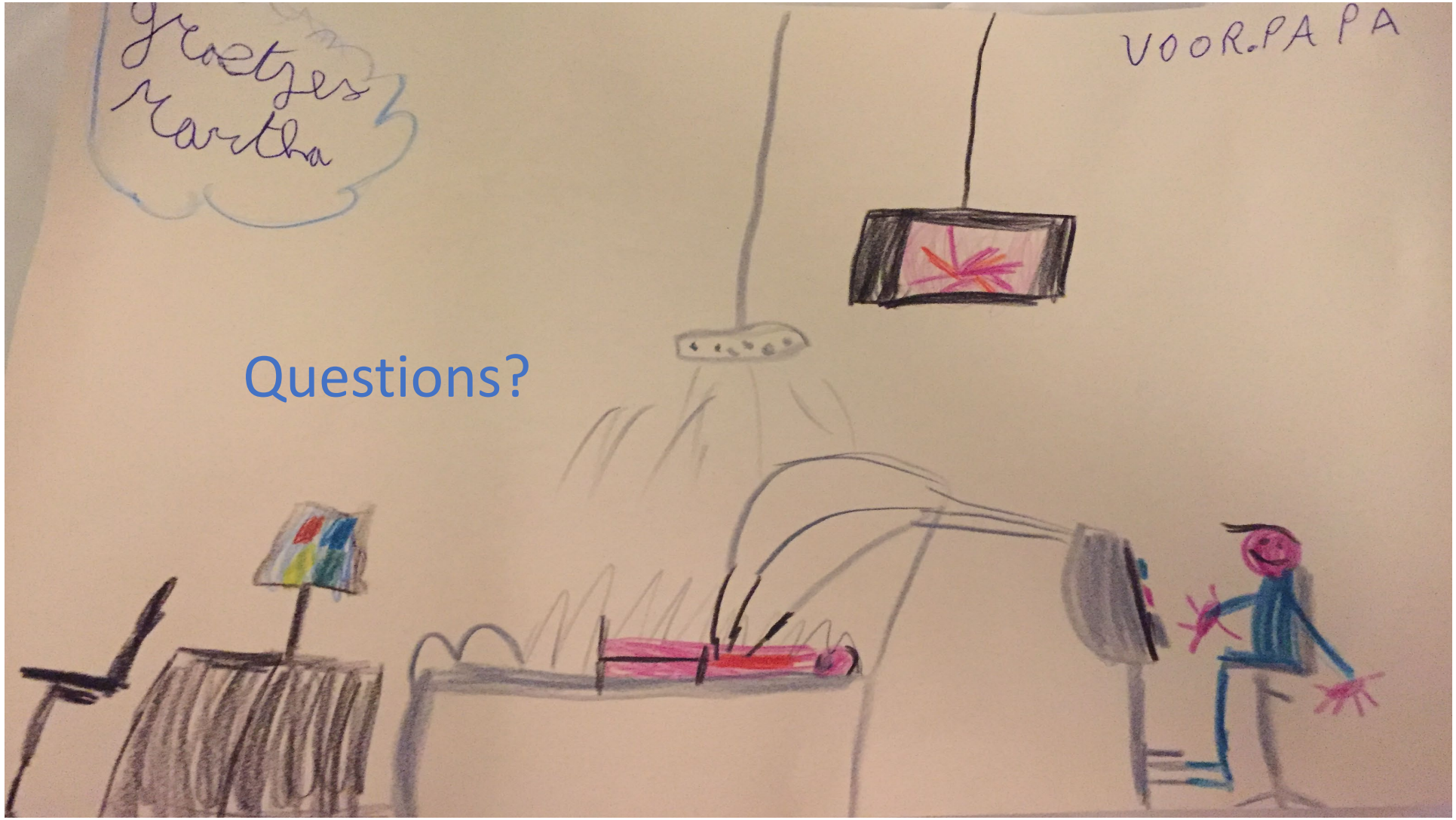
5 4 3 2 1 neutraal 1 2 3 4 5

Let op:

Hoe meer u het schuifje naar links heeft verplaatst, hoe beter een stoma bij uw voorkeur zou passen.

Hoe meer u het schuifje naar rechts heeft verplaatst, hoe beter een neoblaas bij uw voorkeur zou passen.

How to begin a succesfull RARC program



Questions?