

Video sharing – Robotic prostatectomy after prior TEP hernia repair

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關光瞬

Patient profiles

- 81M
- Left inguinal hernia post open repair in 2015.
- Right inguinal hernia, mix type (direct + indirect) post TEP on 20241104.
- Prostate cancer, Gleason score 4+3, cT2bN0M0.

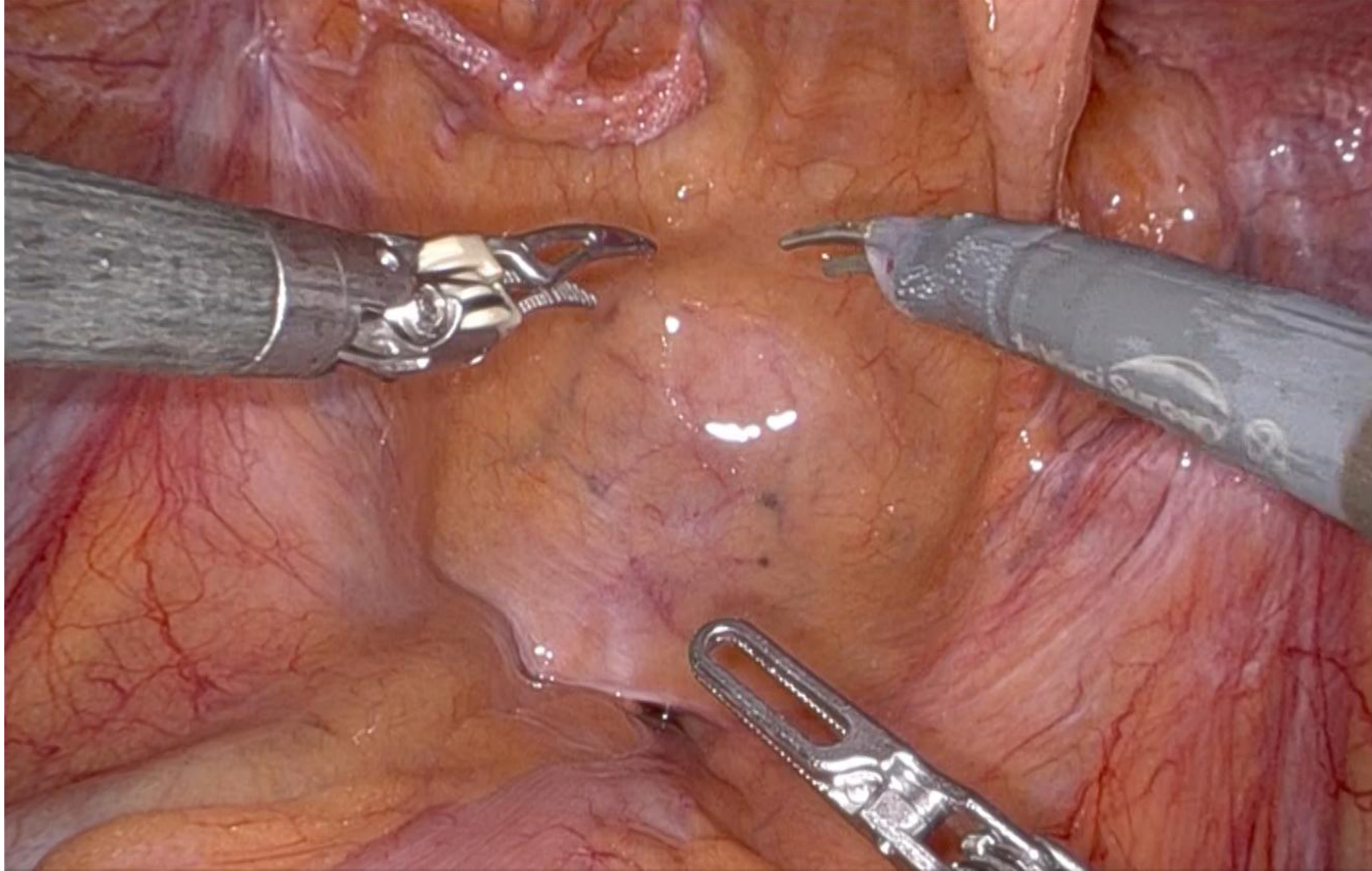
RADICAL PROSTATECTOMY: PLANNED REMOVAL

Seminal vesicles

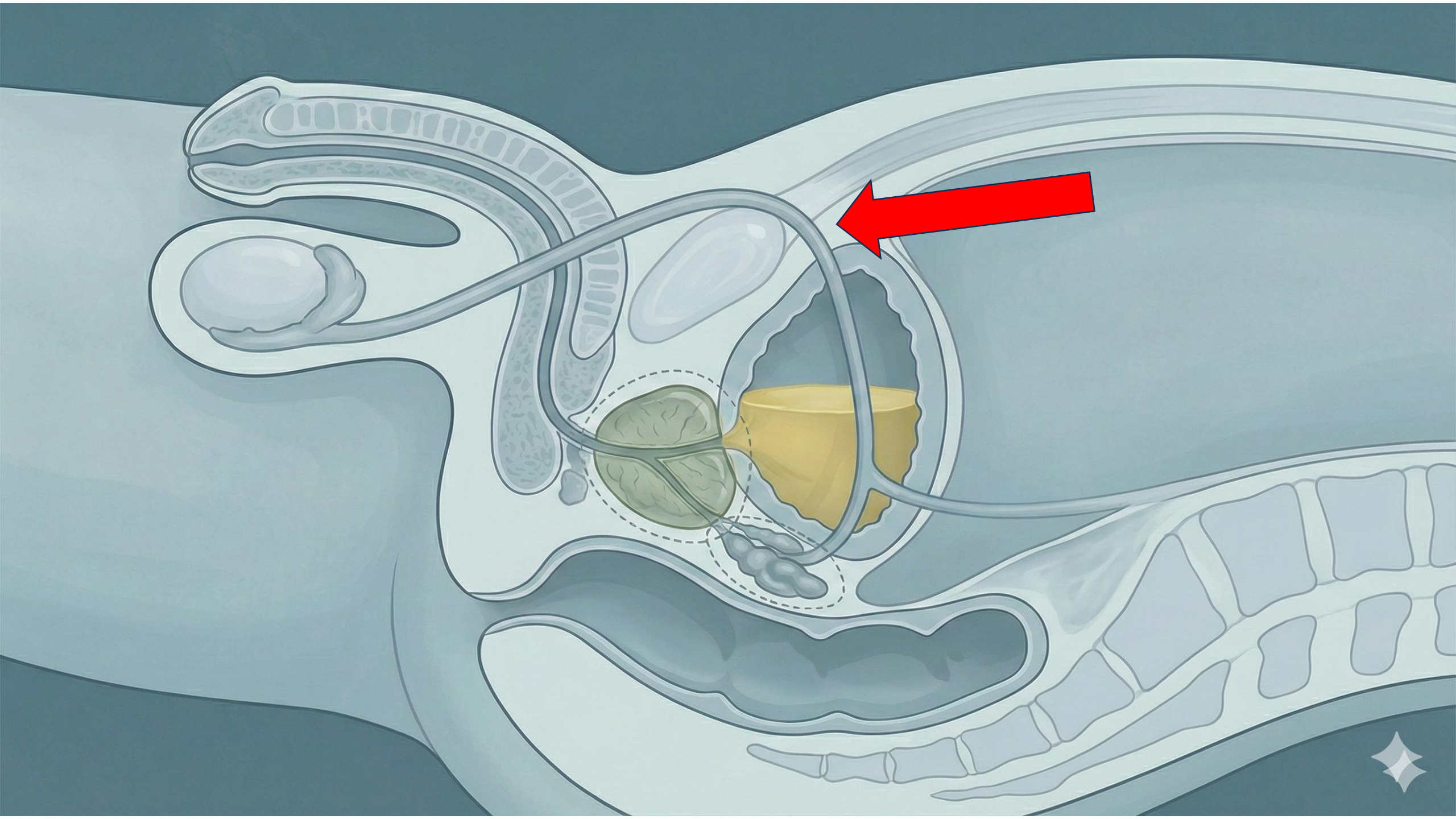
Vas deferens

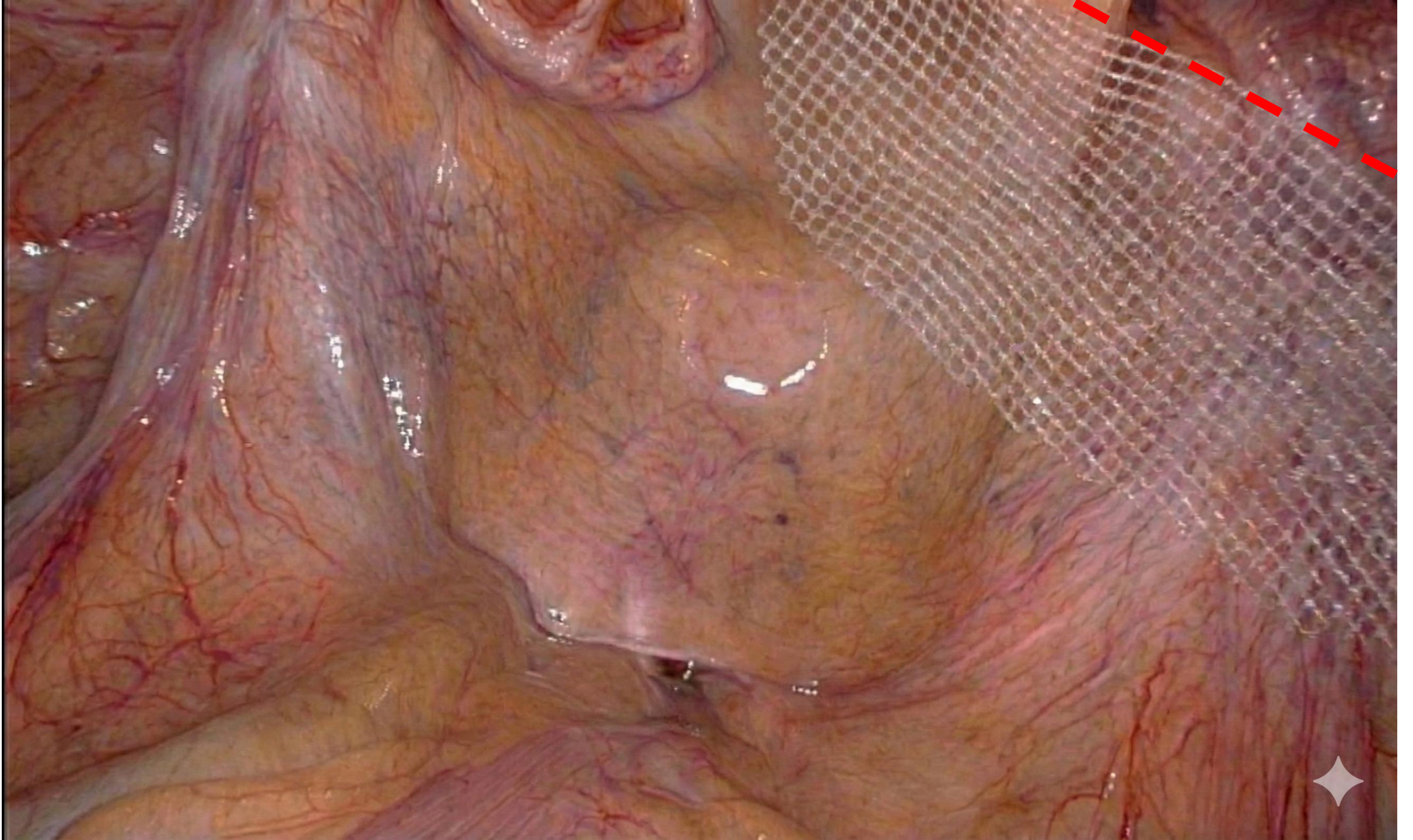
Prostate gland

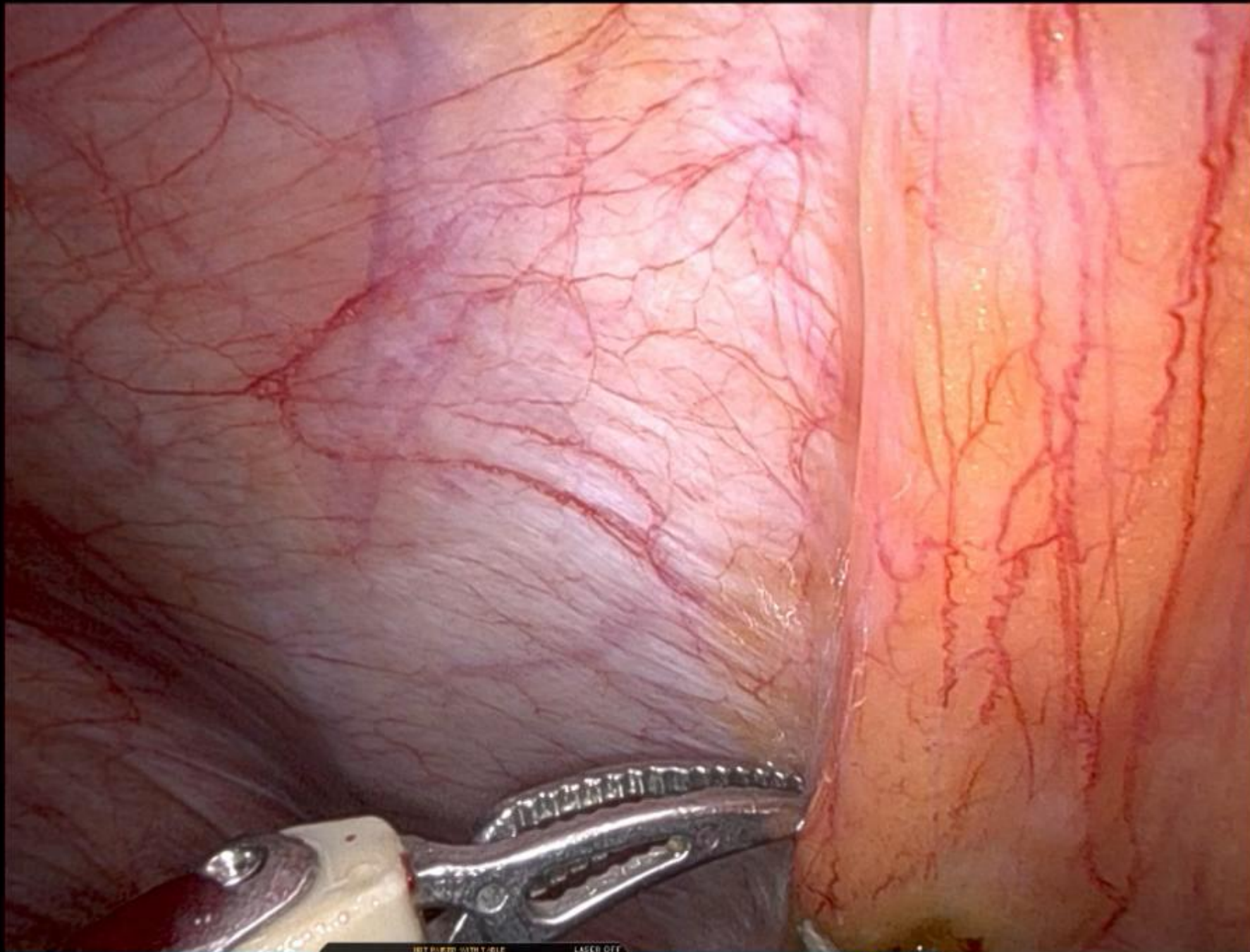




Preperitoneal space (Retzius Space) Dissection







1 MARYLAND BIPOLAR FORCEPS L COAG

2 NOT PAUSED WITH TABLE LASER OFF 1x 30°

3 MONOPOLAR CURVED SCISSORS R CUT R COAG

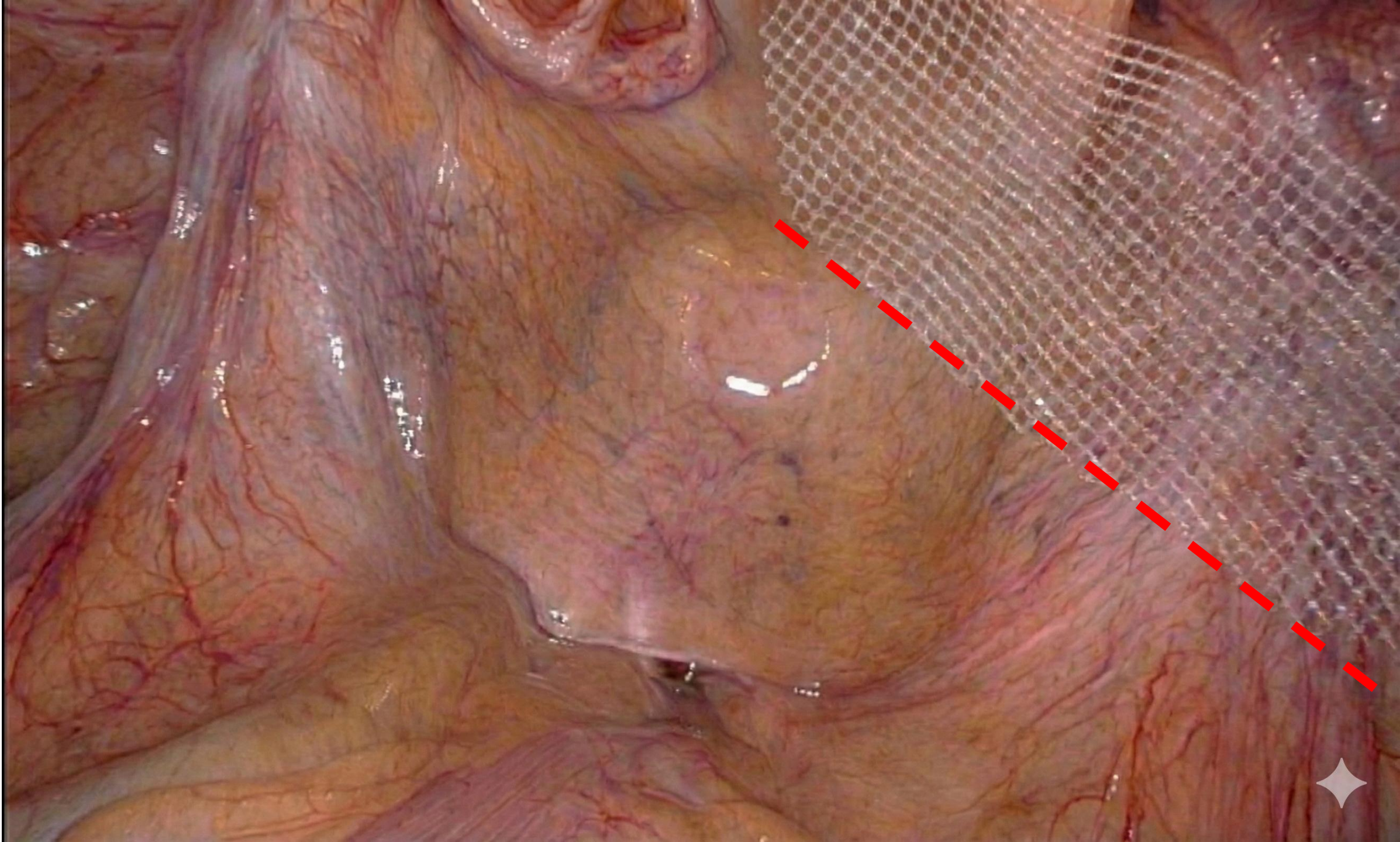
4 PROG RASP FORCEPS

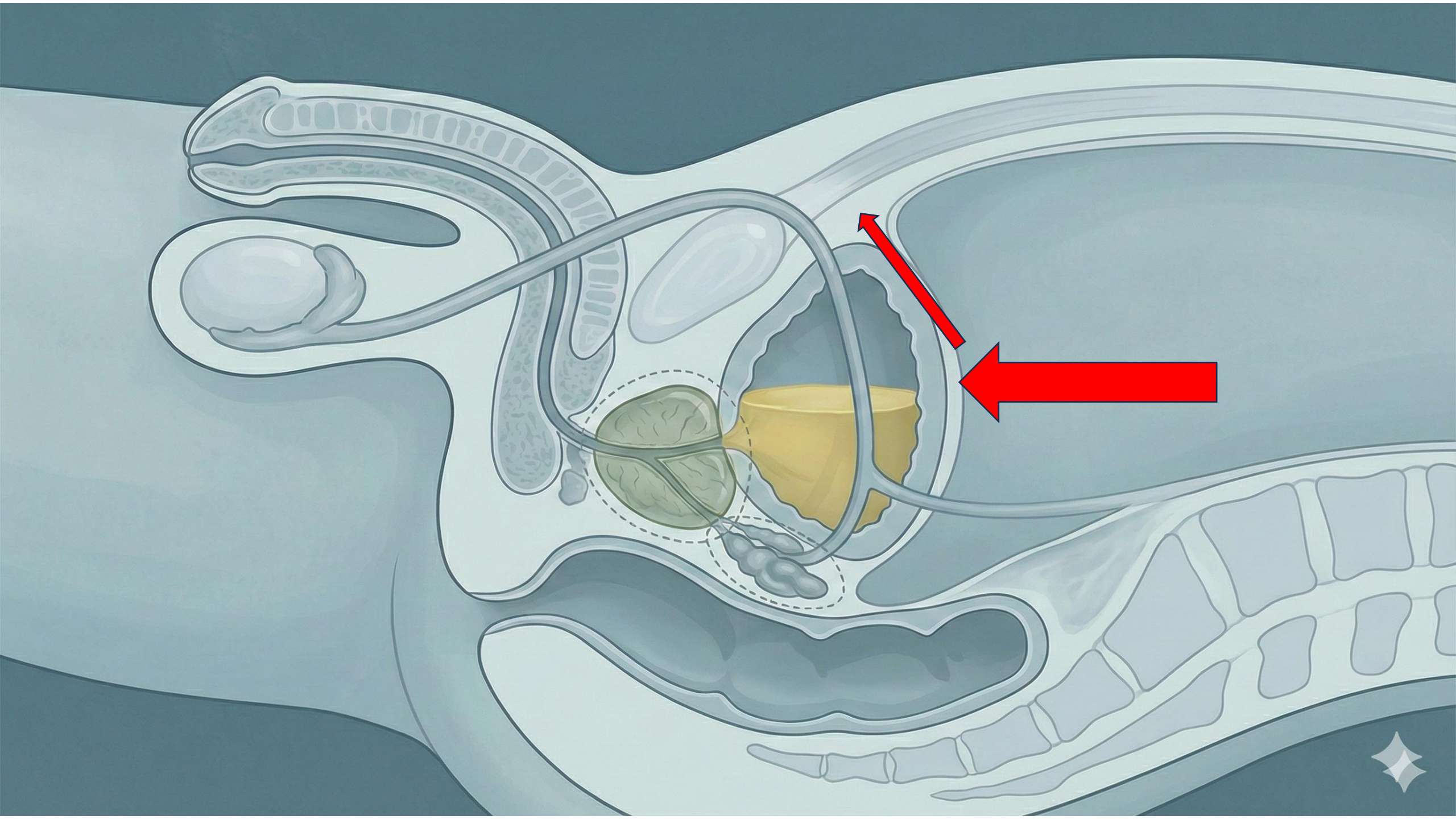
Dextile™ anatomical mesh

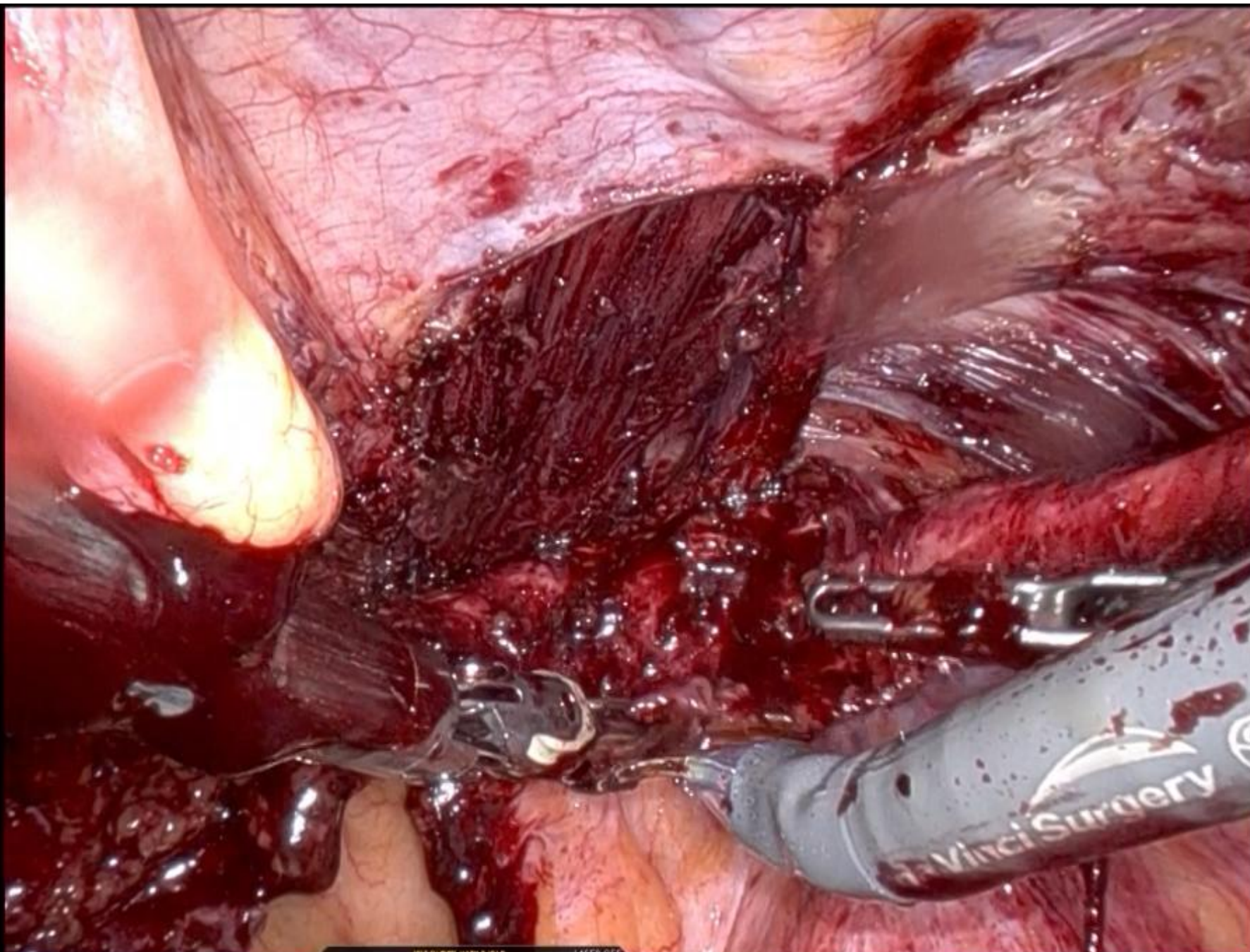


ProGrip™ laparoscopic self-fixating mesh



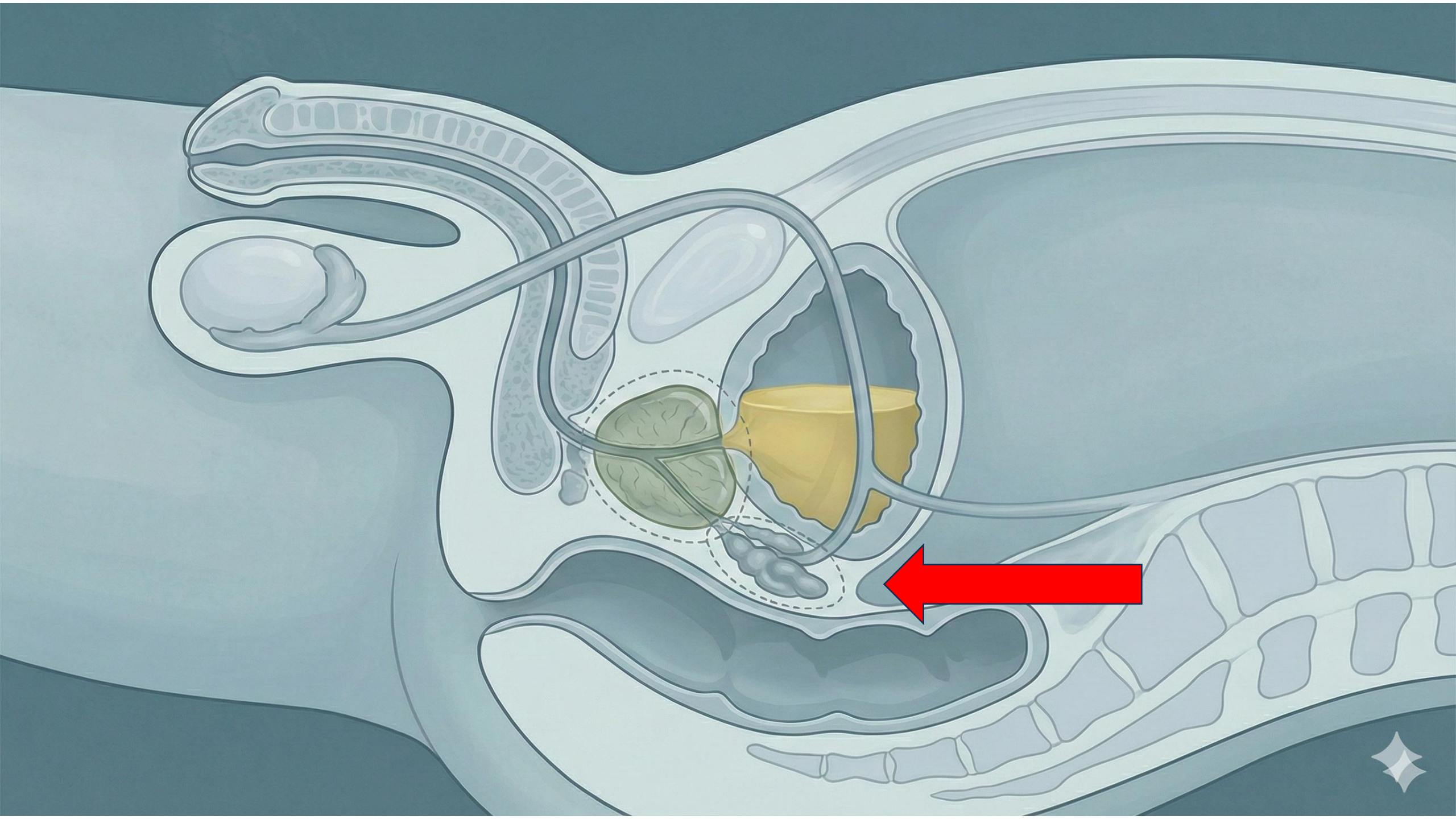


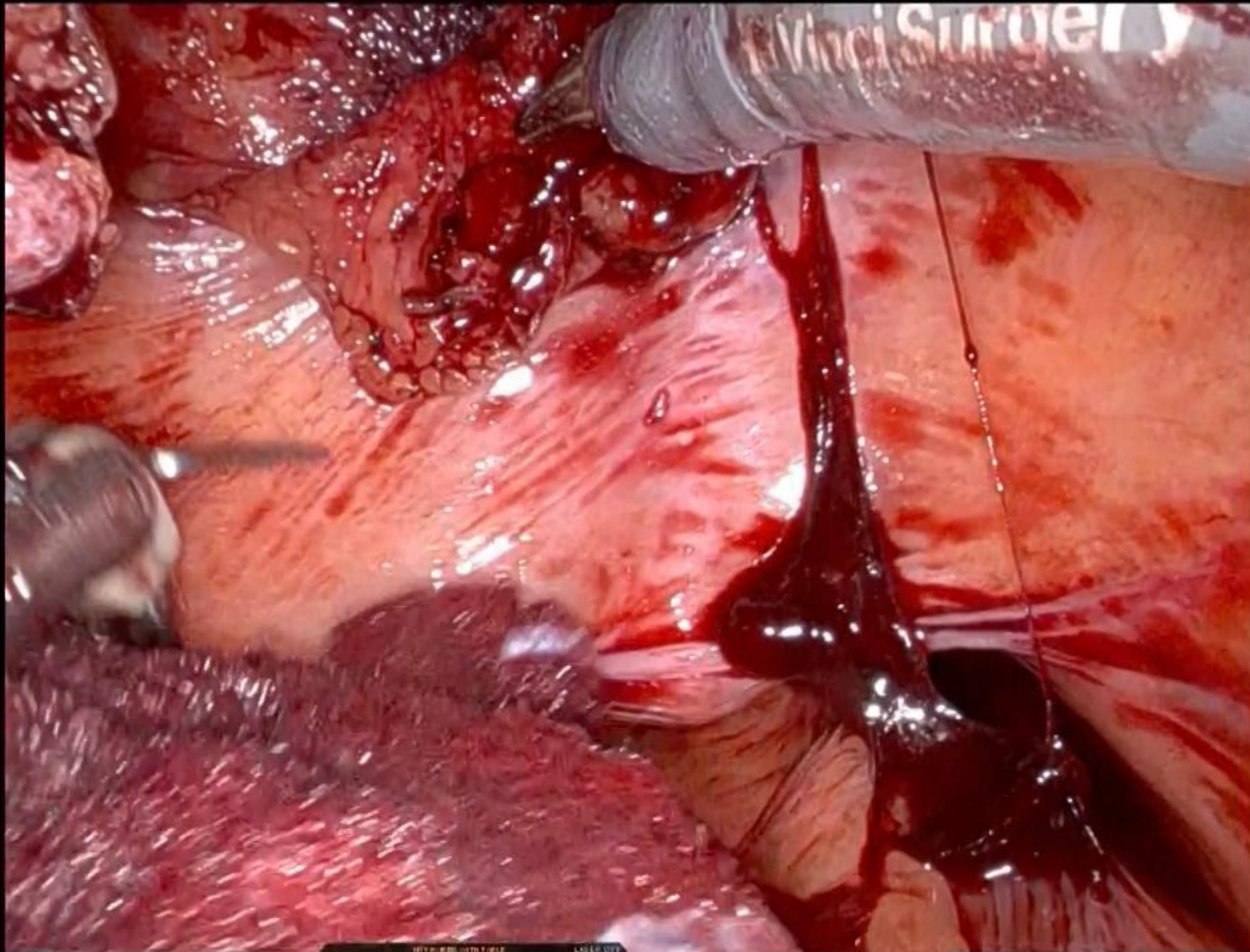




1 MARYLAND BIPOLAR FORCEPS COAG	2 BIT PAVED WITH T-BLE LAUNCH OFF 1x 30°	3 MONOPOLAR CURVED SCISSORS CUT COAG	4 PROG RASP FORCEPS
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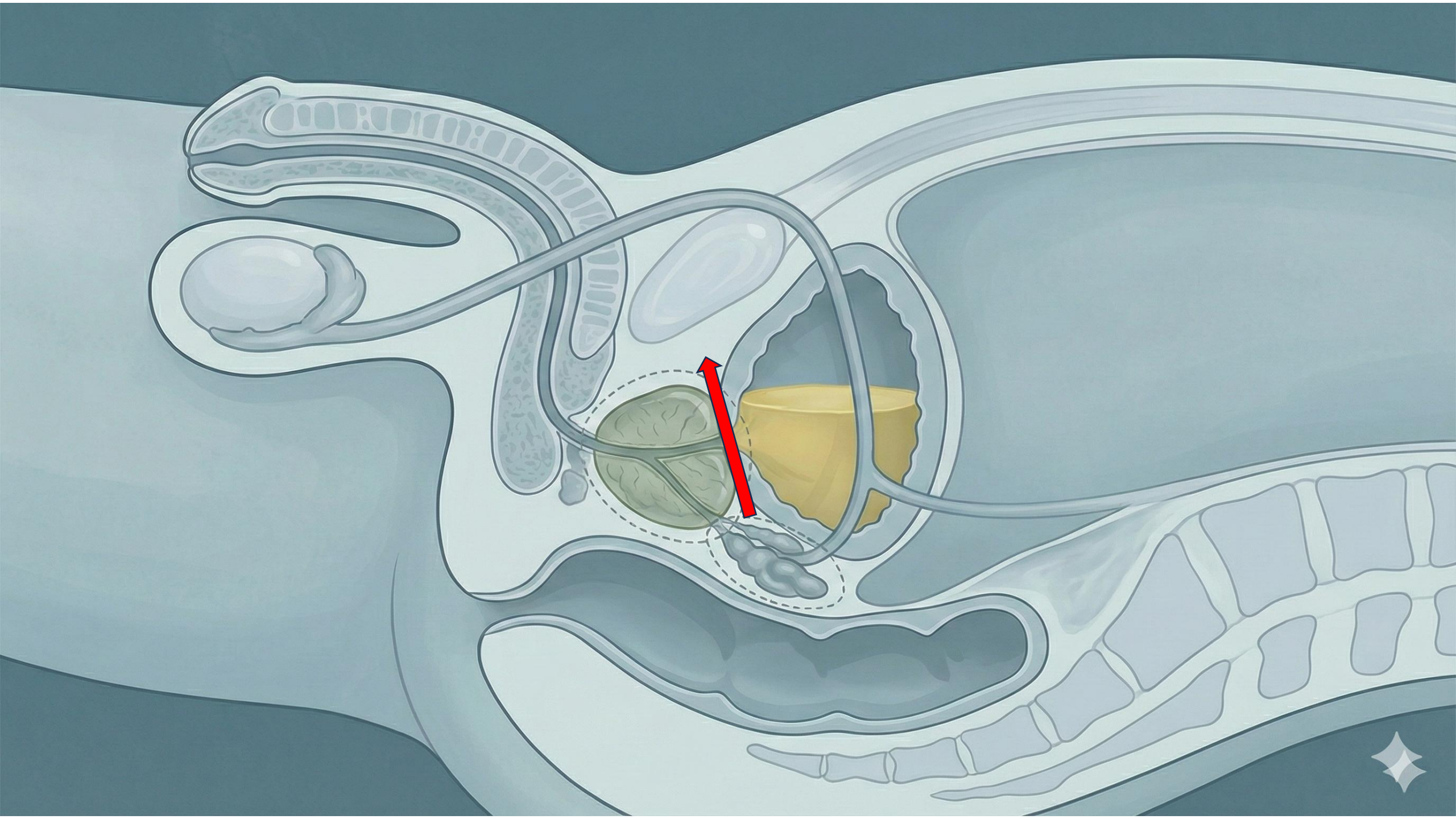
Dissect into the preperitoneal
space from Douglas pouch –
Retzius-Sparing Approach

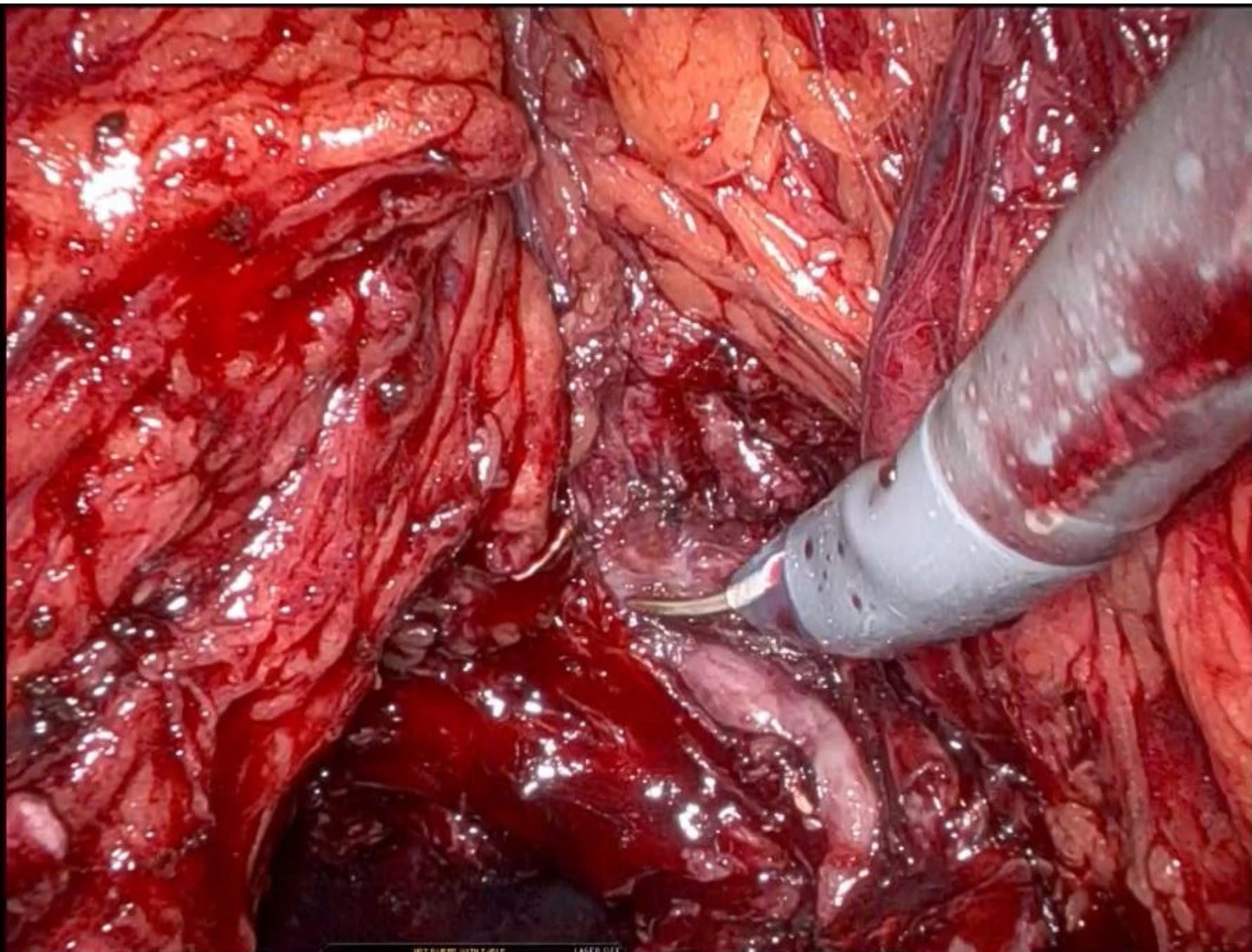




1 MARYLAND BIPOLAR FORCEPS	2 <small>MYR BIPOLAR HOLD FIELD</small> <small>LASER OFF</small>	3 MONOPOLAR CURVED SCISSORS CUT COAG	4 <small>4"</small> PROGRASP FORCEPS
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Bladder Neck Dissection & Transection





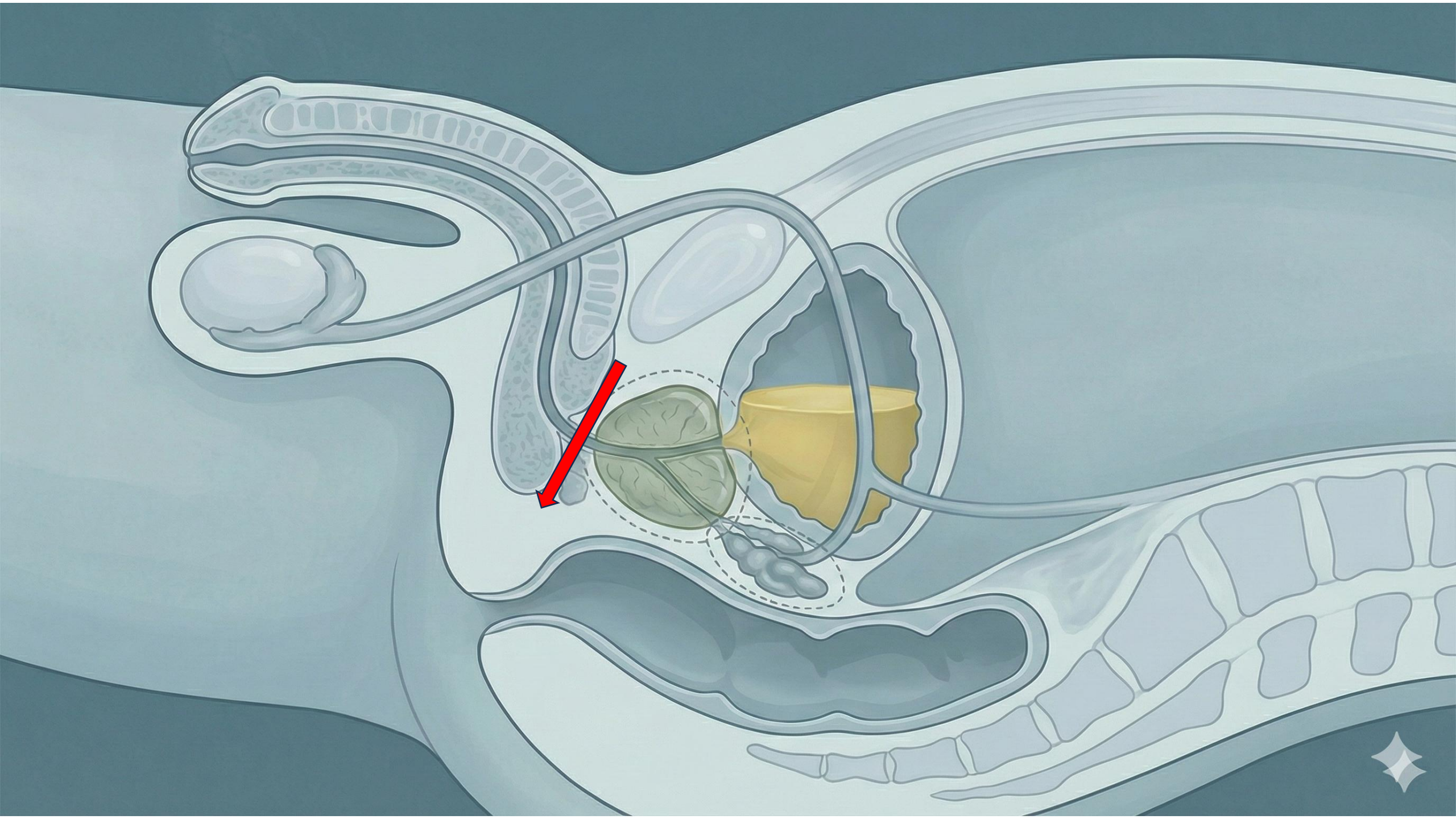
1 MARYLAND BIPOLAR FORCEPS COAG

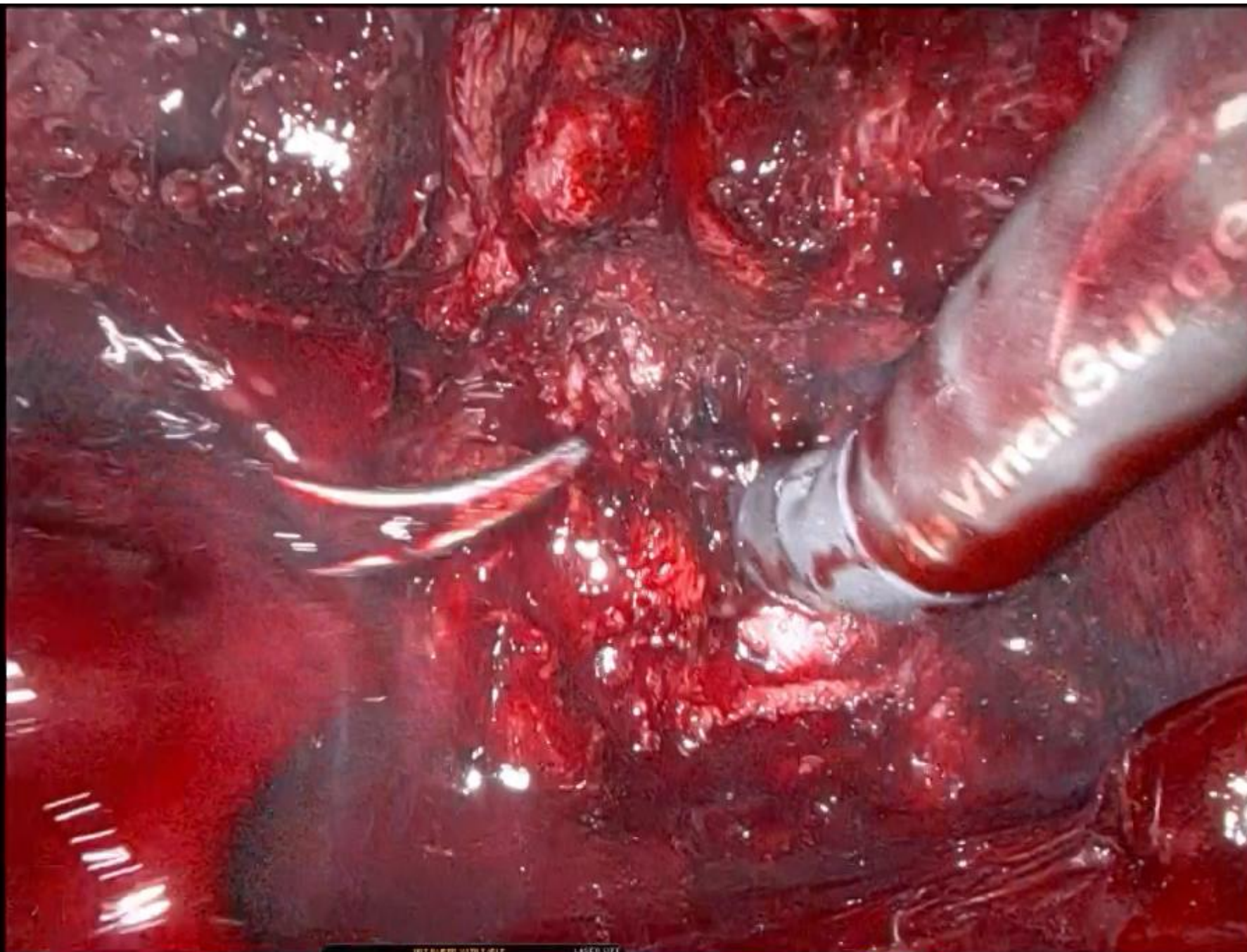
2 RETRACTOR WITH TIE LASER OFF 1x 30°

3 MONOPOLAR CURVED SCISSORS CUT COAG

4 PROGRASP FORCEPS

Apical Dissection & Urethral Transection





1 MARYLAND BIPOLAR FORCEPS COAG	2 NOT PAUSE WITH TABLE LASER OFF Tx 30°	3 MONOPOLAR CURVED SCISSORS CUT COAG	4 PROGRASP FORCEPS
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Limitations of Retzius-Sparing Approach

- 執行難度較高，有較高的Learning Curve:
 1. Anatomical disorientation.
 2. Lack of traditional landmarks.
- 可能有較差的Oncological Concerns:
 1. Visualizing the anterior capsule is challenging without dropping the bladder.
 2. Higher risk of PSM for anterior-located tumors (T3).
- 較小的作業空間:
 1. Challenging for large prostates (>100g).
 2. "Working in a cave" under the bladder.
- Lymph Node Dissection:
 1. Extended PLND is more technically.

Take Home Messages

For Colorectal Surgeons:

- 在執行TEP之前，提前考量到攝護腺癌的可能性。若高度懷疑（PSA升高），建議使用open的方式進行hernia repair。
- 若需要在恥骨聯合上方 (Suprapubic) 打一個 5mm 或 12mm 的 port，會遇到mesh覆蓋的區域。
- 在處理T4的rectal cancer時（侵犯到膀胱或攝護腺時），可能同樣會面臨TEP後沾黏的問題。

For Urologists:

- Feasible but Challenging: TEP 後進行 RaRP 是可行的，但技術難度較高。
- Alternative Route: 強烈考慮使用 Retzius-sparing approach 來規避沾黏區域。
- 若遇到前側攝護腺癌，或許RT是更好的選項。