OBJECTIVE: The aims of this study are to present the clinical outcomes of bladder cancer patients who underwent robot-assisted laparoscopic radical cystectomy (RARC) with extracorporeal ileal conduit and robot-assisted laparoscopic partial cystectomy (RAPC).

METHODS: For RARC surgical procedure, we undertook RACP and extracorporeal ileal conduit urinary diversion. First, using a six-port approach and the da Vinci Surgical System (Intuitive Surgical, Sunnyvale, CA, USA), one surgeon carried out a complete pelvic lymphadenectomy and cystoprostatectomy using a technique developed specifically for robotic surgery. And then the specimen entrapped in a bag and removed through a 5-6 cm suprapubic incision. Second, a different surgical team exteriorized the bowel through this incision and created an ileal conduit urinary diversion extracorporeally. For RACP surgical procedure, all surgical steps were undertaken with no difficulties.

RESULTS: For RARC surgical procedure, the patient age was 59.9 years. In our 8 cases of urinary diversion procedures were performed extracorporeally. Mean operative time was 6.1 hours. Mean surgical blood loss was 330ml, which was significantly less than in our open cystectomy (570ml). On surgical pathology, TCC was confirmed and staging is pT2-3, G2-3. In no case was there inadvertent entry into the bladder or positive surgical margins. The time to flatus was 2.2 days and time to bowel movement was 2.5 days. The patients were discharged home on postoperative days 9.

For RACP surgical procedure, mean operative time was 4.1 hours. Mean surgical blood loss was 70 ml. On surgical pathology, TCC and is pT2 was confirmed with no entry into the bladder or positive surgical margins.

CONCLUSION: Our initial experience with robot-assisted laparoscopic radical cystectomy (RARC) with extracorporeal ileal conduit urinary diversion and robot-assisted laparoscopic partial cystectomy (RAPC) appears to be favorable with acceptable operative, pathological and short-term clinical outcomes.