UROLOGIA CLINICA
BILBAO

ERUS ´10
BURDEAUX

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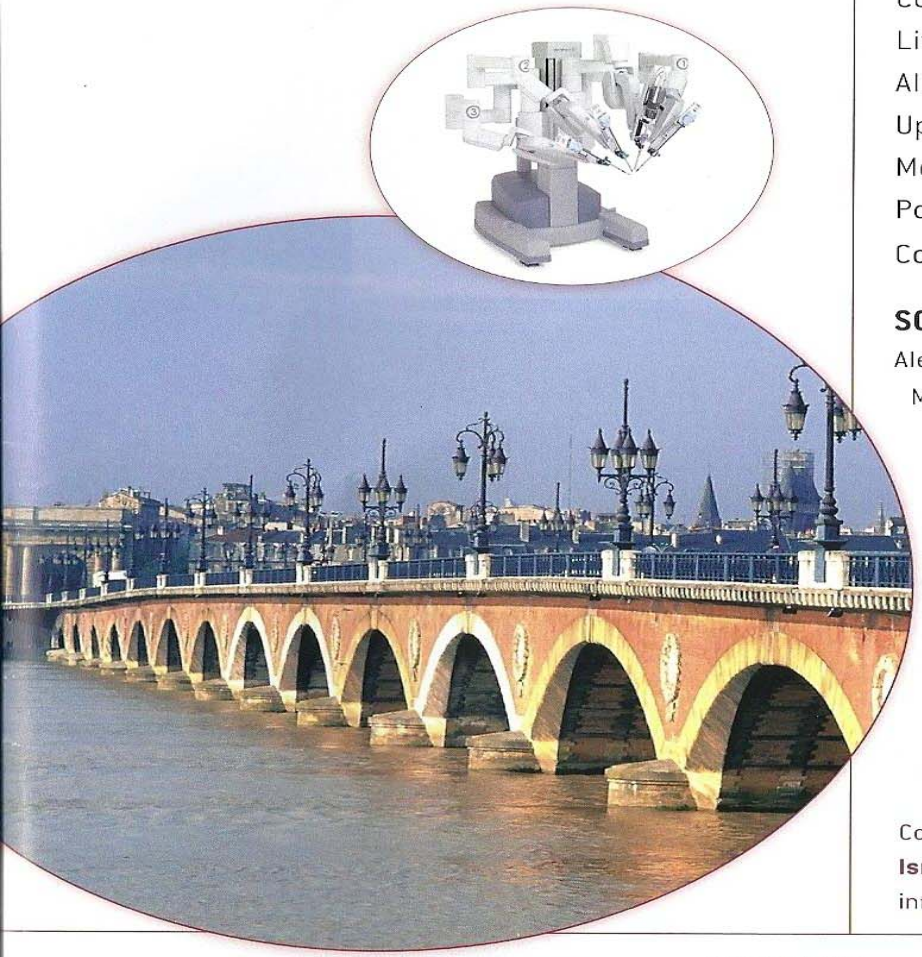
7th edition

29 September - 01 October 2010

Palais des Congrès, Bordeaux, France

European Robotic Urology Symposium

Latest Developments in Robotic Surgery



- Courses in robotic surgery
- Live case transmissions in Full High Definition
- All day training on the da Vinci® Si
- Update lectures & video presentations
- Meet the Expert sessions
- Poster and Video contest
- Congress exhibition

SCIENTIFIC COMMITTEE

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Congress organization by
Ismar Healthcare
info@erus2010.com

Local congress organization by
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CONGRESS BOOK


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ERUS'10 SCIENTIFIC PROGRAMME: Congress

Live interactive robotic-assisted surgeries with Full High Definition transmissions from the Clinique Saint-Augustin in Bordeaux. Live surgery cases are subject to changes depending on availability of patients.

Thursday 30 September

Morning session

- **08:00-08:30 Opening Ceremony**
  A. Mottrie · T. Piéchaud · W. Artibani · P. Rischmann · R. Gaston
- **08:30-10:00 Live surgery**
  Moderator: *M. Stöckle*
  Panellists: *P. Dekuyper · J. Porter · C. Rogers*
  - Partial nephrectomy *A. Mottrie*
  - Adenomectomy *A. Hemal*
- 10:00-10:30 Coffee break
- **10:30-11:15 Theoretical session**
  Moderator: *D. Murphy*
  Panellists: *O. Karim · E. Panagiotou · B. Rocco*
  - SURS state-of-the-art lecture: Future developments in robotic surgery *J. Joseph*
  - Training in robotic surgery *J. Hubert*
  - Indications for and extent of pelvic lymphadenectomy during radical prostatectomy *T. Wilson*
- **11:15-13:00 Live surgery**
  Moderator: *J. Palou*
  Panellist: *H. Beerlage · K. Guru · C. Mugnier · H. van der Poel*
  - Cystectomy *T. Piéchaud · M. Annerstedt*
  - Radical prostatectomy + lymphadenectomy *M. Menon*
- 13:00-14:00 Lunch break

Afternoon session

- **14:00-14:30 Live surgery**
  Moderator: *J. Palou*
  Panellists: *H. Beerlage · K. Guru · C. Mugnier · H. van der Poel*
  - Intracorporeal ileal conduit *M. Annerstedt · T. Piéchaud*
- **14:30-15:30 Round table: Debate about partial nephrectomy: pro/contra: open vs lap vs robot**
  Moderator: *P. Rischmann*
  - *A. Méjean*
  - *I.S. Gill*
  - *S. Bhayani*
- 15:30-16:00 Coffee break
- **16:00-16:30 Video session**
  Jury: *E. Panagiotou · J.G. Pereira · B. Rocco*
- **16:30-18:00 Live surgery**
  Moderator: *M. Fisch*
  Panellists: *G. Guazzoni · J.G. Pereira*
  - Single port radical nephrectomy *J. Kaouk*
  - Colpopromontofixation *J.L. Hoepffner*

Gala dinner

On both congress days

- Update lectures
- All day training on the da Vinci® Si




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Afternoon session

16:00 **Video session**
Jury: E. Panagiotou – J.G. Pereira – B. Rocco

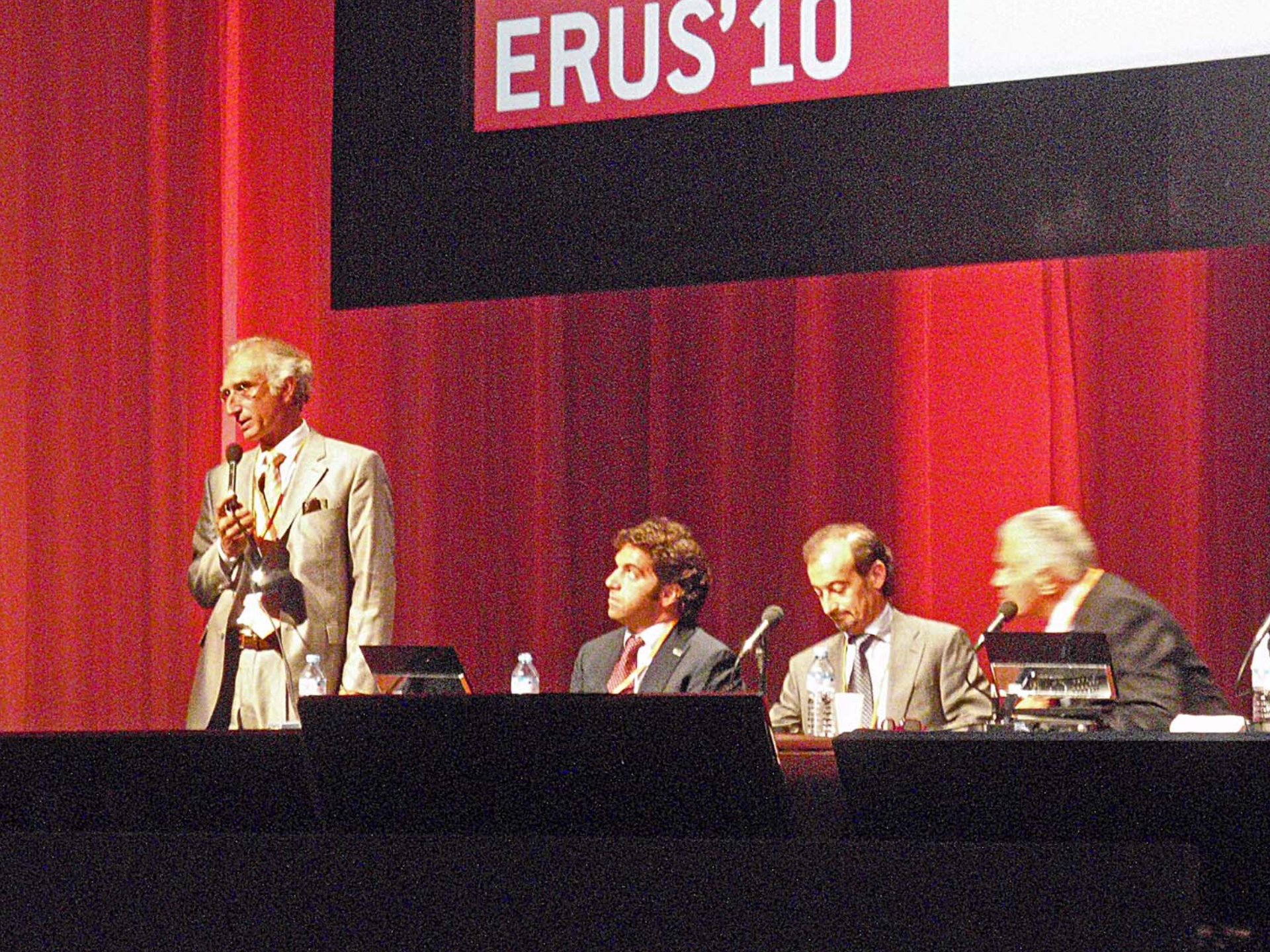
16:30 **Live surgery**
Moderator: M. Fisch
Panellists: G. Guazzoni – J.G. Pereira

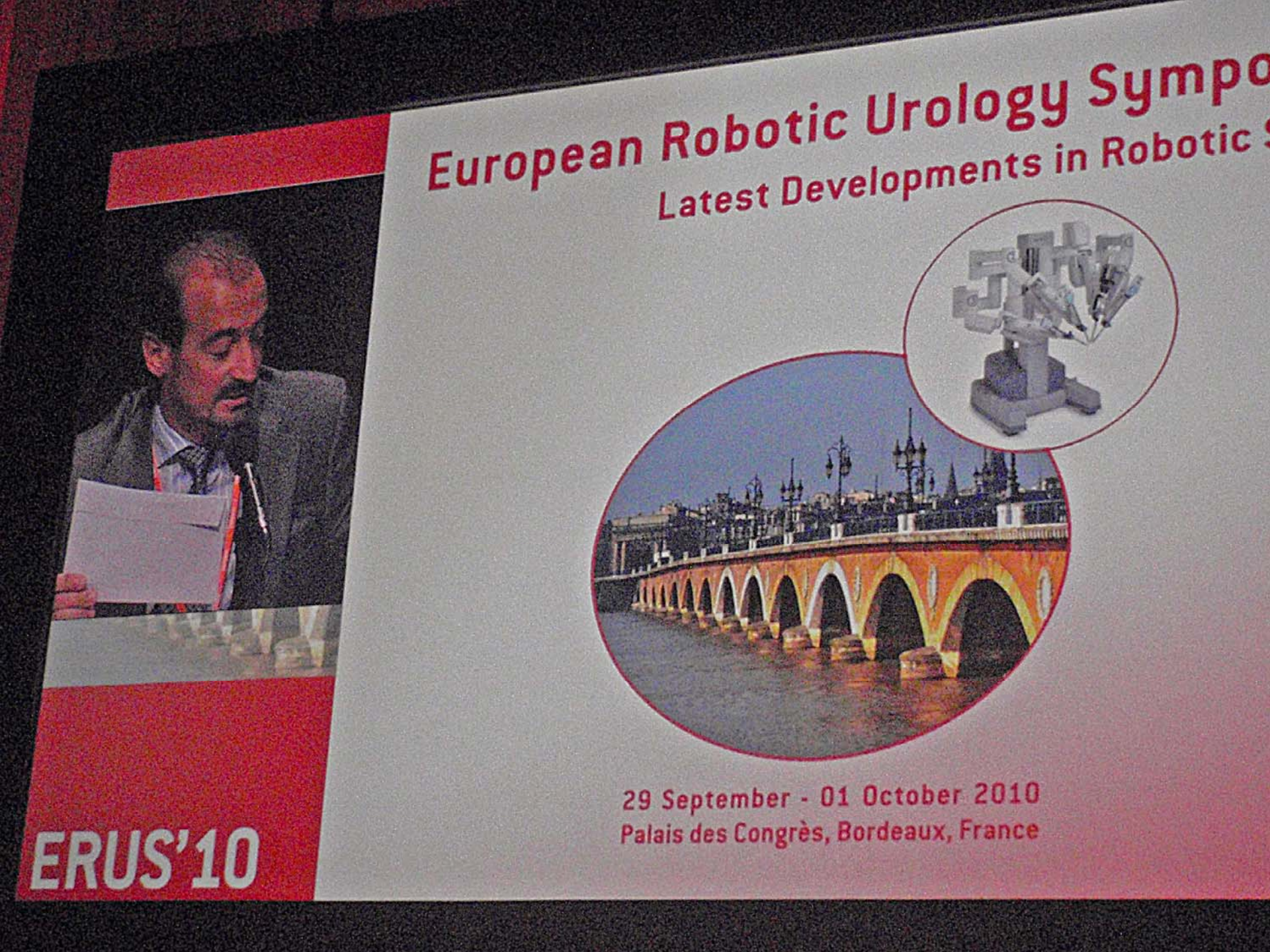
Single port radical nephrectomy
J. Kaouk

Colpopromontofixation
J.L. Hoepffner

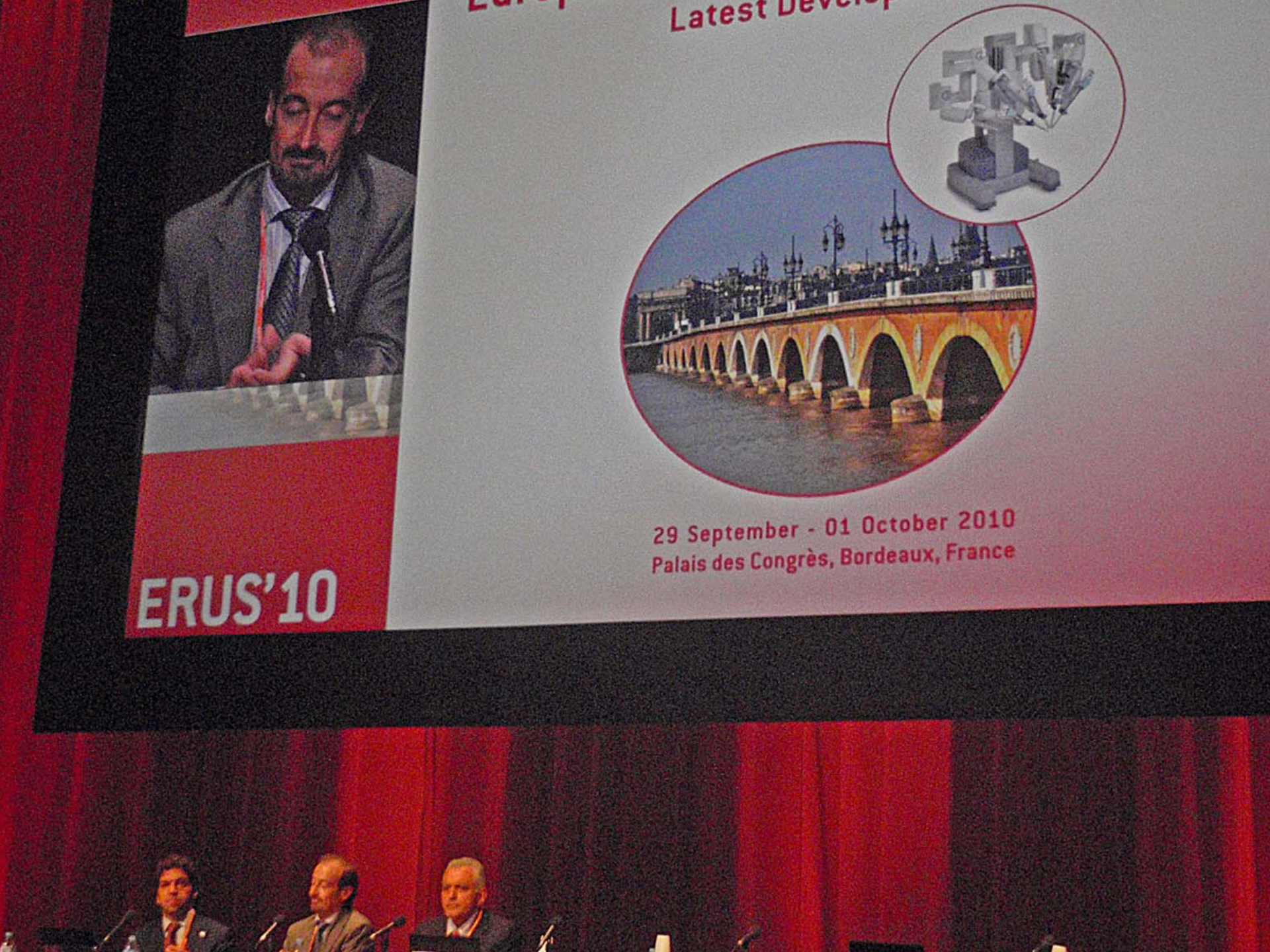
18:00 **Close**




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29 September - 01 October 2010
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Rescue da Vinci surgery alter open pyeloplasty failure

M. Gamarra, J.G. Pereira, A. Leibar, A. Astobieta, G. Ibarluzea.
Urología Clínica, Bilbao, Spain

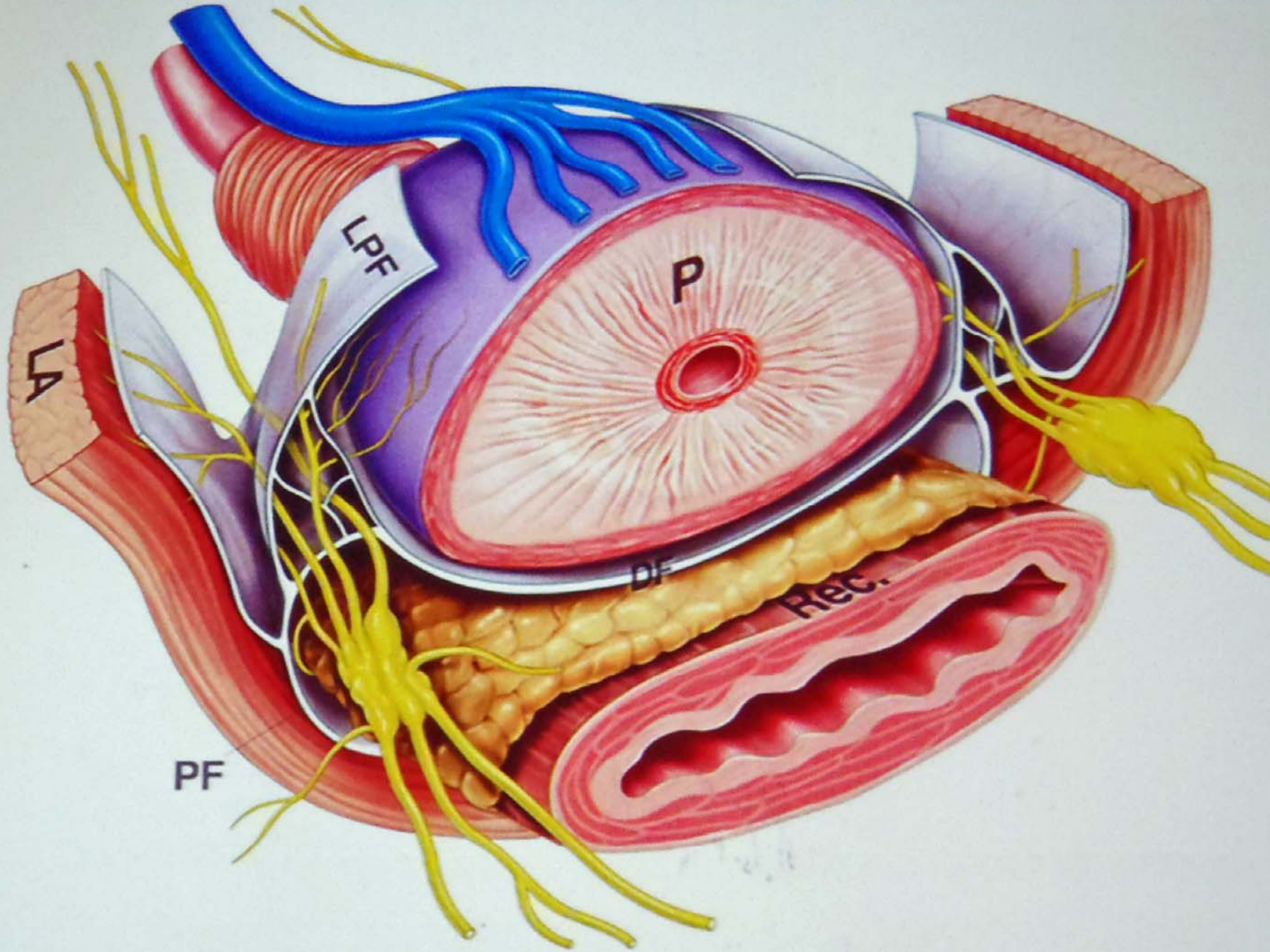
Objectives: We present this video in order to demonstrate the feasibility of performing robotic rescue procedure after open failure surgery of the UPJ sindrome.

Methods: We present the case of a 25-year-old woman suffering recurrent renal pain after open pyeloplasty for uretheropyelic junction stricture 5 years ago. After placing a double J catheter the symptoms could get controlled. The MRI confirms the relapse of the uretheropyelic junction stricture and we were surprised to see persistence polar vessels ahead of UPJ. We decided to perform an Anderson Hynes robotic pyeloplasty.

Summary of Results: We positioned the patient in a position, created in our group, in order to do simultaneously laparoscopical and endoscopical access, as we use to perform in recontructive renal surgery. We began dissection of the urether distally to the fibrotic junction, then we dissect renal pelvis and finally we undertook fibrotic tissue of previous open correction of the uretheropyelic junction stricture. The dissection of the urether in the UPJ ressulted challenging due to the sticky tissue caused by previous surgery. When we finished dissection we confirmed the polar vessels placed anterior to the UPJ, sectioned the UPJ, removed the fibrotic and redundant pelvis, reconstructed the UPJ and placed a double J catheter.

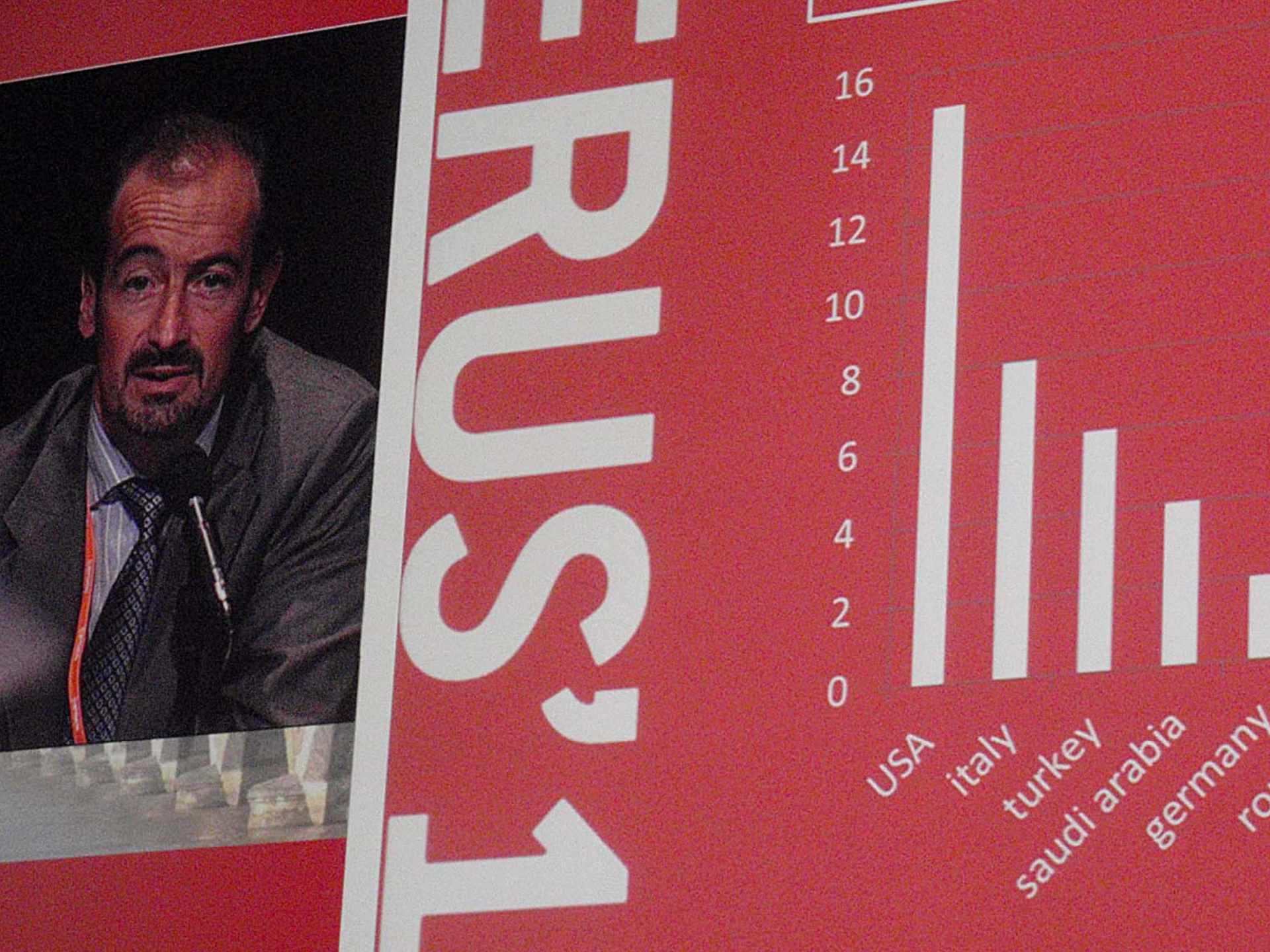
Conclusions: The advantages offered by da Vinci robot allow us to perform rescue surgeries with high grade of difficulty. It is mandatory a large experience in robotic surgery to undertake those surgeries with warranties of success.


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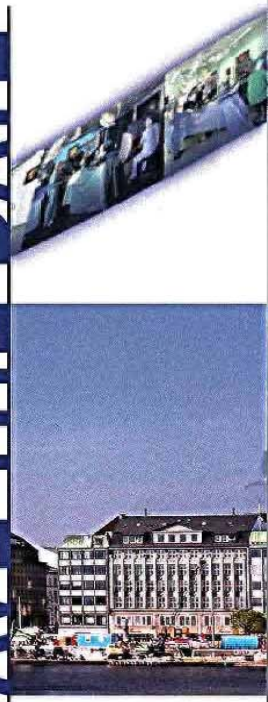
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