Transplant, Misc GU Cancers & Bladder Reconstruction (non-cancer)

Video 11

Sunday, May 17, 2020 **1:00 PM-3:00 PM**

V11-01
TESTICULAR TRANSPLANT IN MAN. WHOLE ORGAN TRANSPLANT. HISTORIC VIDEO 1978

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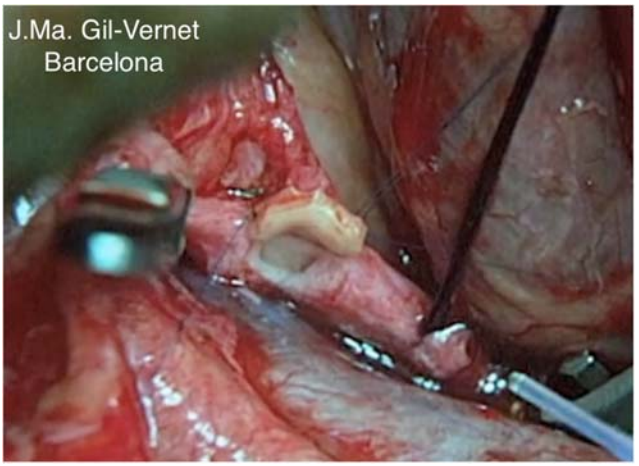
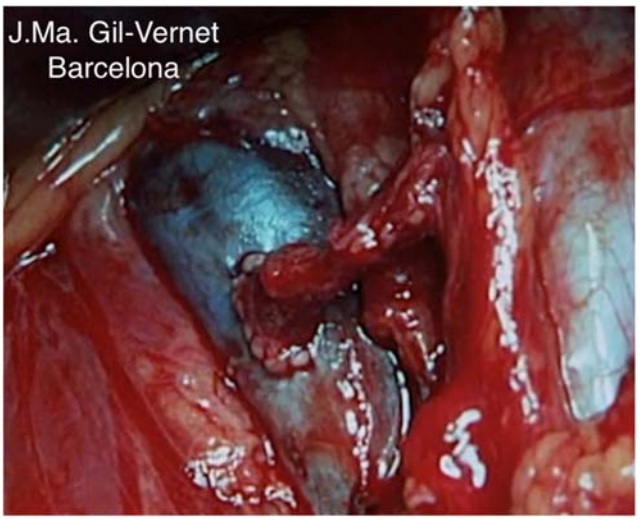
INTRODUCTION AND OBJECTIVE: We present a historic video of a whole organ transplant of the testicle in man with the full surgical technique, including both artery (Fig. 1) and vein anastomosis (Fig. 2), as well as the vas deferens reconstruction (Fig. 3). We believe it is the only testicular transplant as a whole organ of testicle ever made. It was done on November 1978.

METHODS: A cadaveric testicle was transplanted into a 21-year old patient who had lost both testicles three years before due a non-specific infectious process. According to his Psychiatric evaluation, ever since, he suffered from grave obsessional neurosis. The same technique developed by Prof. JM[a] Gil-Vernet in 1970 experimentally was used. Warm and cold isquemia on testicular parenquima were investigated, the various methods of preservation of the organ, the gonadotrophic response was studied as well as different immune suppressant agents used in different dosages.

RESULTS: The testicle was rejected three weeks later probably due to the host versus graft response in spite of all the ultimate knowledge available at that time as well as immunosupressant agents of the period.

CONCLUSIONS: The great advances in histocompatibility and immunosuppression of today, combined with this detailed description of the technique for such a complex organ transplantation, will deliver improved results in the very special and selected case.





Source of Funding: None.

V11-02
TOTALLY INTRACORPOREAL ROBOT-ASSISTED KIDNEY AUTO-TRANSPLANTATION

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INTRODUCTION AND OBJECTIVE: Kidney auto-transplantation can be performed in patients with complex renal or ureteral pathology not suitable for in situ reconstruction, such as renal vasculature anomalies, patients with proximal or long complex ureteral strictures or complex oncological cases. Robot-assisted surgery allows for a high-quality vascular and ureteral anastomosis and faster patient recovery. Robot-assisted kidney auto-transplantation (RAKAT) is performed in 2 phases: nephrectomy and pelvic transplantation. In-between, extraction of the kidney allows for vascular reconstruction or kidney modification on the bench and safe cold ischemia can be established. If no bench reconstruction is needed, totally intracorporeal RAKAT (tiRAKAT) is feasible. One case report in Europe has been described, however, to our knowledge no surgical video is available. In our surgical video, we demonstrate the procedure with attention to patient and trocar positioning, establishing intracorporeal cold ischemia and the advantages of the DaVinci Xi system with boom rotation for this specific procedure.

METHODS: A 58 year old woman suffered from right distal ureter stenosis following pelvic radiotherapy 10 years prior for cervical cancer. A double J stent was placed, but she suffered from recurrent urinary tract infections and ultimately a nephrostomy was placed. Renogram demonstrated 43% relative right kidney function. As her bladder volume was low following radiotherapy, no Boari flap was