COMMENTARY

Comment to ‘’Laparoscopic radical cystectomy with extracorporeal creation of a ‘y’ shaped orthotopic ileal neobladder using non-reabsorbable mechanical suture (Fontana)’’☆

Comentario a: «Cistectomía radical laparoscópica con confección extracorpórea de neovejiga ortotópica ileal en forma de ‘‘y’’ usando sutura mecánica no reabsorbible (Fontana)»

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Laparoscopic radical cystectomy is a complex surgical procedure that even in experienced groups involves a lengthy operative time. Consensus is general regarding the creation of an intestinal neobladder and performance of uretero-intestinal anastomosis by means of a minilaparotomy. This would reduce operative time without compromising the advantages of the laparoscopic approach.

In this article, the authors describe that the use of a “Y” shaped neobladder with nonabsorbable mechanical suture, according to the technique described by Fontana et al.,1 signifies a substantial reduction in the surgical time required to create the neobladder in comparison with other techniques. The use of non-detubularized ileal segments to anastomose the ureters to them allows for less movement of the ureter and the use of more proximal and better vascularized ureteral segments for the uretero-intestinal anastomosis. Although Hautmann et al. had already proposed this in the modification of their original technique,2 the Fontana technique allows reducing the time required to create the neobladder.

The theoretical disadvantages of this technique, on the one hand, are the possibility of lithiasis on the titanium staples, and on the other hand, the possible compromise of continence, as the neobladder is not spherical and only has some 30 cm of detubularized ileum (the other 10 are divided into two ileal chimneys).

With respect to the possibility of lithiasis, Fontana et al. presented 50 cases with a 6% of lithiasis in a mean follow-up of 20 months, while the authors in 15 cases with a mean follow-up of 24 months did not observe the appearance of lithiasis, which coincides with our experience in 6 cases in women undergoing pelvic post-radiotherapy, in whom, with a 20.5-month follow up, we found no lithiasis on the staples.3 Despite this favorable initial data, it will be necessary to carry out more ample studies to confirm that the appearance of lithiasis with this technique is really insignificant.

Regarding the configuration of the neobladder, it is traditionally accepted that a spherical form and increased intestinal detubularization during the creation of a neobladder increase its adaptation and improve continencia.4 The “‘Y’” technique uses 40 cm of ileum, a shorter length than that used in other techniques. This has a positive effect on metabolic disorders by reducing the absorptive...
surface; however, despite the good functional results published by the authors,\textsuperscript{5} which are consistent with other series,\textsuperscript{1} studies with a larger number of patients and longer follow-up will be necessary to confirm that the "Y" shaped neobladder can be a viable alternative from a functional point of view in comparison to other more used ileal neobladders (Hautmann and Studer).

References


