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Surgical Treatment of Ureteral Stenosis in Urinary Diversions: Is Laparoscopy an Option?

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Abstract

Introduction: Radical cystectomy is the gold-standard treatment for urothelial and muscle invasive bladder cancer. Morbidity is high for this procedure, and ureteral stenosis with consequent renal damage is a possible complication for all types of urinary diversions. The endoscopic approach is a therapeutic option although it is not very effective. Open surgery is more effective, but is associated with significant morbidity. Laparoscopic approach has not been widely used because of its relative contraindication in patients with previous abdominal surgery, and because of its technical challenge.

Purpose: To display the surgical technique, step by step, of the laparoscopic ureteroureterostomy in orthotopic neobladder.

Materials and Methods: We present two cases of laparoscopic treatment of ureteral stenosis in patients who previously underwent laparoscopic radical cystectomy with orthotopic neobladder. Both patients developed right ureterohydronephrosis during the first year after the surgery. Endoscopic dilatation was attempted in both cases, but without success.

Results: Laparoscopic treatment of the ureteral stenosis was possible in both patients. Surgical time was 180 minutes in the first case and 200 minutes in the second one. Hospitalization time was 6 days in both cases and nephrostomies were removed after 1 week in both patients. There were no complications recorded during and after the procedures. During second month after surgery evaluation, patients were asymptomatic and had no evidence of hydronephrosis.

Conclusion: Laparoscopic approach should be considered as an effective technique for treatment of ureteral stenosis in patients with urinary diversions, and should be taken as a good option regarding this clinical problem.

No competing financial interests exist.

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