

## Laparoscopic Extended Lymphadenectomy for Bladder and Prostate Cancer

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### ABSTRACT

*Purpose:* Extended lymphadenectomy in bladder and prostate cancer represents an important step of the surgical treatment of these tumors. Some urological referral centers have been using the laparoscopic approach for these cases. The aim of this video is to demonstrate the surgical technique of laparoscopic extended lymphadenectomy for bladder and prostate cancer.

*Case 1:* Patient with transitional cell carcinoma of the bladder invading the muscular layer underwent laparoscopic extended lymphadenectomy up to the aortic bifurcation. Total operative time was 100 minutes and intraoperative bleeding was 100cc. Thirteen nodes were retrieved with no neoplastic involvement.

*Case 2:* Patient with prostate cancer clinical stage T2 was submitted to laparoscopic extended lymphadenectomy with dissection of the internal iliac artery and its branches. Operative time was 55 minutes and intraoperative bleeding was 100cc. Eleven nodes were retrieved with no neoplastic involvement.

*Conclusion:* Extended lymphadenectomy in bladder and prostate cancer is a challenging procedure that can be performed by using the laparoscopic approach following the oncologic concepts.

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*Available at: [www.brazjurol.com.br/videos/september\\_october\\_2010/Branco\\_648\\_649video.htm](http://www.brazjurol.com.br/videos/september_october_2010/Branco_648_649video.htm)*

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## EDITORIAL COMMENT

This video is yet another demonstration of the excellent lymph node dissection that is possible through a laparoscopic approach. It is interesting that we are returning to this technique which was one of the earliest applications for laparoscopy in urology when used to stage prostate cancer. As we enter an era when an increasing amount of urologic malignancies will be performed using a laparoscopic or robotic approach, videos such as this which demonstrate the anatomy and skill set required are mandatory. The author's should be congratulated for the efforts at doing

a thorough, oncologically sound procedure without any compromise. When performed in this manner, the lymph node dissection may be performed as well, if not better, than by using an open approach. Although at this time, the laparoscopic and robotic assisted laparoscopic approaches may take longer, they may be performed safely with comparable node counts and resection margins as compared to open (Richard et al). We should all be watching closely to the continued development of this evolving technique.

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