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Laparoscopic Assisted Robotic Radical Prostatectomy With Pelvic Lymph Node Dissection Using Viable Cryopreserved Umbilical Tissue to Improve Cavernosal Nerve Function.

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V262**An Open and Shut Case: Single-Anastomosis Duodenal Switch after Open Cholecystectomy**

Poppy Addison, MD; Mitchell Roslin, MD; Lenox Hill Hospital.

While prior open RUQ surgery can be considered a relative contraindication to complex laparoscopic bariatric surgery, we present our technique for a single-anastomosis duodenal switch in a young woman with refractory morbid obesity and hypertension with a prior open cholecystectomy in a brief video. The patient recovered well and has not had postoperative complications within the first few months to date.

V263**Laparoscopic Conversion of Single Anastomosis Duodenal Switch to Roux-En-Y Gastric Bypass and Recurrent Hiatal Hernia Repair.**

Jeffrey Lipman, MD; Randal Zhou, MD; Timothy Farrell, MD; University of North Carolina.

Our video demonstrates a technique for conversion of a single anastomosis duodenal switch to roux-en-y gastric bypass and repair of a recurrent hiatal hernia in a patient with severe postoperative gastroesophageal reflux disease. As the single anastomosis duodenal switch has a reflux potential similar to sleeve gastrectomy, we have been seeing a series of patients referred to our institution for revision. After excluding obstruction at the duodenoileostomy or distally that could be driving reflux, we elect to simply create a gastric pouch out of the proximal sleeved stomach, while leaving the distal stomach and the loop duodenoileostomy in situ.

V264**Laparoscopic Sleeve Gastrectomy in Situs Inversus Totalis**

Loic S Tchokouani, MD; Manish Parikh, MD; Patricia Chui, MD; NYU Langone/Bellevue Hospital Center.

This is a 35 year old female with history of Stage 2 breast cancer, BRCA1 + status post bilateral total mastectomy and chemotherapy with a BMI of 45 presenting for bariatric surgery evaluation to qualify for reconstructive surgery. She underwent proper pre-operative bariatric clearance and was found to have situs inversus totalis on preoperative imaging. She underwent uneventful Laparoscopic Sleeve Gastrectomy with laparoscopic ports placed mirror image in the abdomen. The post-operative course was uneventful. This case further supports previous conclusions that Laparoscopic sleeve gastrectomy is safe and feasible in situs inversus totalis.

V265**Laparoscopic Assisted Robotic Radical Prostatectomy With Pelvic Lymph Node Dissection Using Viable Cryopreserved Umbilical Tissue to Improve Cavernosal Nerve Function**

Joshua Volin, BS¹; Brett Watson, MD²; Lior Kopel, BS¹; Samantha Kraemer, MD²; Jason Hafron, MD²; ¹Oakland University William Beaumont School of Medicine; ²Beaumont Hospital.

Radical prostatectomy is the preferred treatment for patients with clinically localized prostate cancer and is typically performed using a robotic approach. Surgical techniques that preserve the neurovascular bundle minimize the risk of incontinence and erectile dysfunction post-operatively. Umbilical cord tissue is a relatively new technique, which has been shown to reduce inflammation and promote regenerative healing. In this video we show a robotic radical prostatectomy with bilateral nerve sparing technique utilizing a cryopreserved umbilical cord allograft nerve wrap.