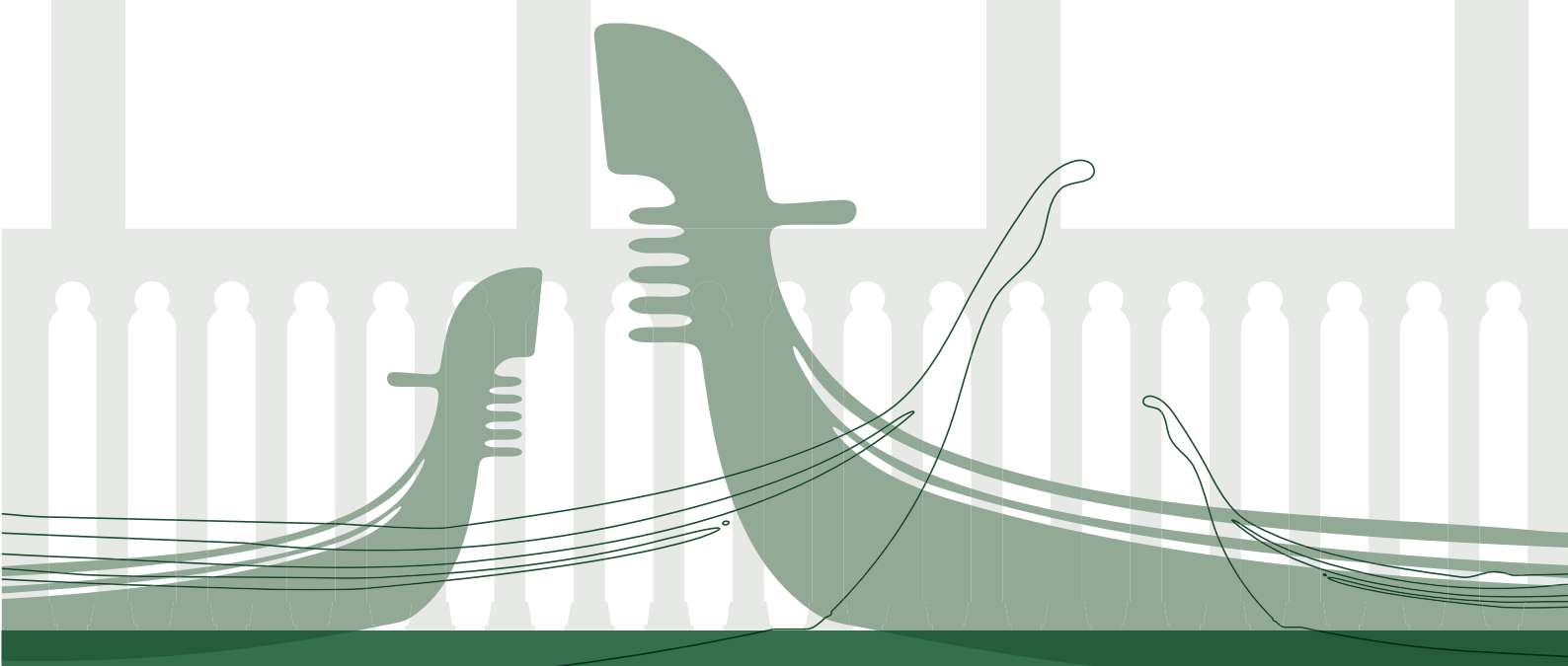




20⁺ Congresso Nazionale UrOP

Move Hotels Venezia Nord · Modigliano Veneto (TV)
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Book of Abstracts



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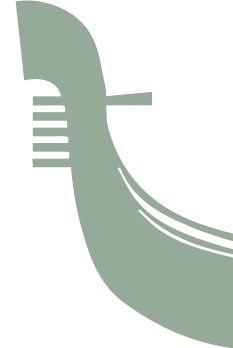
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A_01

Metabolomica plasmatica nel carcinoma della vescica non muscolo-invasivo: identificazione di biomarcatori e pathway discriminanti.

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OBIETTIVO

Il carcinoma della vescica (BC) rappresenta un rilevante problema di salute pubblica a livello globale. Il carcinoma della vescica non muscolo-invasivo (NMIBC) costituisce circa il 75% dei casi, ma è caratterizzato da elevati tassi di recidiva e progressione. Vi è pertanto un urgente bisogno di biomarcatori affidabili e non invasivi. Sebbene le urine siano state ampiamente studiate, la loro elevata variabilità ne limita l'applicabilità clinica. Il plasma, al contrario, rappresenta una matrice biologica più stabile, in grado di riflettere alterazioni metaboliche tumorali rilevabili mediante approcci di metabolomica basati su spettrometria di massa ad alta sensibilità. Questo studio si propone di identificare metaboliti plasmatici e pathway molecolari ("firma metabolomica") in grado di discriminare i pazienti con NMIBC dai controlli sani.

MATERIALI E METODI

È stata effettuata un'analisi metabolomica mirata su campioni di plasma provenienti da 249 soggetti (51 pazienti con NMIBC e 198 controlli appaiati) utilizzando il kit Biocrates MxP® Quant 500, che consente la quantificazione di 630 metaboliti e 252 indicatori metabolici. L'analisi dei dati ha incluso statistiche univariate, modelli multivariati (PCA, OPLS-DA e modelli lineari generalizzati) e analisi di arricchimento dei pathway per l'interpretazione delle alterazioni metaboliche. Lo studio è stato approvato dal Comitato Etico dell'Ospedale San Camillo Forlanini di Roma (protocollo n. STS CE Lazio 1/Oss-823), in conformità con la Dichiarazione di Helsinki. L'intelligenza artificiale (AI; ChatGPT, chatgpt.com) è stata impiegata esclusivamente per la revisione linguistica in termini di grammatica, sintassi e stile, senza alcuna modifica dei contenuti o delle conclusioni scientifiche.

RISULTATI

Sono stati identificati 29 metaboliti e 17 indicatori correlati ai pathway significativamente modulati nei pazienti NMIBC ($|\log_2 FC| \geq 0.3$; p aggiustato ≤ 0.05), con un coinvolgimento predominante del metabolismo lipidico. Il plasma dei pazienti NMIBC ha mostrato una riduzione degli acidi biliari coniugati e un aumento delle lisofosfatidilcoline e degli acidi grassi polinsaturi. L'analisi di arricchimento ha evidenziato alterazioni nei pathway della biosintesi degli acidi biliari, del metabolismo dei PUFA, del metabolismo del glutatione e dei processi correlati alla glicolisi. La PCA ha inoltre identificato un sottogruppo distinto di NMIBC caratterizzato da un arricchimento in acido arachidonico (FA 20:4n-6) e acido docosaesaenoico (FA 22:6n-3).



CONCLUSIONI

Il profilo metabolico osservato nei pazienti NMIBC riflette alterazioni specificamente associate al tumore piuttosto che fattori confondenti, poiché lo stato di ematuria non ha influenzato il clustering dei campioni. Le alterazioni riscontrate indicano che il rimodellamento lipidico, la disregolazione degli acidi biliari e lo squilibrio redox rappresentano elementi centrali della fisiopatologia del NMIBC, in linea con i processi di riprogrammazione metabolica e stress ossidativo tipici della tumorigenesi. Questo studio definisce una solida firma metabolomica plasmatica in grado di discriminare i pazienti NMIBC dai controlli sani indipendentemente dalla presenza di ematuria. I risultati evidenziano pathway chiave nel metabolismo lipidico e degli acidi biliari e suggeriscono potenziali biomarcatori plasmatici per una diagnosi non invasiva del NMIBC. Ulteriori studi di validazione su coorti più ampie e longitudinali sono necessari per supportarne la traduzione clinica.

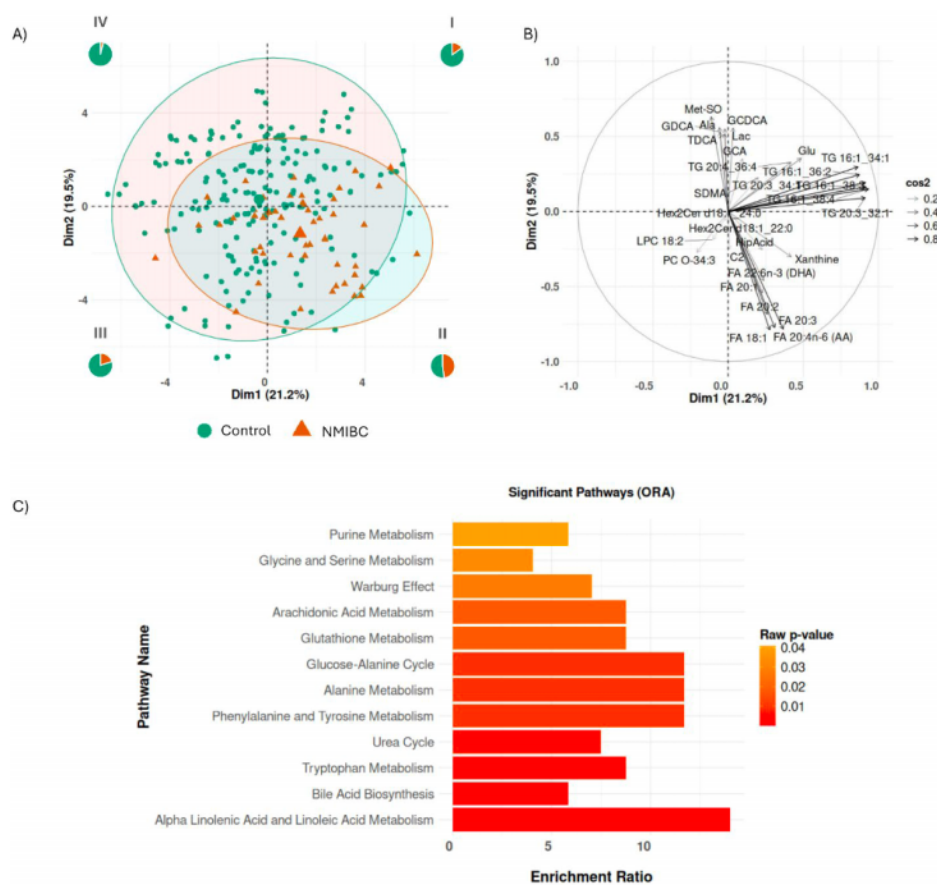


FIGURA 1

Analisi delle componenti principali e arricchimento dei pathway dei metaboliti plasmatici significativamente modulati nel NMIBC. (A) Grafico degli score dell'analisi delle componenti principali (PCA) basato sui 29 metaboliti significativamente modulati identificati nei pazienti NMIBC rispetto ai soggetti di controllo. La distribuzione nei quadranti evidenzia il clustering dei campioni, con un sottogruppo di campioni NMIBC arricchito nel Quadrante II. (B) Grafico dei loadings della stessa PCA, che mostra il contributo dei singoli metaboliti alle componenti principali. (C) Analisi di sovra-rappresentazione (ORA) dei 29 metaboliti differenzialmente modulati utilizzando le annotazioni di pathway SMPDB. Il grafico a barre riporta i pathway maggiormente arricchiti, con il rapporto di arricchimento sull'asse x e le barre colorate in base alla significatività del p-value grezzo.



A_02

Assessment of the Effect of Prostate Volume on Surgical Complications and Outcomes in Antithrombotic-Treated Patients Undergoing Endoscopic Enucleation: Findings from the EAU Endourology Collaborative Study

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PURPOSE

Endoscopic enucleation of the prostate (EEP) is an increasingly adopted surgical treatment for benign prostatic hyperplasia (BPH), particularly in patients requiring long-term antiplatelet (APT) or anticoagulant therapy (ACT). Although large prostate volume (PV) is associated with greater surgical complexity, the effect of PV on bleeding complications in patients continuing blood thinners remains limited. This prospective multicenter study evaluated perioperative safety and functional outcomes of EEP in patients stratified by prostate size, focusing on the incidence of bleeding-related events.

MATERIALS AND METHODS

Between December 2024 and June 2025, patients on APT and/or ACT undergoing EEP at 30 international centers were prospectively enrolled. Eligible patients presented with lower urinary tract symptoms refractory to medical therapy or other surgical indications. Participants were stratified into two cohorts: Group 1 (PV ≤80 mL) and Group 2 (PV >80 mL). The ² test was used for categorical variables, and the Mann-Whitney U test for continuous variables. Logistic regression was applied to identify independent predictors of bleeding complications.

RESULTS

A total of 329 patients were included: 152 in Group 1 and 177 in Group 2. Group 1 patients were older (median 73 vs. 70 years, $p = 0.0003$), while ischemic heart disease was more frequent in Group 2 (66.7% vs. 50.7%, $p = 0.003$). Larger prostates were associated with longer operative (96 vs. 80 min), enucleation (66 vs. 45 min), and morcellation times (15 vs. 6.5 min; all $p < 0.0001$). Despite increased technical complexity, perioperative bleeding events did not significantly differ between groups. Median hemoglobin decline remained modest across both cohorts (0.4–0.8 g/dL), with low transfusion rates (2.0% vs. 1.1%). Thirty-day readmission rates for bleeding were similar (5.3% vs. 3.4%, $p = 0.40$). Functional outcomes improved substantially in both groups, with greater International Prostate Symptom Score (IPSS) reduction in larger prostates (–20 vs. –16, $p = 0.001$). Logistic regression identified tranexamic acid administration as the only factor independently associated with reduced odds of bleeding complications (OR 0.24, 95% CI 0.06–0.97, $p = 0.04$).

CONCLUSIONS

EEP is a safe and effective surgical option for patients on blood thinners regardless of prostate size. While larger prostates increase operative time and technical demand, they do not confer additional risk of bleeding-related complications or transfusion. The continuation of antithrombotic therapy during surgery appears feasible without excess hemorrhagic risk. Furthermore, adjunctive tranexamic acid administration may provide additional hemostatic benefit.



A_03

The Impact of Testis-Sparing Surgery on Hormonal Profile and Semen Parameters in Men with Localized Testicular Tumors: A Systematic Review and Meta-Analysis

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PURPOSE

This systematic review and meta-analysis aimed to assess whether testis-sparing surgery (TSS) preserves endocrine function and semen quality in men with localized testicular tumors. Given that testicular cancer commonly affects men in their reproductive years, maintaining fertility and hormonal balance is crucial. While radical orchiectomy is oncologically effective, it may lead to long-term issues such as subclinical hypogonadism and reduced paternity rates. TSS, by conserving testicular tissue, was evaluated as a function-preserving alternative capable of maintaining testosterone production and spermatogenesis.

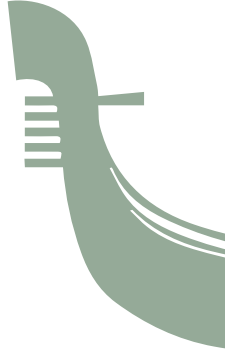
MATERIALS AND METHODS

This study followed the PRISMA 2020 framework and was registered in PROSPERO. A broad search of the PubMed, Embase, and Scopus databases was conducted through April 2025 to identify original English-language articles reporting pre- and postoperative outcomes in men undergoing TSS, such as partial orchiectomy or tumor enucleation. Statistical synthesis utilized inverse-variance random-effects models for continuous data and the Cochran-Mantel-Haenszel method for categorical outcomes, with heterogeneity assessed via the I^2 statistic. To ensure the reliability of the findings, the researchers employed a sensitivity analysis that excluded studies judged to have a serious risk of bias based on standardized quality assessment tools like the Cambridge Quality Checklist and ROBINS-I.

RESULTS

Twelve studies were included. Initial pooled analysis showed a significant decrease in total testosterone after TSS (MD 2.86 nmol/L; 95% CI 1.99–3.73; $p < 0.0001$; $I^2 = 0\%$). However, this result was driven by lower-quality data. After excluding a high-risk study, testosterone levels were no longer significantly different from baseline (MD 1.26 nmol/L; 95% CI -1.14 to 3.66; $p = 0.30$; $I^2 = 0\%$). Similarly, TSS did not increase biochemical hypogonadism risk (RD -0.02; 95% CI -0.06 to 0.01; $p = 0.16$; $I^2 = 0\%$), a finding unchanged after sensitivity analysis (RD -0.02; 95% CI -0.06 to 0.01; $p = 0.15$). Gonadotropins remained stable: FSH (59 cases) MD -0.15 IU/L (95% CI -2.76 to 2.46; $p = 0.91$; $I^2 = 0\%$) and LH MD 0.03 IU/L (95% CI -1.03 to 1.09; $p = 0.95$; $I^2 = 0\%$), indicating preserved hypothalamic-pituitary-gonadal axis function.

Reproductive outcomes (51 cases) showed no significant differences between pre- and postoperative values: semen volume MD -0.13 mL (95% CI -0.73 to 0.46; $p = 0.66$; $I^2 = 0\%$), sperm concentration MD $.30 \times 10^6$ /mL (95% CI -11.63 to 9.02; $p = 0.80$; $I^2 = 0\%$), and total sperm count MD 1.90×10^6 /ejaculate (95% CI -17.22 to 21.02; $p = 0.85$; $I^2 = 0\%$). Data on motility, morphology, and pregnancy rates were insufficient for meta-analysis.



CONCLUSIONS

TSS appears effective in preserving hormonal stability and semen parameters in men with localized testicular tumors. Although an initial testosterone decline was observed, it was not confirmed in higher- quality analyses and did not translate into clinical hypogonadism. Stable gonadotropins and semen metrics support the preservation of fertility potential. Nonetheless, larger prospective multicenter studies with long- term follow-up are needed to confirm these findings.

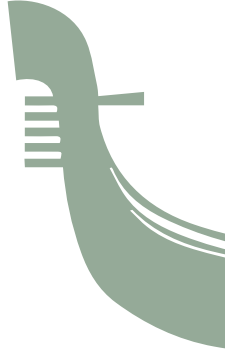


A_04

Clinical Outcomes of Suction Mini-Percutaneous Nephrolithotomy (SM-PCNL) with Disposable versus Reusable Sheaths: Insights from the STUMPS (Suction Technology in Mini-PCNL) Registry

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PURPOSE

Kidney stone disease is a growing global health burden, and percutaneous nephrolithotomy (PCNL) remains the gold standard for the management of large and complex renal calculi. The sheath is a pivotal component in suction mini-PCNL (SM-PCNL), maintaining access while enabling stone clearance. While reusable sheaths have been the mainstay for decades, disposable alternatives incorporating suction have emerged to reduce infection risk and reprocessing challenges. Comparative evidence on perioperative outcomes between disposable and reusable suction sheaths, however, remains limited.

MATERIALS AND METHODS

We conducted a prospective, multicenter observational study using data from the international Suction Technology Utility in Mini-PCNL Study (STUMPS) registry. This study was approved by the Asian Institute of Nephro-Urology institutional review board (protocol AINU #01/2024). Adult patients undergoing SM-PCNL with 14–22 Fr disposable or reusable suction sheaths between March and November 2024 were included. Propensity score matching (PSM) was applied for age, sex, stone volume, Guy's stonescore, and patient position. Primary outcomes were 30-day stone-free rates (SFR) and complications. Secondary outcomes included operative duration, pain, hospital stay, and reintervention rates. Logistic regression identified independent predictors of SFR.

RESULTS

Of 1,524 patients, 1,024 were matched (512 reusable vs. 512 disposable). Preoperative characteristics were well balanced between groups after PSM, with no significant differences in age, gender distribution, or stone features, including stone volume and complexity. Operative time was longer with disposable sheaths (median 50 vs. 44 minutes; $p=0.02$), and reintervention was more frequent (3.3% vs. 1.0%; $p=0.02$). SFR was comparable between groups (Grade A SFR: 81.4% disposable vs. 80.5% reusable; $p=0.90$). However, complication rates were significantly lower in the disposable group (9.4% vs. 14.6%; $p=0.01$), particularly for renal pelvic perforations (0.6% vs. 2.5%; $p=0.02$) and bleeding events. Predictors of reduced SFR included supine positioning (OR 0.64, $p=0.03$), larger stone volume (OR 0.94 per cm^3 , $p=0.001$), and sheath size <20 Fr (OR 0.20, $p<0.001$). Balloon dilation improved odds of clearance (OR 2.21, $p=0.001$). Logistic regression confirmed disposable sheath use reduced complication risk (OR 0.57, $p=0.01$).

CONCLUSIONS

Disposable SM-PCNL sheaths demonstrated equivalent zero-fragment and overall stone-free rates, while being associated with fewer complications such as pelvic perforations and bleeding events, regardless of patient position or stone burden. The incidence of infectious complications did not differ. Further studies are warranted to evaluate their cost-effectiveness, particularly in healthcare systems with limited sterilization logistics.



A_05

Artificial Intelligence (AI) assisted Informed Consent in Endoscopic Urology: A Randomized Trial on Ureteroscopy

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PURPOSE

The aim of this study is to evaluate the possible benefits of using AI-assisted informed consent (IC) in the preoperative ureteroscopy (URS) consent process.

MATERIALS AND METHODS

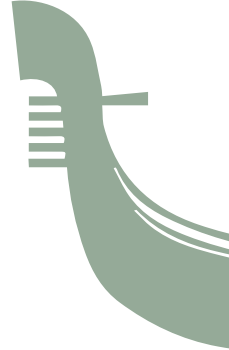
Prospective randomized trials took place at 4 Italian centers from 9/2024 to 4/2025. Patients were randomly assigned to two groups: Group A (standard verbal/written informed consent) and Group B (AI supported informed consent). We used ChatGPT (GPT-4, OpenAI, San Francisco, CA, USA) to evaluate the IC documents. We investigated the impact of both types of IC on patient anxiety levels using the Spielberger State-Trait Anxiety Inventory (STAI) questionnaire both pre- and post-consent. In addition, Group B patients were asked to complete a questionnaire specifically designed to evaluate their perceptions regarding the usefulness, clarity, comprehension, empathy, and simplicity of the information provided through the AI tool, using a Likert 1-9 (1 very low; 9 very high) scale. Descriptive statistics were reported as median and interquartile range (IQR). Comparisons between groups were performed using the Mann-Whitney U test for continuous variables. Categorical variables were compared using the Chi-square test. A p-value <0.05 was considered statistically significant.

RESULTS

122 patients were included: 63 in Group A and 59 in Group B. When comparing anxiety levels between the two study groups, no significant differences were found in either pre-procedure or post-procedure STAI scores between the two Groups. Specifically, the difference between pre and post consent STAI scores (Δ STAI) was comparable, with a median value of 0 (-1.25 to 2) in Group A and 0 (-1.5 to 2) in Group B (p=0.98). The majority of Group B patients perceived the use of AI in the IC process as simple (8 [6-9]), clear (8 [7-8]), useful (8 [5-8]), and easy to understand. Lower value was given for empathy (6 [5-7]). Specifically, patients aged <60 years reported significantly higher scores in terms of simplicity (p=0.04), clarity (p<0.01), and comprehension (p<0.01) using AI, when compared to older patients. Overall, 32 patients (54.2%) believed that the use of artificial intelligence increased the value of the standard IC process. When stratified by age, this perception was reported by 24 patients (60%) aged <60 years and by 8 patients (42.1%) aged $\geq$ 60 years.

CONCLUSIONS

The use of AI as a supportive tool during the IC process was perceived by patients as simple, clear, and useful. Although AI did not reduce patient anxiety levels, it was particularly appreciated by younger patients and was considered to increase the overall value of the standard IC process.



A_06

Evaluation of the Learning Curve to Optimize the Precision and Accuracy of the Three-Dimensional Virtual Model for Robot-Assisted Partial Nephrectomy (RAPN)

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Calogero Paola · Antonio Piccione · Tommaso Saccucci · Antonio Bottino · Francesca Ambrosini
Veronica Giasotto · Marco Borghesi · Carlo Terrone · Guglielmo Mantica*

PURPOSE

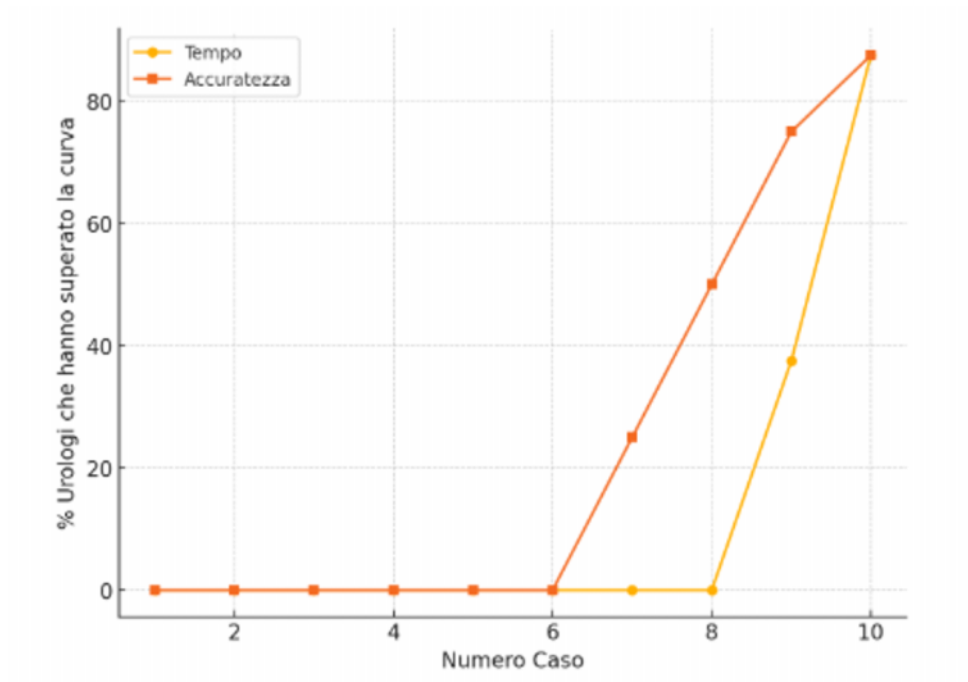
Several studies about the usefulness of 3D models on surgical outcomes are available in literature, but little is known about the learning curve required to achieve competence in drawing these models. Our aim is to evaluate the learning curve for the segmentation of RAPN 3D preoperative models starting from CT images.

MATERIALS AND METHODS

Eight urologists, all of whom had different levels of experience in the diagnosis and treatment of kidney cancer and were inexperienced in the use of this technology, were instructed in the use of the Mimics in Print software by video and in person. Subsequently, they independently segmented the 3D images. After reviewing the CT scans and the surgery video records, an experienced surgeon and an experienced radiologist evaluated the 3D models drawn by the trainees, in comparison to the 3D model of reference performed by the master (> 300 models performed). The models were blindly evaluated according to a nine-point Likert scale (1 = "very low accuracy" and 9 = "extremely high accuracy") as per the Grading Recommendations, Assessment, Development, and Evaluations (GRADE) working group. Completion of the learning curve was defined as achieving a segmentation accuracy of ≥ 8 and a procedural time within 133% of the master's performance, both of which were maintained for at least three consecutive cases. The percentage of trainees reaching these predefined thresholds was calculated at each case, generating a cumulative learning curve for both accuracy and execution time.

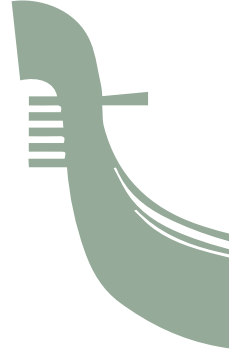
RESULTS

At the end of 10 evaluated cases, 7 urologists (87.5% - Figure 1) passed both the accuracy and execution time curves. Accuracy showed a slightly faster learning curve than execution time. In particular, the eight trainees took 107.5 minutes [99.5 - 119.5] to perform the 3D reconstruction of the first case (vs the 42 minutes of the master), while the execution time was reduced to 45.5 minutes [39.75 - 48.0] for the last case (vs the 42 minutes of the master). In the 4th case all 8 urologists were able to perform a 3D reconstruction which was assessed as sufficient (6).



CONCLUSIONS

Three-Dimensional Virtual Model for RAPN shows a relatively short learning curve, with almost all urologists with skills regarding the diagnosis of renal neoplasms, able to reach proficiency in about ten cases. Structured training and the support of a master's degree programme are still essential to shorten learning times.



A_07

Partial Penectomy and Glans Reconstruction: Description of a Technical Refinement

Sara Ciuffarella · Benedetta Col · Valerio Riccardi · Francesca Ambrosini · Carlo Terrone · Guglielmo Mantica

PURPOSE

Partial penectomy with reconstruction using a split-thickness skin graft (STSG) is one of preferred treatment to offer a good balance between oncological control and functional preservation. The aim of the study is to assess the benefits of our technical surgical modification in terms functional and aesthetic outcomes.

MATERIALS AND METHODS

We retrospectively enrolled 13 male patients who underwent partial penectomy for penile cancer between 2/2022 and 8/2025. As a technical modification, we introduced a 0.5 cm longitudinal ventral incision in the intercavernous septum. This maneuver allows for better mobilization of the urethra, facilitating its dorsal transposition to achieve a more anatomically correct position, closely resembling the native anatomy. After urethral positioning, the ventral edges of the corpora cavernosa are approximated and sutured. The resulting ventral angles, created following the closure of the cavernous bodies, are then smoothed using an everting suture technique with 3/0 Vicryl. This step allows for the creation of a more rounded and regular neoglans contour, which is expected to improve the overall aesthetic appearance of the reconstructed penis. Subsequently, patients may eventually require coverage of the penile defect with a STSG.

RESULTS

Among the 13 patients, 5 (38.5%) received a concomitant glans reconstruction using a STSG. The average patient age was 74.5 years (range: 46–87). The mean operative time was 92 minutes (± 18.9). No positive surgical margins were observed in any of the patients. Overall, 11 patients (84.6%) reported satisfactory cosmetic and functional outcomes (5/5 of those underwent STSG), particularly in terms of self-body image perception when compared to their preoperative expectations. Postoperative complications occurred in 3 patients (23.1%), all classified as Clavien-Dindo grade II or lower. All patients were able to void in a standing position at the last follow-up.

CONCLUSIONS

Partial penectomy remains a vital procedure in the management of penile cancer. Refinements in surgical techniques and a growing focus on reconstruction have improved both oncological outcome and the patient's quality of life. We believe that this technical modification may enhance both functional and cosmetic outcomes, particularly in terms of distal urethral positioning and the final shape of the neoglans.

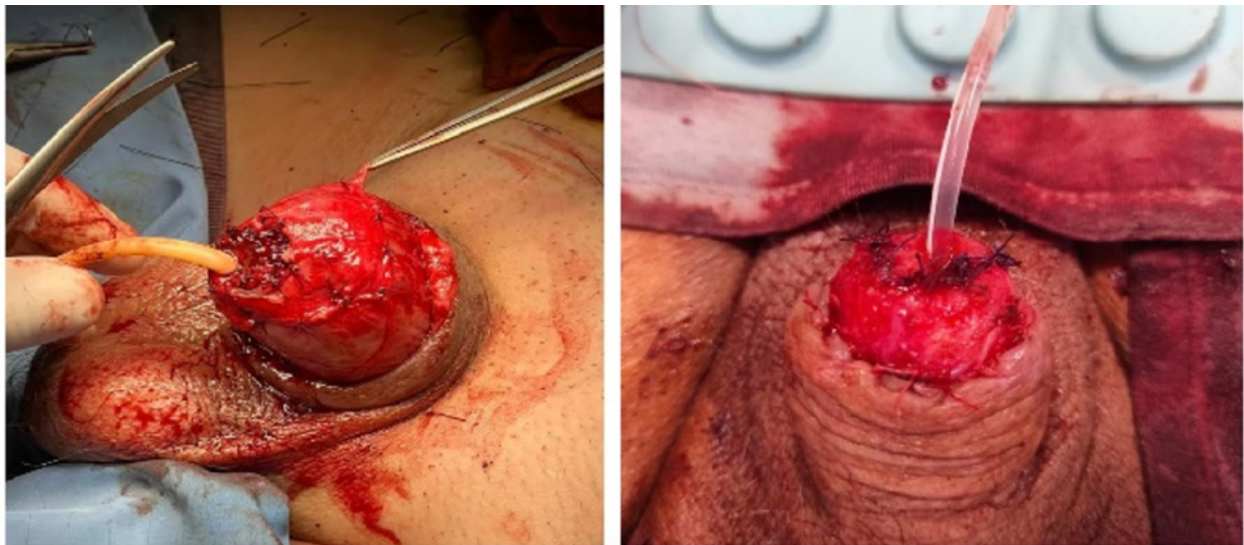


FIGURE 1

Intraoperative phase (left) and final appearance (right) after neoglans reconstruction, showing a centrally positioned urethral meatus.

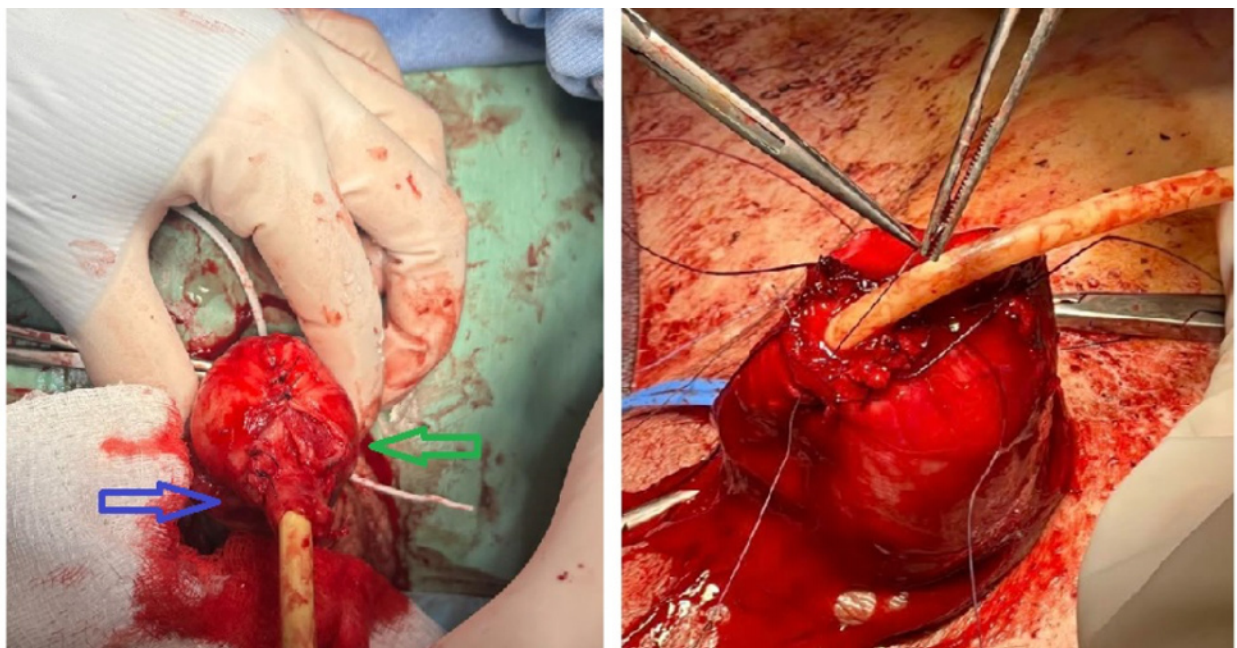


FIGURE 2

Intraoperative steps showing urethral mobilization and reconstruction of the neoglans with approximation of the corpora cavernosa.



A_08

Percutaneous nephrolithotomy (PCNL) on YouTube: Valuable Educational Resource for urologists and patients or Misleading Information?

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Alessandro Calarco · Rosario Leonardi · Carlo Terrone · Guglielmo Mantica*

PURPOSE

This study aimed to evaluate the quality, reliability, and educational value of YouTube videos addressing PCNL, with a specific focus on the information available to patients seeking guidance online.

MATERIALS AND METHODS

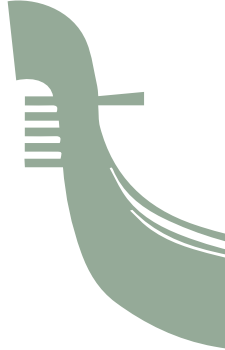
A systematic search was conducted on YouTube using the keywords "PCNL" and "Percutaneous Nephrolithotomy". All videos were screened for eligibility, and exclusion criteria included videos not related to PCNL, absence of audio, or non-English language. All videos were independently reviewed and evaluated by two urologists with expertise in endourology and percutaneous nephrolithotomy procedures. For each video, the following variables were collected: year of upload, video duration, video content (surgical procedure, follow-up, personal experience, instruments), target audience (patients, physicians/nurses, or general population), video source (medical center, physician/nurse, patient, or television program), region of origin, and the surgical position adopted (prone or supine). Video quality was evaluated using the DISCERN and Global Quality Score (GQS), calculated as the average between two independent evaluations. Moreover, the number of views per day (view ratio) was also calculated. Quantitative variables were analyzed in terms of median and interquartile range (IQR).

RESULTS

Of the 65 videos initially identified, 39 (60%) were excluded from the analysis, mainly due to the absence of audio or because the video was not in English. Therefore, a total of 26 videos were included in the final analysis. Most of them were targeted at physicians or healthcare professionals (22/26, 84.6%), while only a minority (4/26, 15.4%) were specifically aimed at patients. Regarding the source of the videos, the majority were uploaded by physicians (17/26, 65.4%), followed by online medical programs (3/26, 11.5%) and medical centers (3/26, 11.5%). Videos uploaded by patients or medical instrument companies were very rare (each 1/26, 3.8%). Most of the videos originated from North America. The median duration of the videos was 7 minutes and 58 seconds. Most of the videos (20 out of 26, 76.9%) had a duration of less than 10 minutes, while only 6 videos (23.1%) lasted 10 minutes or more. The median view ratio was 102.3 views/day. In terms of surgical position, most videos showed prone PCNL (22/26, 84.6%), while only 4 videos (15.4%) illustrated supine PCNL. Regarding video quality, the median DISCERN score was 2 (IQR 1), while the median GQS score was 3 (IQR 1.375), indicating a moderate overall educational quality of the available content.

CONCLUSIONS

This study demonstrated that the overall quality and educational value of PCNL-related videos available on YouTube is moderate, with most content primarily targeted at healthcare professionals rather than patients. The limited availability of high-quality patient-oriented videos highlights the need for healthcare providers and scientific societies to develop reliable and accessible online resources specifically designed for patient education.



A_09

The use of Artificial Intelligence (AI) to ensure quality of surgical informed consent in urology: an Italian multicentric study

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Antonio Galfano · Giuseppe Saitta · Mauro Seveso · Andrea Benelli · Carlo Introini · Francesco Chierigo
Matteo Ferro · Francesco Esperto · Rocco Papalia · Beatrice Filippi · Alessandro Calarco
Francesca Ambrosini · Carlo Terrone · Guglielmo Mantica*

PURPOSE

The aim of this study was to explore the use of AI as a check tool to evaluate, compare, and improve the quality of informed consent documents from several Italian healthcare institutions.

MATERIALS AND METHODS

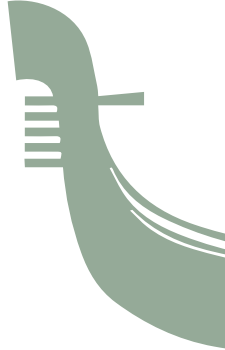
We used ChatGPT Pro (OpenAI, San Francisco, CA, USA) to evaluate publicly available informed consent documents related to 5 urological procedures: transurethral resection of the prostate (TURP), transurethral resection of bladder tumor (TURV), ureteroscopy (URS), percutaneous nephrolithotomy (PCNL), and robot-assisted radical prostatectomy (RARP). A total of 43 informed consents were collected from 9 Italian urological centers. Each consent was assessed according to 10 predefined qualitative domains: completeness, clarity, explicitness, text organization, empathy, revocability, risks related to the procedure, risks related to non-treatment, compliance with current Italian law (Law 219/2017), and formal aspects (signatures, dates, etc). A 1 (very low) to 9 (very high) likert scale was used. Statistical analysis included descriptive statistics and comparison of scores using the Mann-Whitney U test to evaluate potential differences between surgical procedures (major vs minor surgery) and between academic and non-academic centers. Medians and interquartile ranges (IQR) were reported for each domain.

RESULTS

Overall, the analysis shows a good performance in some key parameters, particularly in terms of completeness (9 [8-9]), clarity (7 [7-7]), and the description of risks related to the surgical procedure (9 [9-9]). However, several critical issues emerge, such as the frequent use of technical and little empathic language (5 [5-5]), often distant from the patient's perspective and emotional needs. There is also a widespread lack of information regarding the risks associated with not performing the procedure (8 [2-9]). Moreover, explicit references to the Italian Law 219/2017 are almost always missing (6 [5-7]), with limited attention to key aspects such as patient autonomy, freedom of choice, and the right to withdraw consent at any time. Informed consents for major surgical procedures (PCNL and RARP) were superior in terms of completeness ($p = 0.02$) and performance risks ($p = 0.01$) compared to endoscopic surgical procedures (TURP, TURV, URS). Informed consents from 2 academic centers showed greater clarity than those from non-academic centers ($p = 0.01$).

CONCLUSIONS

These findings suggest that, despite an overall good informational content, most of the informed consents analyzed still reflect a physician-centered approach, mainly focused on the technical aspects rather than on patient-centered communication.



A_10

External Multicenter Evaluation by Urologists of Artificial Intelligence (AI)-Generated Informed Consent Documents: A Pilot Study

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Enrico Vecchio · Giovanni Drocchi · Irene Paraboschi · Antonio Piccione · Matteo Micali · Stefano Mancon
Francesco Di Bello · Alessandro Calarco · Andrea Tufano · Rosario Leonardi · Andrea Benelli · Carlo Introini
Francesco Esperto · Angelo Territo · Rafaela Malinaric · Federica Balzarini · Francesca Ambrosini
Carlo Terrone · Guglielmo Mantica*

PURPOSE

To evaluate, through a multicenter design, the quality and perceived usefulness of AI-generated urological informed consent (IC) documents by urologists from different Italian institutions.

MATERIALS AND METHODS

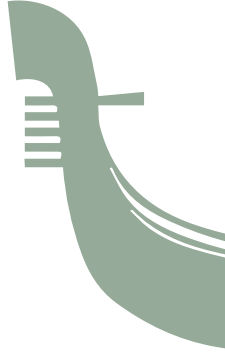
A total of 36 urologists and urology residents from 7 different Italian centers were involved in the evaluation process. Each participant independently assessed IC documents generated by ChatGPT (GPT-4, OpenAI, San Francisco, CA, USA). The AI-generated IC covered five common urological procedures: ureteroscopy (URS), transurethral resection of the prostate (TURP), transurethral resection of bladder tumor (TURV), robot-assisted radical prostatectomy (RARP), and percutaneous nephrolithotomy (PCNL). Documents were evaluated using a structured questionnaire exploring 10 specific domains: completeness, clarity, explicitness, text organization, empathy and tone, revocability, risks related to the procedure, risks related to non-treatment, legal compliance, and formal aspects (signatures, dates, etc). A Likert 1 (very low) to 10 (very high) scale was used. Descriptive statistics were reported as median and interquartile range (IQR). Comparisons between different procedures and subgroups were performed using the Mann-Whitney U test for continuous variables and the Chi-square test for categorical variables. A p-value <0.05 was considered statistically significant.

RESULTS

Globally, the informed consent documents generated by artificial intelligence showed good overall quality across several key domains. In particular, clarity (8 [7-9]), text organization (9 [8-10]), explicitness (9 [7-9]), and formal aspects (9 [9-9]) were the best-performing parameters. Completeness (7 [6.75-9]) and risks communication, both regarding the procedure (7 [7-9]) and non-treatment (7 [7-9]), also showed satisfactory results, although slightly lower. On the other hand, empathy, revocability, and legal compliance were generally adequate, but may still benefit from further improvement in specific contexts. When comparing major (PCNL and RARP) and minor (TURP, TURV, URS) surgical procedures, completeness was the only domain showing a statistically significant difference, with higher scores in major surgery informed consent forms (p=0.009). No significant differences were observed between groups in any of the other evaluated domains.

CONCLUSIONS

AI demonstrates potential as a valuable tool in the drafting of informed consent documents. Its application may enhance the standardization, clarity, and overall quality of consent forms, supporting healthcare professionals in delivering comprehensive and comprehensible patient information.



A_11

Outcomes of combined suction devices in retrograde intrarenal surgery: a single centre experience

*Giuseppe Celentano · Marco Capece · Roberto La rocca · Vincenzo Morgera · Alessandro Lombardi
Assunta Zimarra · Alessandro Giordano*

Clinica Mediterranea

PURPOSE

Aim of the study to evaluate the efficacy and safety of combined suction devices during retrograde intrarenal surgery (RIRS), reporting the experience of a high-volume single center. Specifically, the study aims to assess stone-free rate (SFR), operative time, and complications associated with the use of suction-enabled flexible ureteroscopes and suction ureteral access sheaths.

MATERIALS AND METHODS

A retrospective analysis was performed on 68 RIRS procedures in patients with renal stones (mean diameter 1.8 ± 0.7 cm) treated at Clinica Mediterranea, Naples, between February 2025 and January 2026. All procedures were carried out using disposable suction-enabled flexible ureteroscopes (SeeGen – UROFINO Disposable Flexible Ureteroscope with Suction – 6.6 Fr, dual channel) in combination with a suction ureteral access sheath (ClearPetra Ureteral Access Sheath, sizes ranging from 11–13 Fr $\times$ 35–46 cm). Lithotripsy was performed using a Revolix Hybrid Thulium laser (LISA Laser). A dusting technique with continuous active suction of fragments and stone dust was applied.

Data collected included patient characteristics, stone size and location, operative time, SFR (defined as absence of fragments >2 mm on CT scan at 1-month follow-up), and complications graded according to the Clavien–Dindo classification.

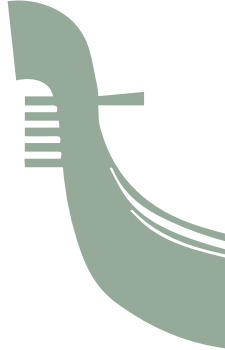
RESULTS

The overall stone-free rate was 85%, with higher rates observed in stones ≤ 20 mm (approximately 89%) compared to those >20 mm (approximately 74%). The mean operative time was 50 ± 15 minutes. The use of suction devices improved intraoperative visibility and reduced intrarenal pressure, resulting in enhanced efficiency of stone fragmentation and fragment clearance.

The overall complication rate was 13%, predominantly low-grade (Clavien I–II), including postoperative fever (6%) and renal colic (4%). Major complications (Clavien $\geq$ III) were uncommon (approximately 3%), in line with current literature. The mean length of hospital stay was 1.3 days.

CONCLUSIONS

The combined use of suction-enabled flexible ureteroscopes and suction ureteral access sheaths in RIRS demonstrated high stone-free rates, reduced operative times, and an excellent safety profile, with minimal and predominantly minor complications. These findings are consistent with recent systematic reviews and meta-analyses on suction devices, confirming their role in improving stone clearance and reducing infectious complications compared to conventional non-suction techniques. This single-center experience supports the routine adoption of suction technology in clinical practice.



A_12

Pulsed Thulium:YAG Laser for Kidney-Sparing En Bloc Resection of Low-Grade UTUC: a single centre experience

Giuseppe Celentano · Marco Capece · Roberto La rocca · Vincenzo Morgera · Alessandro Lombardi · Assunta Zimarra · Alessandro Giordano

Clinica Mediterranea

PURPOSE

Aim of the study according to the EAU Guidelines, kidney-sparing endoscopic management should be considered in patients with low-risk upper tract urothelial carcinoma (UTUC). However, the risk of understaging and disease progression remains a concern due to the inherent limitations of endoscopic biopsy and cross-sectional imaging. This study aims to evaluate the feasibility, safety, and short-term oncological outcomes of en bloc endoscopic laser resection using the pulsed thulium:YAG (p-Tm:YAG) laser for low-grade ureteral tumors.

MATERIALS AND METHODS

This is a retrospective, single-center study conducted at Clinica Mediterranea, Naples, Italy. Between January 2024 and December 2025, ten consecutive patients with a unifocal, papillary, low-grade ureteral tumor measuring <1.5 cm underwent flexible ureteroscopy (fURS). The Revolix Hybrid p-Tm:YAG laser (LISA Laser Products, Germany) was used with a 272- μ m fiber at low-power settings (10–15 W; pulse energy, 0.4–0.6 J) to minimize collateral thermal injury, consistent with ESUT/TRUST expert recommendations.

The technique involved en bloc laser resection with circumferential incision and subepithelial dissection, followed by intact specimen retrieval. A 6-Fr ureteral stent was placed postoperatively in all cases and removed at 8 weeks during the scheduled second-look ureteroscopy, which was performed to assess completeness of resection. Subsequent surveillance included ureteroscopy and urinary cytology at 3, 6, and 12 months.

RESULTS

All procedures were completed successfully without intraoperative complications. Mean operative time was 38 ± 12 minutes. Postoperative complications were limited to Clavien-Dindo grade I events (self-limiting hematuria in 2/10 patients, 20%).

Mean specimen size was 14 ± 5 mm, and all specimens were adequate for histopathological evaluation. Concordance between preoperative biopsy grade and final pathology was 90% (9/10). One patient (10%) was upgraded to high-grade disease and underwent radical nephroureterectomy.

At second-look ureteroscopy, no residual disease was identified in 8/10 patients (80%). At a mean follow-up of 14 months (range, 3–24), local recurrence occurred in 2/10 patients (20%), both successfully treated with repeat endoscopic resection. No disease progression or conversion to nephroureterectomy occurred among the nine confirmed low-grade cases. Renal function remained stable throughout follow-up.

CONCLUSIONS

En bloc endoscopic laser resection using the p-Tm:YAG laser, performed at low-power settings and followed by systematic second-look ureteroscopy, appears to be feasible and safe in this preliminary series. Complete resection was achieved in 80% of cases, and the recurrence rate (20% at 14 months) is consistent with published data. By enabling intact specimen retrieval, this technique may improve histopathological accuracy and reduce understaging compared with standard laser ablation. Larger, multicenter studies with longer follow-up are warranted to confirm these findings and assess long-term oncological outcomes.



A_13

Impact of 3D Virtual Models on trifecta rates during Laparoscopic Partial Nephrectomy for Complex Renal Masses (PADUA $\geq$ 9)

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OBIETTIVI:

Three-dimensional virtual models (3DVMs) are increasingly used for planning and execution of minimally invasive partial nephrectomy (PN) for complex renal masses. However, comparative evidence on their impact remains limited in laparoscopic surgery.

MATERIALE E METODI:

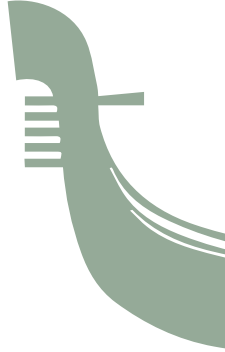
We prospectively collected a cohort of 60 consecutive patients with cT1-2N0M0 renal tumors and PADUA score $\geq$ 9 who underwent minimally invasive laparoscopic PN with 3DVM support at our center between 2023 and 2025. All patients had contrast-enhanced CT suitable for 3D reconstruction and complete pre- and postoperative renal function data. For comparison, we selected 60 patients harboring complex renal tumors, from our retrospective database, treated before 3DVM adoption and we performed a 1:1 propensity score matching. Trifecta rates were assessed according to Brasseti and Minervini Trifecta definitions. Multivariable logistic regression was used to identify independent predictors of Trifecta achievement.

RESULTS

The 3DVM group achieved higher Trifecta rates compared to the matched retrospective cohort (Brasseti: 78% vs. 60%, $p=0.03$; Minervini: 71% vs. 55%, $p=0.04$). Warm ischemia time was significantly shorter in the 3DVM group (mean 14.5 vs. 18.2 min, $p=0.01$), as was intraoperative blood loss (mean 210 vs. 310 ml, $p=0.02$). Major postoperative complications (Clavien-Dindo $\geq$ 3) occurred less frequently in the 3DVM group (7% vs. 15%, $p=0.18$). On multivariable analysis, 3DVM use was an independent predictor of Trifecta achievement (OR=1.51, 95% CI 1.05–4.65, $p=0.025$).

CONCLUSIONS

Use of 3D virtual models in minimally invasive PN for complex renal masses is associated with improved perioperative outcomes and higher Trifecta rates. 3DVMs are a valuable adjunct for optimizing nephron-sparing surgery in challenging cases.



A_014

Single-port vs multi-port robotic retroperitoneal partial nephrectomy: a matched comparison

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PURPOSE

Robotic single-port retroperitoneal partial nephrectomy (RP SP RAPN) is gaining interest as a minimally invasive approach for renal mass management. While RP SP RAPN may offer advantages in terms of recovery, pain, and cosmetic outcomes compared to the conventional retroperitoneal multi-port approach (RP MP RAPN), direct comparative data remain limited.

MATERIALS AND METHODS

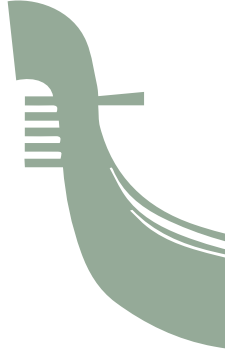
Between April and October 2025, 41 patients underwent RP SP RAPN for renal tumors at our center. To compare outcomes, we performed a propensity score (PS) matching with 50 patients who underwent RP MP RAPN between 2023 and 2025 from our prospectively maintained database. We collected data on demographics, perioperative variables, hospital stay, postoperative pain (VAS at 24 hours), drain placement, and cosmetic outcomes (scar length and patient satisfaction). Patient satisfaction was evaluated using a 5-point Likert scale (1 = very dissatisfied, 2 = dissatisfied, 3 = neutral, 4 = satisfied, 5 = very satisfied) regarding the cosmetic outcome of the surgical scar.

RESULTS

There was no significant difference between the two groups after PS matching. However, patients treated with SP RAPN had a significantly shorter mean hospital stay compared to the matched MP RAPN group (2.1 ± 0.6 vs 3.4 ± 1.1 days, $p < 0.01$). Postoperative pain at 24 hours was lower in the SP RAPN cohort (VAS 2.3 ± 0.8 vs 4.1 ± 1.2 , $p < 0.01$). The mean scar length was 3.2 ± 0.4 cm in the study group and 3.4 ± 0.5 cm in the MP RAPN group. Patient satisfaction with the cosmetic outcome was higher in SP group (mean score: 4.3 ± 0.6) compared to the MP group (mean score: 3.7 ± 0.8 ; $p < 0.05$). Additionally, 85% of patients in the SP group reported being 'satisfied' or 'very satisfied', versus 62% in the MP RAPN group. Drain placement was less frequent in the SP RAPN group (29% vs 62%, $p < 0.01$). There were no significant differences in terms of operative time, console time, estimated blood loss, or complication rates between groups.

CONCLUSIONS

Our propensity score-matched analysis demonstrates that RP SP RAPN provides reduced hospital stay, less postoperative pain, less frequent drain placement, and improved cosmetic results compared to the MP RAPN, with comparable safety and efficacy. These findings support RP SP RAPN as a valuable minimally invasive option for selected patients.

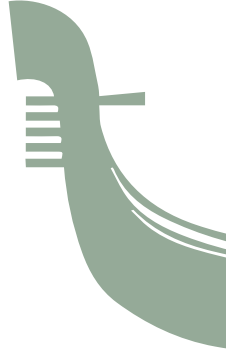


A_015:

Renal Epithelioid Angiomyolipoma: Clinicopathological Predictors in a Rare Entity

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PURPOSE

Renal angiomyolipoma (AML) is a benign perivascular epithelioid cell tumor commonly associated with tuberous sclerosis complex (TSC). The epithelioid variant (eAML) is exceptionally rare and may display malignant potential, making it challenging to distinguish radiologically from benign AML and other renal neoplasms. Previous studies have linked certain histopathological features to poorer oncological outcomes. This study aims to comprehensively describe the clinical and pathological characteristics of eAML and to validate previously reported adverse prognostic indicators.

MATERIALS AND METHODS

We conducted a retrospective, multicenter cohort study involving 76 patients diagnosed with eAML between 2001 and 2024 across 15 international centers. Inclusion criteria required histological confirmation of eAML, with negative cytokeratin and positive melanocytic markers. Patients were stratified according to previously established adverse pathological features, as described in existing classification systems.

RESULTS

A total of 76 patients were included, with a predominance of female cases (70%) and a median age of 48 years. Nineteen patients had a concurrent diagnosis of TSC. The median tumor diameter was 45 mm, and 26 patients (34.2%) exhibited more than 70% atypical epithelioid cells. According to Nese's and Brimo's classification criteria, 4% and 14% of patients, respectively, were categorized as high risk. Over a median follow-up period of 30 months, 5 patients (6.7%) developed metastatic disease and 4 (5.3%) died. Univariable analysis demonstrated a significant association between the number of adverse pathological features and both metastasis-free survival (MFS) and cancer-specific survival (CSS) across both classification systems. Due to the limited number of events, multivariable analysis was not performed.

CONCLUSIONS

Renal epithelioid angiomyolipoma is a highly uncommon entity, primarily affecting middle-aged women. Our findings support the prognostic value of previously described adverse pathological features, indicating that patients presenting with multiple risk factors may benefit from more intensive surveillance and follow-up.



V_01

En Bloc HoLEP with early apical release and sphincter preservation

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PURPOSE

Over the years, endoscopic holmium laser enucleation of the prostate (HoLEP) has undergone substantial technological and surgical evolution. In particular, techniques involving early sphincter release at the adenoma apex with preservation of the external urethral sphincter mucosa have been developed with the aim of reducing the risk of early postoperative stress urinary incontinence. Although this issue remains a matter of debate in the current literature, the en-bloc prostate enucleation technique with early apical release, routinely adopted in our daily clinical practice, appears to significantly reduce the well-known risk of transient postoperative stress urinary incontinence. The present video, produced at the end of 2025, illustrates the key steps of this surgical technique.

MATERIALS AND METHODS

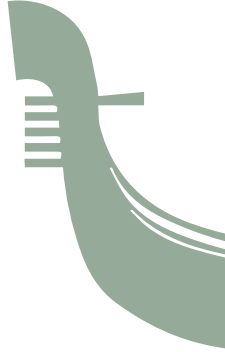
The procedure was performed using an en-bloc enucleation technique with early apical release, employing a 26-Fr continuous-flow resectoscope equipped with a laser bridge and a Karl Storz endoscopic camera system. The inflow port of the resectoscope was connected to standard room-temperature saline irrigation, while the outflow port was left to passive gravity drainage. A single-use 550- μ m Holmium:YAG laser fiber (Lumenis Holmium Laser System, 100 W) was used, with settings of 1.8 J at 45 Hz in short-pulse mode for incision and 1.4 J at 40 Hz in long-pulse mode for coagulation. Morcellation of the enucleated tissue was performed using the Lumenis VersaCut system.

RESULTS

Preoperative ultrasound estimated the prostate volume at approximately 250 cc. Total operative time was 70 minutes, including 35 minutes for enucleation and 35 minutes for morcellation. The postoperative course was uneventful. Hemoglobin levels on postoperative day 1 were 15.3 g/dL, essentially unchanged from the preoperative value of 15.8 g/dL. The patient was mobilized on postoperative day 1 following discontinuation of continuous bladder irrigation. On postoperative day 2, the urinary catheter was removed, with spontaneous voiding restored and no episodes of urinary incontinence observed. At the 1-month follow-up, the patient reported a marked improvement in lower urinary tract symptoms, with only mild dysuria and no stress urinary incontinence (pre-operative IPSS: 28-QoL 4 Vs post-operative IPSS 3 QoL 1). Follow-up uroflowmetry findings were within normal limits (Qmax 28 mL/s, voided volume 380 mL, no post-void residual, regular flow curve). Final histopathological examination showed adenofibromyomatous benign prostatic hyperplasia, with a total specimen weight of 200 g.

CONCLUSIONS

Based on our clinical experience, the prostate enucleation technique with early apical release appears to significantly reduce the established risk of postoperative stress urinary incontinence. However, given the conflicting evidence currently available in the literature, future prospective comparative studies evaluating the different surgical approaches will be essential to confirm the potential benefits associated with the en-bloc technique with early apical release.



V_02

Robot-assisted simple prostatectomy with urethral flap and supramontanal and ejaculation sparing: collected data from a case series

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PURPOSE

To report the preliminary perioperative and functional outcomes of a modified Millin robot-assisted simple prostatectomy (RASP) with urethral flap reconstruction for large benign prostatic hyperplasia (BPH) affected by bladder outlet obstruction (BOO). The main aims were to achieve effective bladder outlet deobstruction, allow early catheter removal, and preserve antegrade ejaculation.

MATERIALS AND METHODS

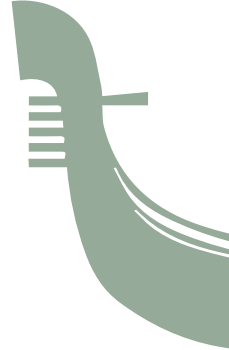
We performed a retrospective analysis of collected data from patients undergoing RASP over the last 12 months with urethral flap reconstruction and a minimum follow-up of 3 months. Inclusion criteria were moderate-to-severe LUTS and surgical indication for large-volume BPH (Prostate >80 g). All patients were on alpha-blocker treatment preoperatively. The procedure was performed through a modified Millin trans-capsular approach, avoiding cystotomy. After adenoma enucleation, the prostatic urethra was preserved and used for urethral flap reconstruction and restoration of the prostatic fossa. Supramontanal sparing was adopted with the aim of preserving antegrade ejaculation. Perioperative variables and early functional outcomes were collected, including catheterization time, Qmax, IPSS, PSA, and MSHQ-EjD-SF.

RESULTS

Ten patients were included. Mean age was 66.1 years and mean prostate volume was 119.3 cc. Mean operative time was 169.2 minutes and mean catheterization time was 2.8 days. Adequate deobstruction was achieved in all cases. Mean Qmax improved from 5.7 mL/s preoperatively to 22 mL/s at follow-up; preoperative Qmax was available in 9 patients because 1 patient had an indwelling bladder catheter. Mean IPSS improved from 22.0 to 6.4, while mean PSA decreased from 7.15 to 1.36 ng/mL. Mean MSHQ-EjD-SF changed from 12.7 to 9.2. Antegrade ejaculation was preserved in 7/9 evaluable patients. Two minor postoperative complications occurred, both classified as Clavien-Dindo grade I. No major complications were observed.

CONCLUSIONS

Modified RASP with urethral flap reconstruction appears to be a feasible and safe technique for large BPH. This approach provided effective bladder outlet deobstruction, short catheterization time, and preservation of antegrade ejaculation in a relevant proportion of patients. Larger series with longer follow-up are needed to confirm reproducibility, durability of outcomes, and the functional advantages of this technique



V_03

Robot-assisted Retzius sparing simple prostatectomy (RASP) in previous Greenlaser-VAP & Urethral Stricture

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PURPOSE

Management of very large benign prostatic hyperplasia may be challenging in patients with urethral stricture or previous endoscopic treatment. In these cases, transurethral surgery may be technically unfavorable and may increase the risk of further urethral damage. Robot-assisted Retzius-sparing simple prostatectomy (RASP) offers a minimally invasive alternative that avoids the urethral route while allowing complete adenoma removal. We report our experience with this approach in a patient with previous GreenLight-VAP and urethral stricture surgery.

MATERIALS AND METHODS

We present the case of a patient with symptomatic benign prostatic hyperplasia, previous unilateral GreenLight-VAP, urethral stricture management, and residual large adenoma of the right lobe. Preoperative prostate volume was 150 cc, IPSS was 29, and eGFR was >90 mL/min. Due to the risk of worsening the urethral stricture and the presence of distorted fibrotic anatomy after prior laser surgery, a transurethral approach was considered suboptimal. The patient therefore underwent RASP.

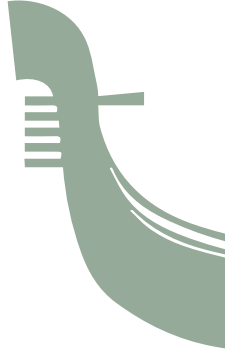
RESULTS

The procedure was completed without intraoperative or postoperative complications. Console time was 55 minutes. Hemoglobin drop was <1 g/dL. Length of hospital stay was 2 days, and catheter removal was performed on postoperative day 7. eGFR remained >90 mL/min after surgery. At 3-month follow-up, IPSS improved from 29 to 6.

CONCLUSIONS

In this case, RASP was feasible, safe, and effective in a complex re-operative setting. By bypassing the urethra, this approach represented a valid alternative to endoscopic surgery in a patient with previous GreenLight-VAP and urethral stricture. The favorable perioperative and functional outcomes support its use in selected patients with very large prostates and conditions making transurethral treatment suboptimal.

The video was produced in 2025.



V_04

SynchroSeal™ in robot-assisted radical cystectomy: enhancing surgical speed and reliability

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PURPOSE

Published evidence on SynchroSeal™ in urologic robotic surgery remains very limited. We report our experience with SynchroSeal™ during robot-assisted radical cystectomy and assess its contribution to tissue sealing, dissection, hemostatic control, and surgical workflow when used in the non-dominant robotic hand.

MATERIALS AND METHODS

We present the case of a 77-year-old woman with non-metastatic small-cell neuroendocrine carcinoma of the bladder, stage pT1, diagnosed after transurethral resection of bladder tumor (TURBt), with immunohistochemical findings consistent with neuroendocrine differentiation. Re-TURBt with bladder mapping confirmed residual tumor associated with multifocal urothelial carcinoma in situ. Total-body computed tomography and PET-CT with FDG showed no metastatic disease. After multidisciplinary evaluation, the patient received neoadjuvant chemotherapy followed by robot-assisted radical cystectomy with incontinent urinary diversion. Preoperative eGFR was greater than 90 mL/min. During surgery, SynchroSeal™ was used in the left robotic hand instead of bipolar grasping forceps and in combination with cold scissors in the dominant hand.

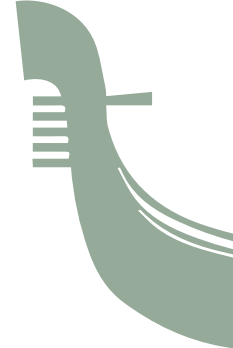
RESULTS

The procedure was completed without intraoperative complications. Console time was 125 minutes, operative time was 153 minutes, and estimated blood loss was 200 mL. No perioperative complications occurred. Length of hospital stay was 2 days. Final pathology showed small-cell neuroendocrine carcinoma, stage pT1N0R0. At 1 month, eGFR remained greater than 90 mL/min. In our workflow, the use of SynchroSeal™ provided effective tissue sealing and cutting, maintained grasping capability, and reduced the need for ultrasonic shears and Hem-o-lok clips.

CONCLUSIONS

In our case, the use of SynchroSeal™ in the left robotic hand was feasible and associated with efficient tissue handling, precise dissection, reliable hemostatic control, and a streamlined operative workflow during robot-assisted radical cystectomy. Objective perioperative outcomes included low blood loss, short console and operative times, absence of complications, and discharge on postoperative day 2. These findings support SynchroSeal™ as a potentially useful adjunct for improving speed and reliability during robot-assisted radical cystectomy.

The video was produced in 2026.



V_05

VIDEO produzione 2026 – Boari flap robot-assistito nella ricostruzione di lunghi difetti ureterali.

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OBIETTIVO

Descrivere la gestione di un difetto ureterale lungo mediante Boari flap robot-assistito in un paziente monorene con carcinoma uroteliale, come alternativa alla nefroureterectomia rifiutata dal paziente.

MATERIALI E METODI

Si presenta il caso di un paziente di 65 anni, monorene chirurgico post-traumatico, affetto da carcinoma uroteliale papillare a basso grado dell'uretere medio, con estensione di circa 4cm a partire da 2,5 cm sopra il cross con i vasi iliaci, portatore di nefrostomia.

Dopo discussione multidisciplinare, il paziente rifiutava la nefroureterectomia, per cui si optava per trattamento chirurgico conservativo.

A seguito di cistoscopia si procedeva con ureterectomia segmentale e pastiglia vescicale e a linfadenectomia monolaterale pelvica estesa.

La ricostruzione veniva eseguita mediante approccio robot-assistito con Boari flap e psoas Hitch su stent ureterale DJ.

RISULTATI

La fase ricostruttiva ha richiesto 70 minuti, con perdite ematiche trascurabili. La chiusura vescicale è stata eseguita in due strati. Il decorso postoperatorio è stato regolare, con dimissione 2 GPO. Catetere vescicale a 3 vie e stent ureterale sono stati rimossi al 14° GPO. Al follow-up non si sono verificate complicanze. L'esame istologico ha evidenziato carcinoma papillare uroteliale a basso grado, non infiltrante il tessuto connettivo (pT1a), con margini chirurgici indenni e linfonodi negativi (pN0). A 3 mesi creatinina 1,4 mg/dL senza evidenza di idronefrosi. Il paziente riferiva lieve dolore al fianco post-minzionale, risoltosi dopo educazione a ridurre il torchio addominale.

CONCLUSIONI

Il Boari flap robot-assistito rappresenta una valida opzione ricostruttiva nei difetti ureterali lunghi, anche in pazienti complessi e monoreni, consentendo il ripristino della continuità urinaria con bassa morbidità perioperatoria e buoni risultati funzionali nel follow-up a medio termine. In questo particolare caso maggiore attenzione nel follow-up oncologico sarà necessaria.



V_06

Hemoglobin Drop and early outcomes in Robotic Simple Prostatectomy with total (360° vesico-urethral anastomosis) vs partial trigonisation for Large Prostates: A Single-Center Case Series

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PURPOSE

Robotic simple prostatectomy (RASP) is an established surgical option for very large benign prostatic enlargement. Systematic reviews have confirmed its safety and functional efficacy, while representative conventional RASP series still report a measurable perioperative hemoglobin decline. We aimed to evaluate hemoglobin drop in a contemporary single-center case series performed with a Full 360° technique and to benchmark our results against published conventional RASP literature, exploring whether technical refinement may influence bleeding-related outcomes.

MATERIALS AND METHODS

We retrospectively reviewed 20 consecutive patients who underwent RASP for symptomatic large-volume benign prostatic enlargement at a single center between September 2025 and March 2026. All procedures were performed using a total trigonisation (360° vesico-urethral anastomosis), blunt and sharp adenoma dissection, direct mono- and bipolar coagulation for hemostatic control, application of Surgiflo® (Ethicon, Johnson&Johnson) in the bed of resection and, three-way Foley catheter (cuffed with only 10cc) with slow continuous irrigation during the first postoperative night. The primary outcome was perioperative hemoglobin drop, assessed both after surgery and at discharge. Secondary endpoints included operative time, length of stay, catheterization time, transfusion rate, perioperative complications, readmission, and final histopathology. Continuous variables are reported as median and interquartile range (IQR). Findings were benchmarked against published conventional RASP evidence.

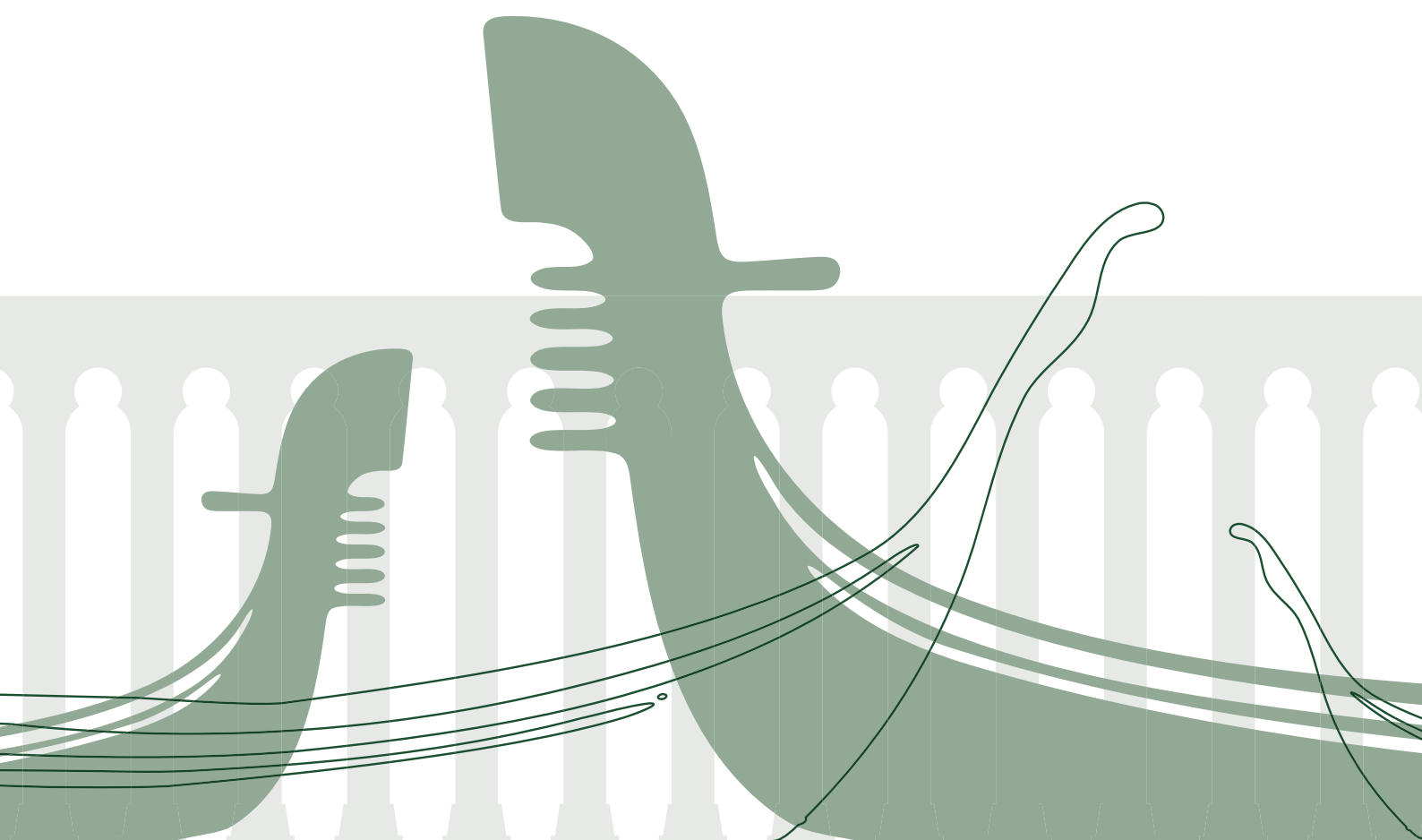
RESULTS

Median age was 70 years (IQR 68.8-75), median BMI was 29 kg/m² (IQR 24-30), median ASA score was 2.5 (IQR 2-3), and median Charlson Comorbidity Index was 4 (IQR 1-5.25). Median prostate volume was 164 mL (IQR 100-215). Median preoperative hemoglobin was 15.1 g/dL (IQR 14.4-15.6), decreasing to 13.5 g/dL (IQR 12.7-14.2) postoperatively and recovering to 14.1 g/dL (IQR 13.5-14.4) at discharge. Median postoperative hemoglobin drop was 1.25 g/dL (IQR 1.0-1.9), whereas median hemoglobin drop at discharge was 0.9 g/dL (IQR 0.5-1.25). Median operative time was 130 minutes (IQR 85-145), median length of stay was 2 days (IQR 2-2), and median time to catheter removal was 8 days (IQR 7-9). No conversions, transfusions, intraoperative complications, postoperative complications, or hospital readmissions were recorded. Final histopathology was benign in all cases. Compared with published conventional RASP benchmarks, in which postoperative hemoglobin change/decrease is commonly reported around 1.8-2.5 g/dL, our series showed a postoperative Hb drop at the lower end of published values and an even lower Hb drop at discharge.

CONCLUSIONS

In this initial single-center case series, RASP with full trigonisation proved reproducible and safe, with favorable perioperative outcomes and limited hemoglobin decline, particularly at discharge. Beyond adenoma removal, this configuration may offer additional practical advantages, including an immediate hemostatic effect, especially in anticoagulated and antiaggregated patient by reducing the need of prolonged continuous irrigation and risk of haematuria. When benchmarked against conventional RASP literature, these findings suggest that hemoglobin drop is not merely related to gland size, but may also be meaningfully influenced by surgical reconstruction and hemostatic strategy.

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