

Robotic Bladder Diverticulectomy

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Open on
phone

WHAT IS THIS PROCEDURE?

A **bladder diverticulum** is a pouch that bulges out through a weak spot in the bladder wall. Urine can sit in it, causing infections, stones or trouble emptying.

Diverticulectomy: the surgeon removes the pouch and stitches the bladder wall closed.

Robotic: the surgeon works through several small ports in the abdomen using the robot. The abdomen is inflated with gas to make working room.

Afterward: a catheter stays in while the bladder heals.

KEY POINTS

- **Possible cystoscopy and/or ureteral stent placement before docking** (not every case). If so: C-arm with foot pedal, Sensor wire and a 6 Fr ureteral stent; call the X-ray tech before the patient is in the room.
- **General anesthesia with paralysis.**
- **Low lithotomy in Yellofins**, bare back on the Pink Pad, arms tucked with the Pink Pad arm straps, Mayo stand over the head **before draping**.
- **AirSeal** for insufflation in all robotic surgery suites.
- Specimen: diverticulum to pathology in formalin.

PORTS

- **8 mm da Vinci ports ×4**
- **12 mm AirSeal port ×1**
- **5 mm threaded trocar ×1**
- **First (camera) port: blunt black reusable obturator** from the robot set. Remaining ports: bladeless obturators.
- 1% lidocaine plain for port sites.

ROBOTIC INSTRUMENTS

Open

- Monopolar scissors
- Fenestrated bipolar
- ProGrasp
- Large needle drivers ×2
- 0° robotic scope

Available in room, open only if asked

- 30° robotic scope

ASSISTANT (PA) INSTRUMENTS

Open

- Long suction irrigator
- Hunter laparoscopic bowel grasper
- Weck Hem-o-lok applier, regular, with regular clips
- Laparoscopic scissors

Available in room, open only if asked

- Weck Hem-o-lok large applier and large clips
- 10 mm laparoscopic spoon (Snowden Pencer)

SUTURES

- **Bladder closure: 2-0 V-Loc and 3-0 V-Loc.**
- 12 mm assistant port: PMI and 0 Vicryl.
- Camera port: 0 Vicryl UR-6.
- Skin: 4-0 Vicryl.

OTHER SUPPLIES

Open

- 20 Fr Foley x2
- 19 Blake drain with bulb, and 2-0 silk to secure it
- 10 mm Inzii retrieval bag

Available in room, open only if asked

- Surgicel 4x8 sheets and Surgicel powder
- If cystoscopy/stent: cysto set (rigid scope), 30° lens, camera, GloShield
- If stent: C-arm with foot pedal and C-arm drape, Sensor wire, 6 Fr ureteral stent

GLOVES: MD AND PA

MD

- Port placement: single 7.5 white.
- Closing: double glove, 7.5 blue under 7.5 white.

PA

- Aimee: 7 blue, 6.5 white
- Carras: 7 blue, 6.5 white
- Heather: 6.5 micro x2
- John: 7.5 blue, 7 white
- Olivia: 7 blue, 6.5 white

ANESTHESIA

- General anesthesia with paralysis.
- Perioperative antibiotics: cefazolin (Ancef) 2 g IV, unless otherwise noted or allergy.

POSITIONING

- Low lithotomy in Yellofin stirrups.
- Bare back directly on the Pink Pad (Xodus Medical pink foam pad), strapped to the bed with the "This side up" label up.
- Arms padded and tucked at the sides with the Pink Pad arm straps (no arm sleds).
- Mayo stand placed over the head before draping.

PREP AND DRAPE

- Shave the abdomen from the xiphoid to just above the pubic bone.
- ChloroPrep from nipples to pubis, including penis, scrotum and inner thighs.
- Drape with five blue towels secured with loban strips.

SPECIMENS

- Bladder diverticulum, to pathology in formalin.
- Wound class: II (clean-contaminated).