

**V.I.P. -VESCICA ILEALE PADOVANA:
A SUCCESSFUL SURGICAL PROCEDURE**

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CONTINENT URINARY DIVERSIONS

THE IDEAL CHARACTERISTICS .1

- **ADEGUATE CONTINENCE (at rest and under stress)**
- **EASY, FULL EMPTYING “PER URETHRAM”**
- **ADEGUATE CAPACITY**
- **LOW PRESSURES DURING THE FILLING PHASE**
- **PRESERVATION OF THE INTESTINAL FUNCTION**
- **PRESERVATION OF THE RENAL FUNCTION → NO REFLUX**

CONTINENT URINARY DIVERSIONS

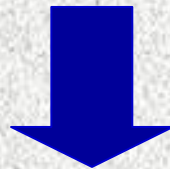
THE IDEAL CHARACTERISTICS .2

- ACCEPTABLE SHORT/LONG-TERM COMPLICATIONS
- DURABLE RESULTS
- PATIENT ACCEPTANCE
- EASY AND QUICK SURGICAL PROCEDURE
- NO INTERFERENCES WITH THE NATURAL HISTORY OF THE DISEASE

ORTHOTOPIC URINARY DIVERSION

FROM THE THEORY TO THE PRACTICE

- **PRESERVATION OF RENAL FUNCTION**



**ANTIREFLUXING URETERAL ANASTOMOSIS
+
DETUBULARIZATION and RECONFIGURATION**

ORTHOTOPIC URINARY DIVERSION

FROM THE THEORY TO THE PRACTICE

- **PRESERVATION OF THE INTESTINAL FUNCTION**



**THE SHORTER INTESTINAL
SEGMENT PRESERVES THE
INTESTINAL TRANSIT TIME**

**PRESERVATION OF
ILEO-CECAL VALVE**

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THE INITIAL PLAN

- **DISTAL ILEUM**
- **SHORTER LENGTH OF THE INTESTINAL SEGMENT**
- **DETUBULARIZATION and RECONFIGURATION**
- **POUCH LOCATED INTO THE PELVIS**
- **QUICK and EASY PROCEDURE**
- **ANTIREFLUXING URETERAL ANASTOMOSIS**

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VIP BRINGS TOGETHER

- THE PRINCIPLE OF DOUBLE FOLDING
- CONCEPTS BY CLAM AND CAMEY
- SOME ORIGINAL SOLUTIONS:
 - LOWER FUNNEL
 - GEOMETRICAL RECONFIGURATION
 - NO SPECULARITY BETWEEN LOOPS

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THE INITIAL VIP

- **DISTAL ILEUM**
- **50-60 cm LENGTH SEGMENT**
- **DETUBULARIZATION and RECONFIGURATION**
- **LE DUC URETEROINTESTINAL ANASTOMOSIS**

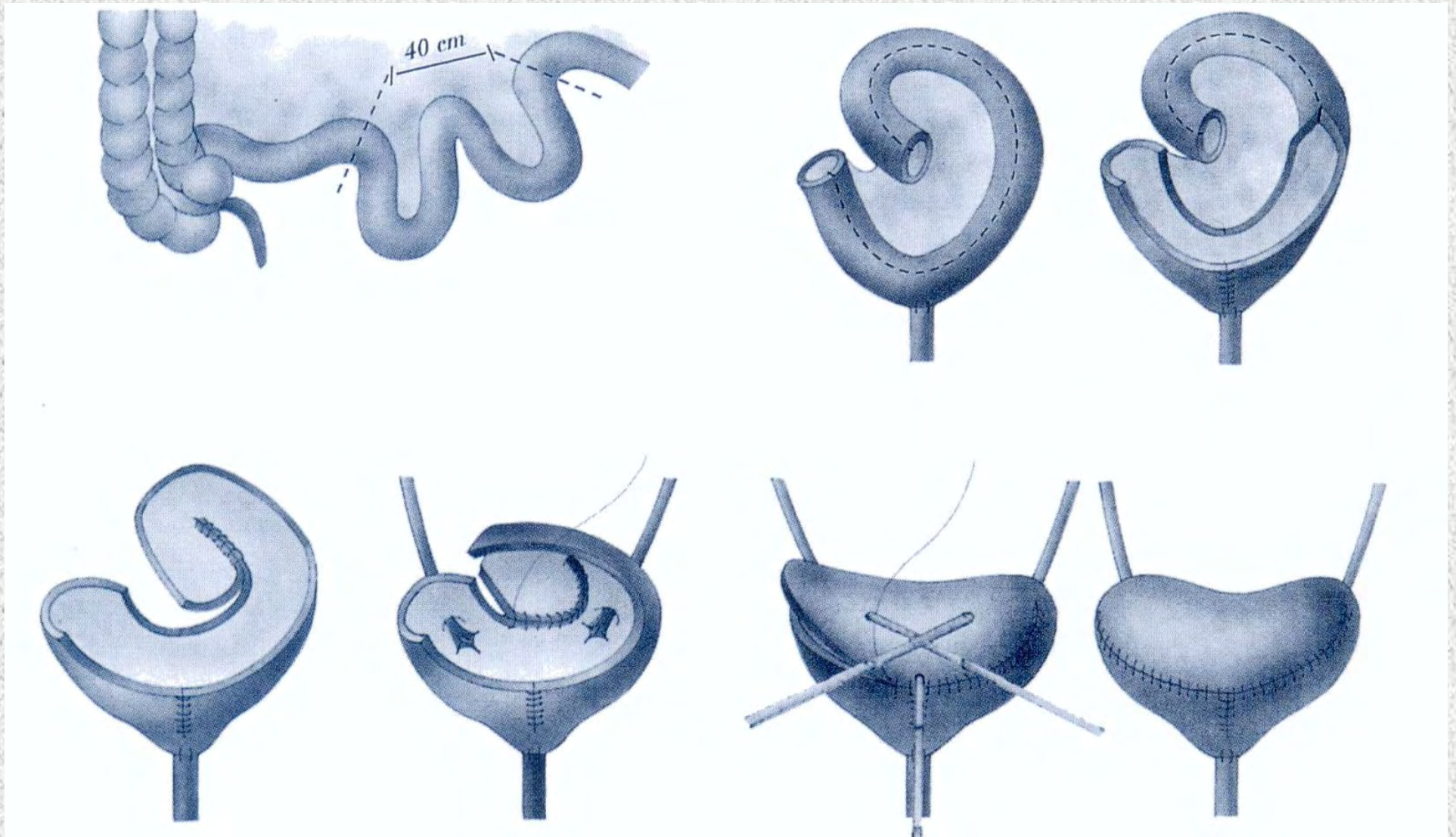
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FIRST IMPROVEMENTS

- **DISTAL ILEUM**
- **40 cm LENGTH SEGMENT**
- **DETUBULARIZATION AND RECONFIGURATION**
- **LE DUC URETEROINTESTINAL ANASTOMOSIS**
- **INFERIOR FUNNEL**

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THE VIP IN BRIEF



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THE VIP, STEP by STEP

- 1 DETUBULARIZATION
- 2 INFERIOR FUNNEL
- 3 POSTERIOR RECONFIGURATION
- 4 URETEROINTESTINAL ANASTOMOSIS
- 5 ANTERIOR RECONFIGURATION
- 6 URETHRO-INTESTINAL ANASTOMOSIS

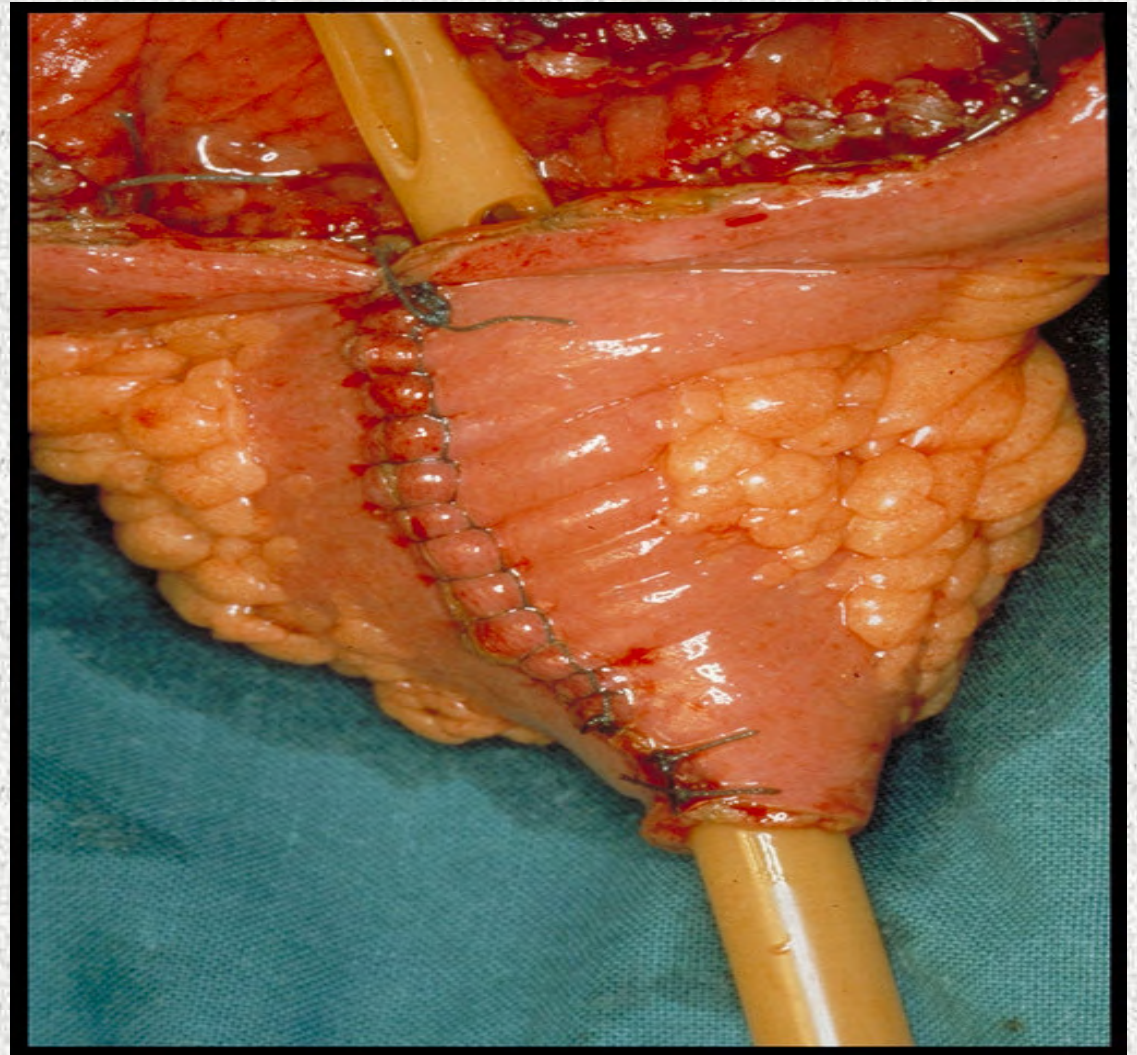
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DETUBULARIZATION



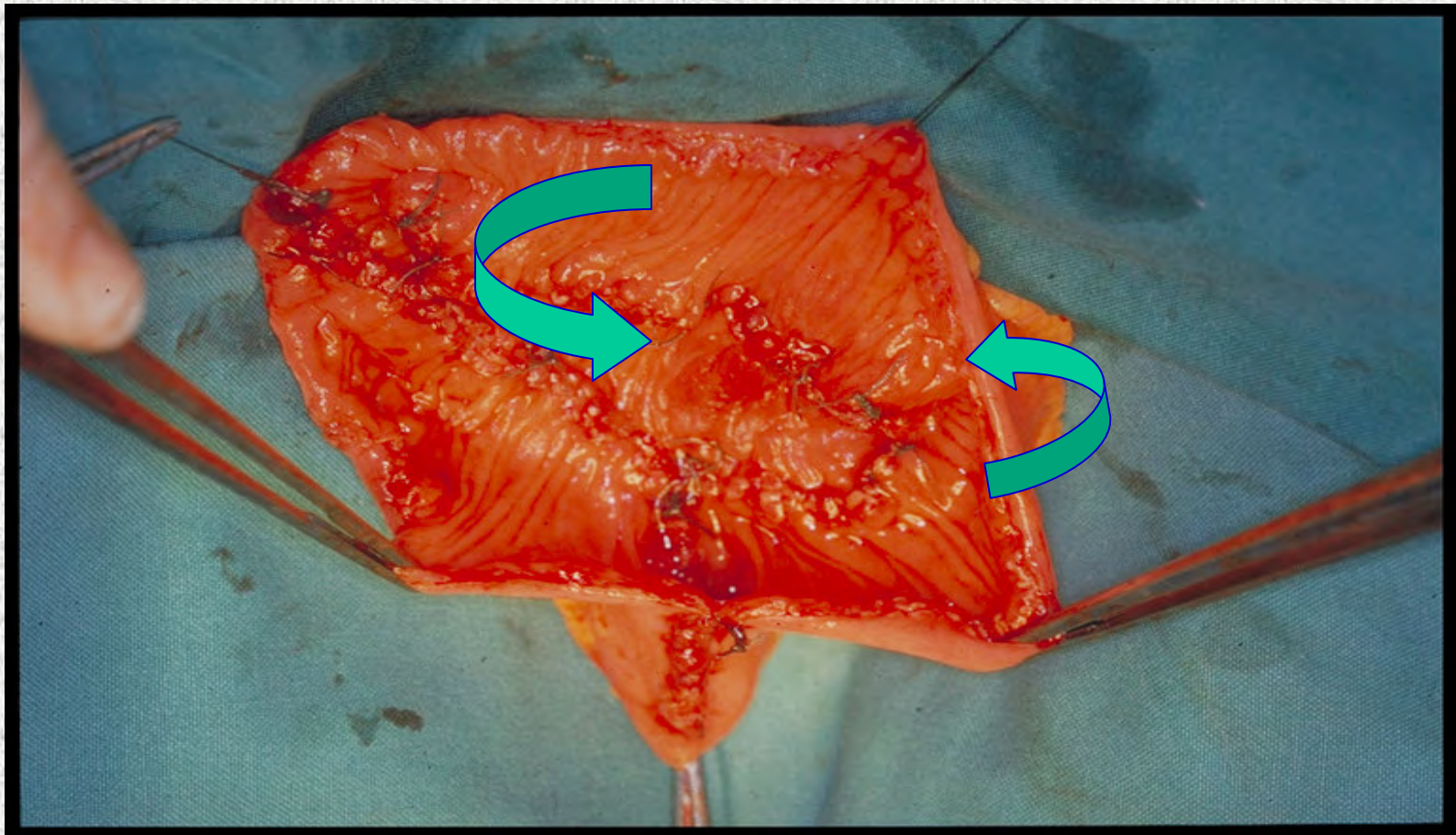
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FUNNELLING



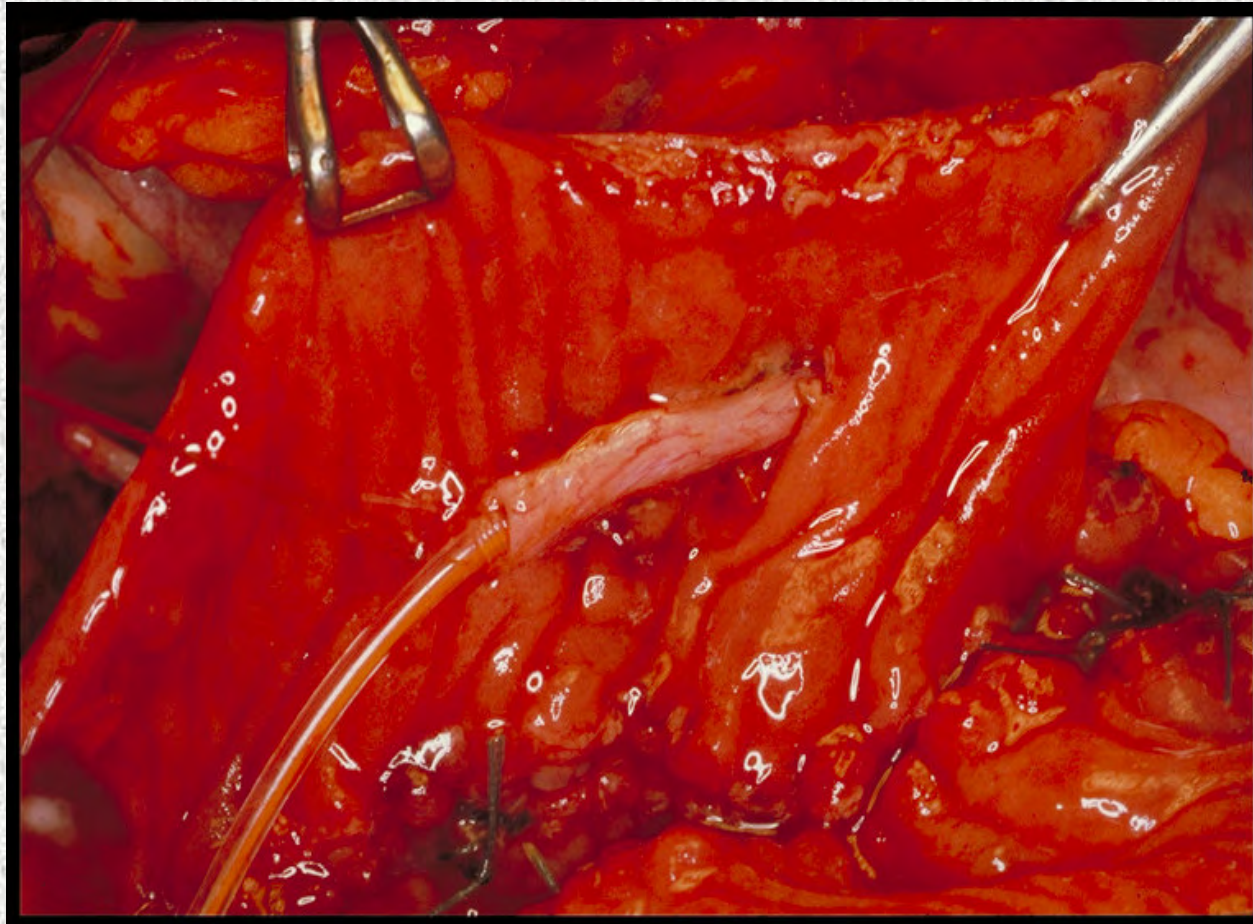
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1rst + 2nd FOLDINGS



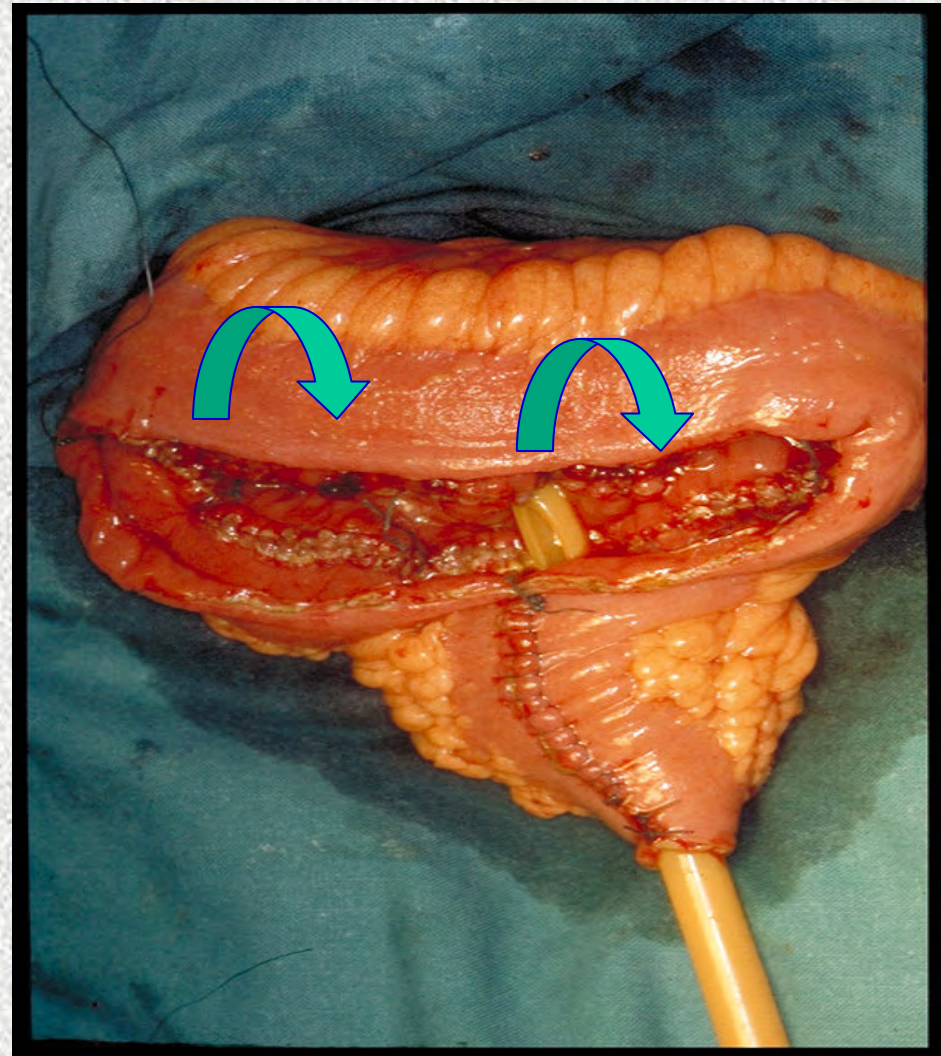
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URETERO-ILEAL ANASTOMOSIS (Le Duc)

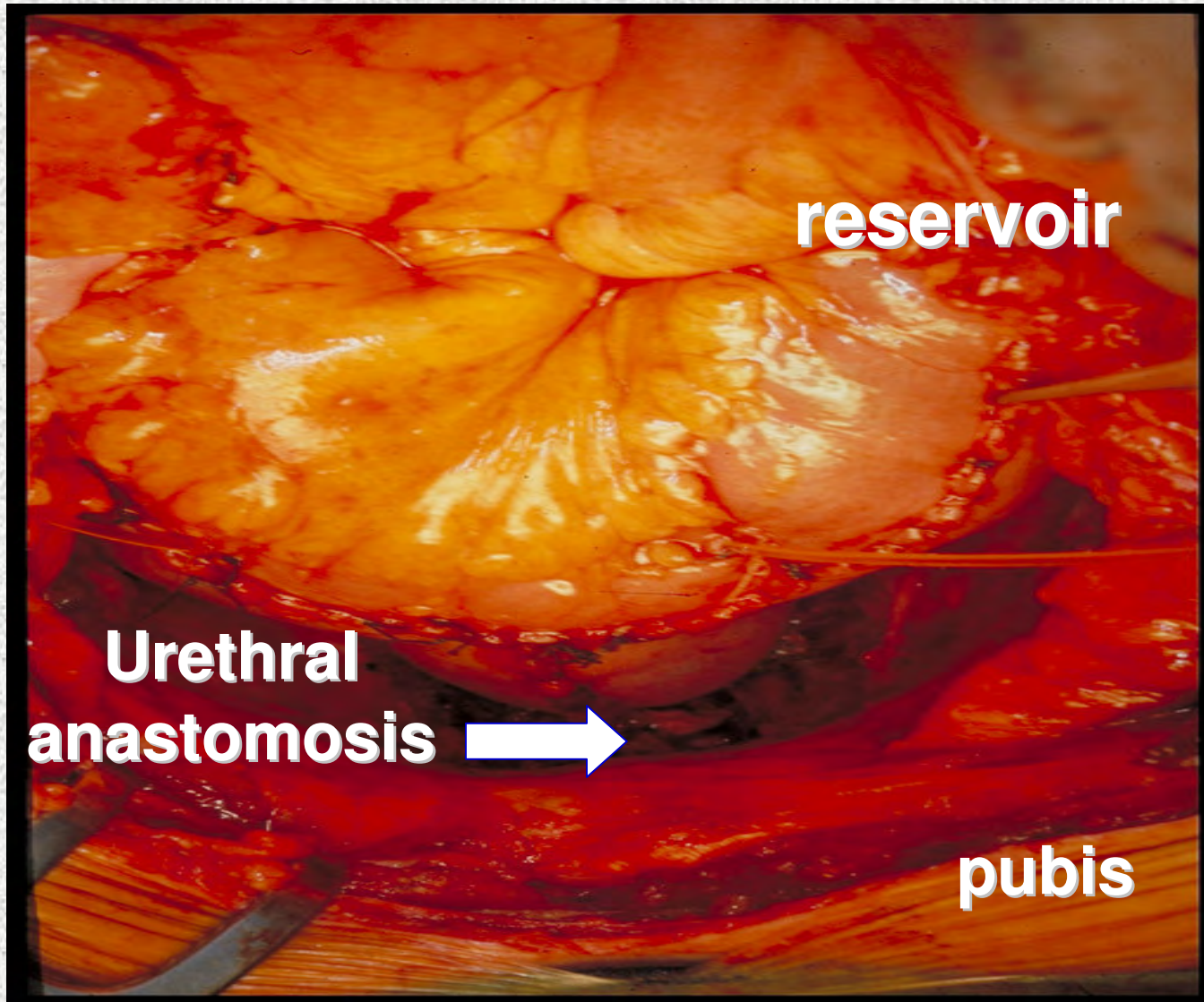


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3rd FOLDING



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**VIP FITS
IN THE
PELVIS**

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ESTABLISHED SURGICAL FEATURES

- **QUICK AND SIMPLE PROCEDURE (40 min > BRICKER)**
- **SHORT LEARNING CURVE**
- **TENSION-FREE URETERO-INTESTINAL ANASTOMOSIS**
- **TENSION-FREE URETHRO-INTESTINAL ANASTOMOSIS**
- **PROCEDURE MAINLY “EX SITU”**
- **RUNNING SUTURES**

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THE POST-OPERATIVE PERIOD

- **PARENTERAL NUTRITION UP TO 4th P.D.**
- **EARLY MOBILIZATION OF THE PATIENT**
- **POUCH WASHING 3 TIMES / DAY**
- **REMOVAL OF URETERAL STENTS ON 8 - 9th P.D.**
- **POUCH-GRAPHY ON 12th P.D.**
- **PATIENT DISCHARGE ON 13 - 14 th P.D.**

V.I.P. - LONG TERM RESULTS (107 pts)

METABOLIC DISORDERS

- **NO CLINICALLY RELEVANT**
- **NO NEED FOR VITAMIN B12 or
BICARBONATE SUPPLEMENTATION**

V.I.P. - LONG TERM RESULTS (107 pts)

COMPLICATIONS

	No.Pts	%
STENOSIS OF URETERO-ILEAL ANASTOMOSIS	11	10
STENOSIS OF ILEAL-URETHRAL ANASTOMOSIS	13	12
LAPAROCELES	5	5
VIP- URETERAL REFLUX	7	7

V.I.P. - VESCICA ILEALE PADOVANA

DILATED UPPER URINARY TRACTS

20 (215 pts)

URETERS
PREOPERATIVELY DILATED

AFTER VIP



5 STENOSES (25 %)

1 REFLUX

14 NORMALIZED

V.I.P. - LONG TERM RESULTS (107 pts)

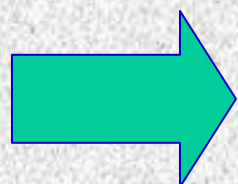
REFLUX

- **5 %(5 U.U.T.)**
- **UNILATERAL: 5/5 U.U.T.**
- **PREVIOUSLY DILATED U.U.T.: 2/5 U.U.T.**

V.I.P. - VESCICA ILEALE PADOVANA

THE CRUCIAL POINT: THE URETEROINTESTINAL ANASTOMOSIS (Le Duc)

5 % REFLUX



12 % *STENOSIS*

V.I.P. - VESCICA ILEALE PADOVANA

CAUSES OF URETERO-ILEAL STENOSIS

- SURGEON EXPERIENCE ? NO
- TYPE OF PROCEDURE ? YES !
- BOTH ? NO

-
- LE DUC PROCEDURE 20.4 %
 - NESBIT / STUDER PROCEDURE 2.5 %

S.Roth, AUA 96

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THE EVOLUTION

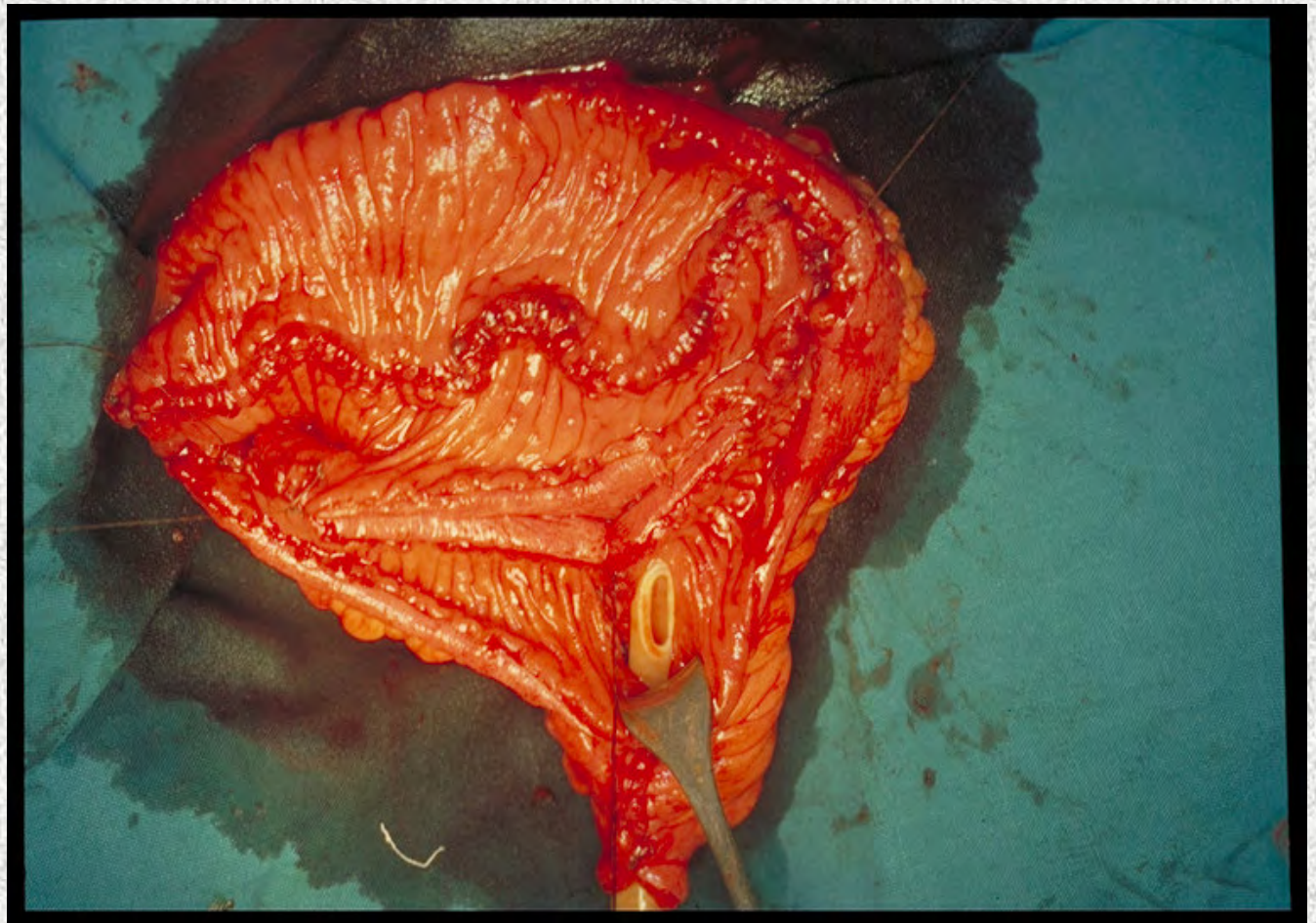
4 . URETERO-INTESTINAL ANASTOMOSIS

LE DUC → GHONEIM

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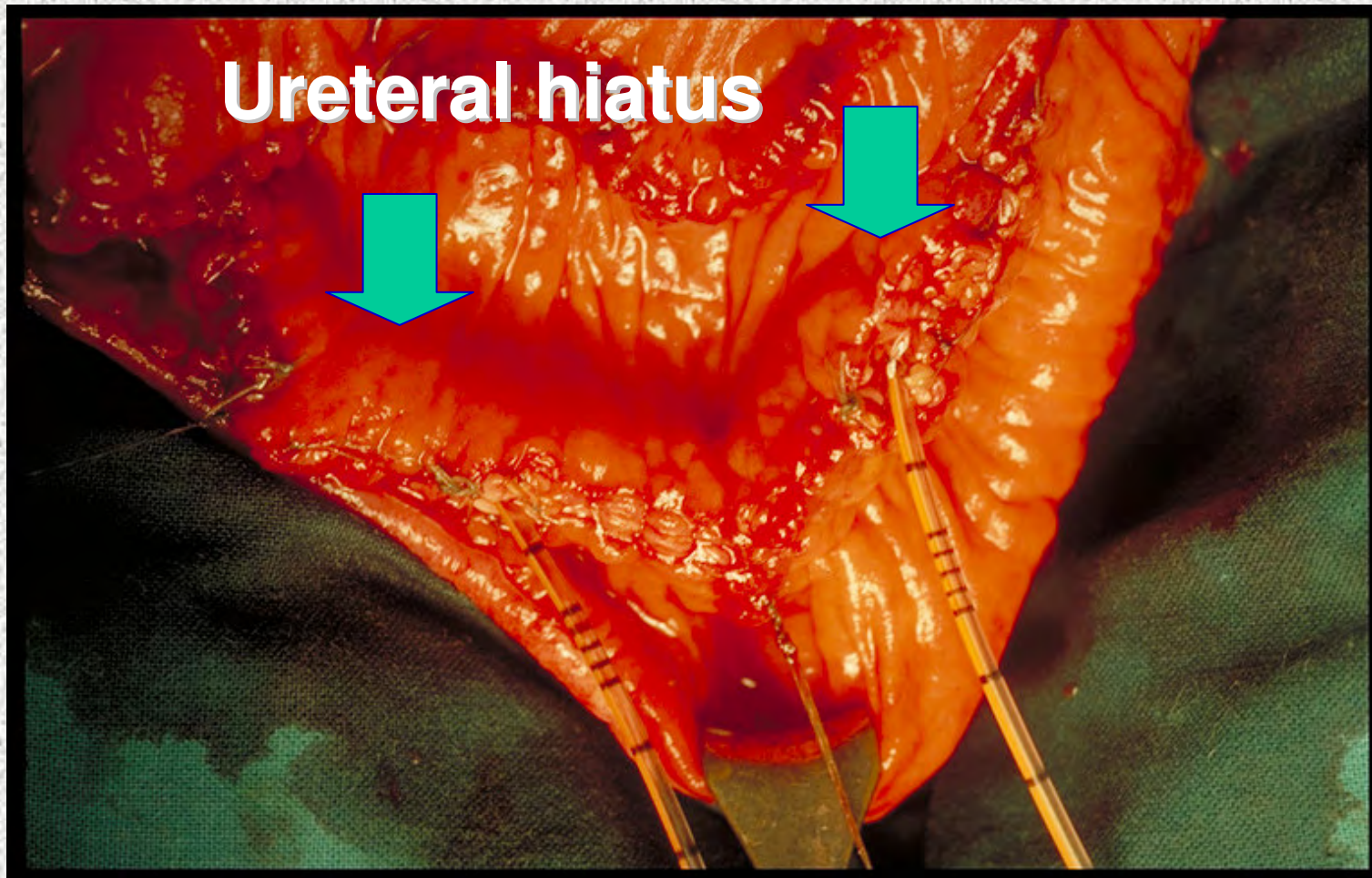
URETERO-ILEAL ANASTOMOSIS (Ghoneim)

**BUILDING THE
NEO-TRIGONE UP**



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URETERO-ILEAL ANASTOMOSIS (Ghoneim)



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RESULTS

- URETEROINTESTINAL ANASTOMOSIS
ACCORDING TO **GHONEIM**:

6% REFLUX

5% STENOSIS

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VIP - UPPER URINARY TRACT TCC

- 4 UUTs

• DIAGNOSIS	IMAGING	3 Pts
	ENDOUIROL.	4 Pts
• TREATMENT	ENDOUIROL.	2 Pts
	SURG. CONSERVATIVE	-
	SURG. DEMOLITIVE	2 Pts

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ONCOLOGICAL INDICATIONS

UP TO 1996:

- **ORGAN CONFINED DISEASE (CLINICAL T2 - T3a)**
- **NO NODAL INVOLVEMENT (PATHOLOGICAL N0)**
- **NO PREOPERATIVE PROSTATE AND BLADDER NECK INVOLVEMENT**

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URETHRAL FROZEN SECTION

**... IS THE ONLY GUIDELINE FOR SELECTING
THE URINARY DIVERSION PROCEDURE...**

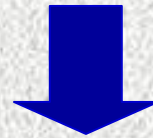
Lebret, Eur. Urol. 1998

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ONCOLOGICAL INDICATIONS

SINCE 1996

- ORGAN CONFINED DISEASE (CLINICAL T2 - T3a)
- NO NODAL INVOLVEMENT
- NO PREOPERATIVE PROSTATE/ BLADDER NECK INVOLVEMENT



**NEGATIVE FROZEN SECTION OF
THE URETHRAL STUMP**

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THE REASONS OF THE SUCCESS . 1

- **RESPECT OF THE PHYSIC and PHYSIOLOGY PRINCIPLES**
- **SATISFACTORY and DURABLE FUNCTIONAL RESULTS**
- **SIMPLE, QUICK, EASY-TO-LEARN PROCEDURE**
- **ACCEPTABLE INTESTINAL and METABOLIC COMPLICATIONS**
- **ACCEPTABLE SHORT/LONG-TERM COMPLICATIONS**
- **NO INTERFERENCES ON THE NATURAL HISTORY OF THE DISEASE**
- **PATIENT SATISFACTION**

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THE REASONS OF THE SUCCESS . 2

THE FOLLOW-UP !!

- **POSTOPERATIVE TRAINING**
- **PERIODICAL CLINICO-FUNCTIONAL EVALUATIONS**
- **CLOSE CONTACT WITH THE PATIENT (DIRECT LINE-VIP NEWS)**

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**V.I.P.
IN THE *FEMALE***

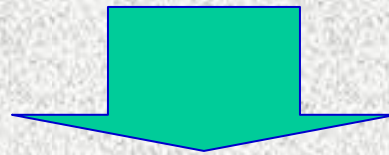


V.I.P. VESCICA ILEALE PADOVANA

V.I.P. IN THE FEMALE

HIGHLY SELECTED INDICATIONS !!

- **NEGATIVE BLADDER FROZEN SECTION**
- **VESICAL PEDICLES FREE OF TUMOR**
- **POSTERIOR WALL FREE OF TUMOR**



STILL INVESTIGATIONAL !!!

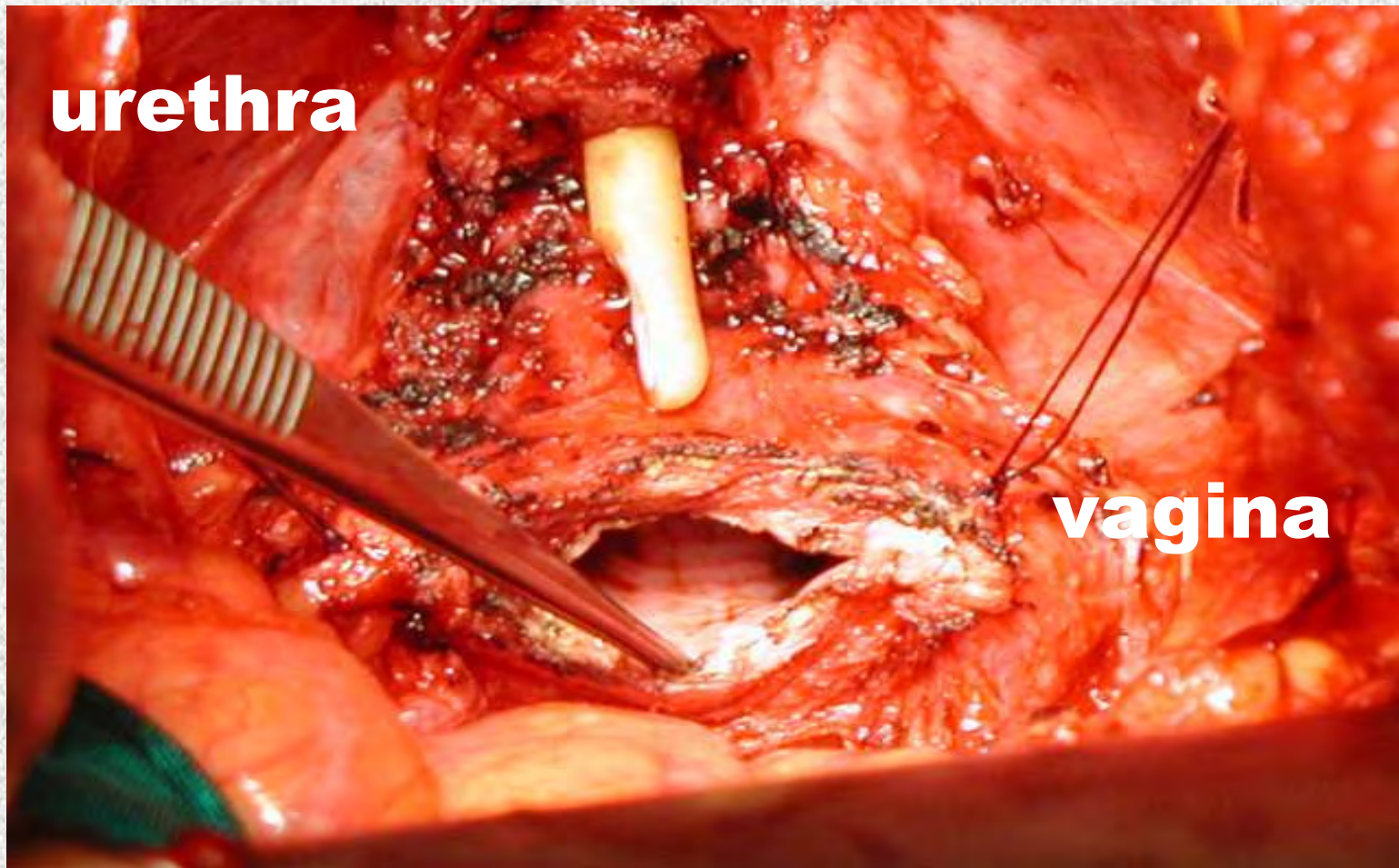
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V.I.P. IN THE FEMALE: FEATURES

- URETHRA SPARING**
- VAGINA SPARING**
- VAGINAL SUSPENSION TO THE SACRUM BY FASCIAL STRIPS**
- STANDARDIZED VIP PROCEDURE**

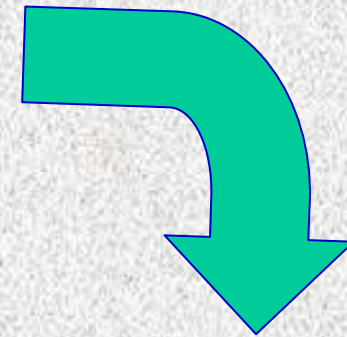
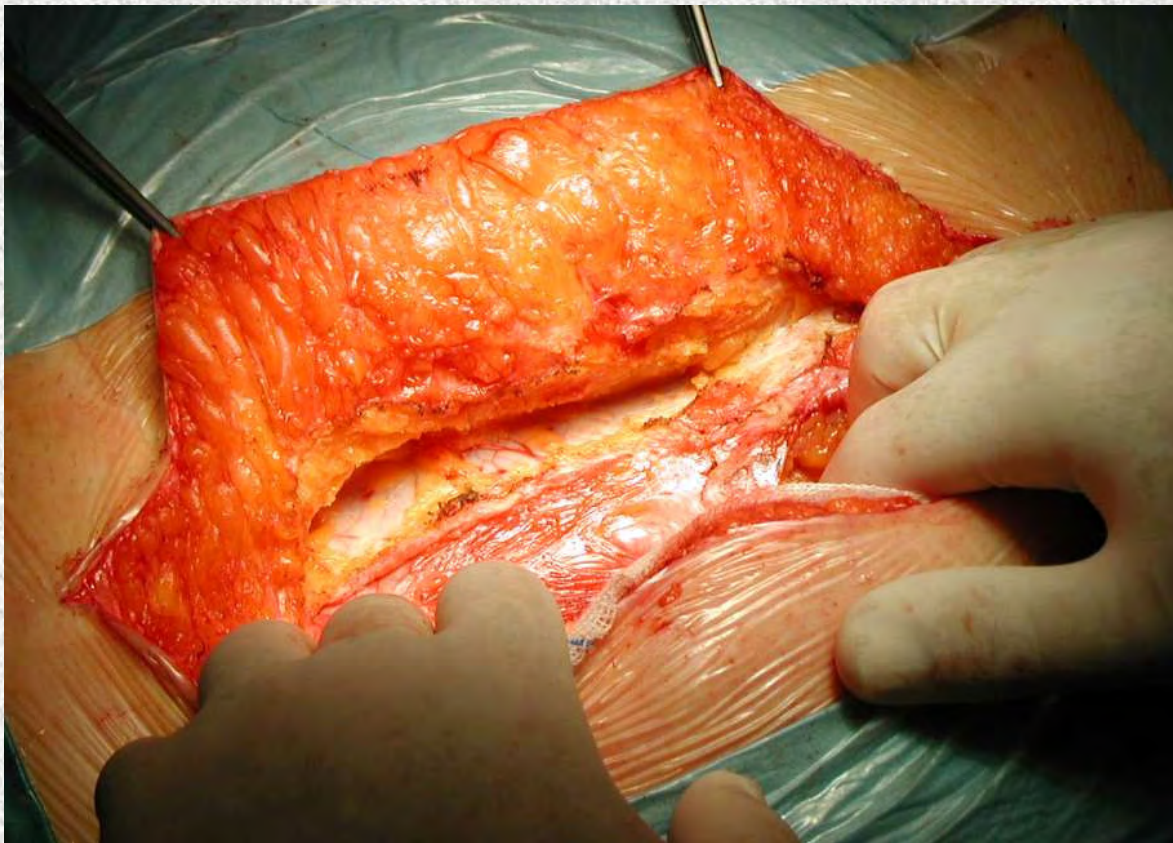
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V.I.P. IN THE FEMALE



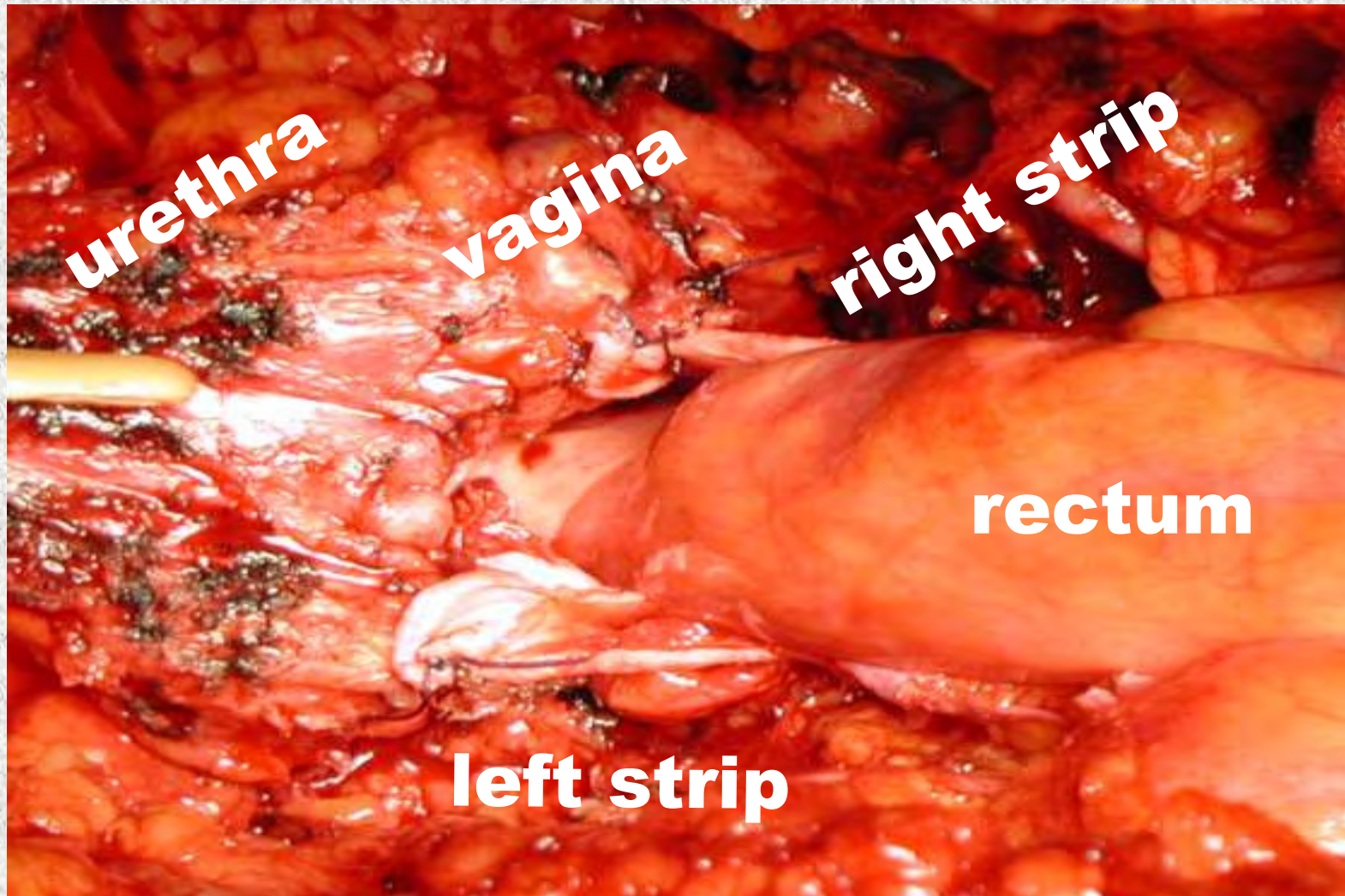
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V.I.P. IN FEMALE



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V.I.P. IN THE FEMALE



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V.I.P. IN THE FEMALE

