



Avoiding Complications in Pediatric Urology Robotic Surgery

Patricio C. Gargollo, MD
Associate Professor, The Mayo Clinic

Practical & Evidence Based Minimally Invasive and Robotic-Assisted Surgery in Pediatric Urology

Disclosures

- Proctor / Lecturer for Intuitive Surgical

Complications

- We all learn from them
- If you don't have them you are not operating
- “A surgeon with a 0% complication rate is lying to you boss” Dr. Alex Althausen

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Only 2 types of doctors never have surgical complications: those who don't operate and those who aren't truthful.



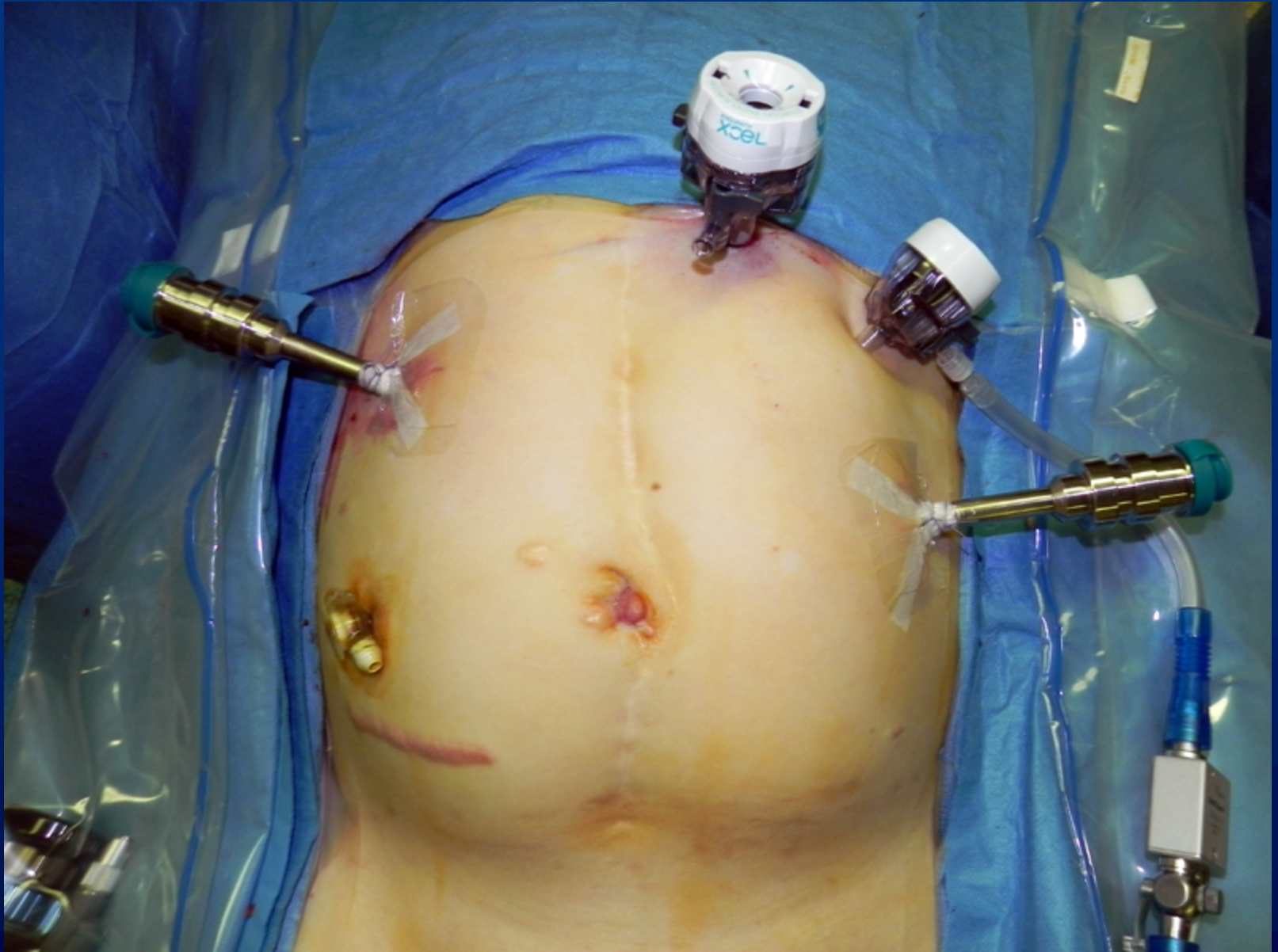
Surgical Complications | Anterior Segment | Topics in
Ophthalmology from The JAMA Network
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Special Positioning Considerations





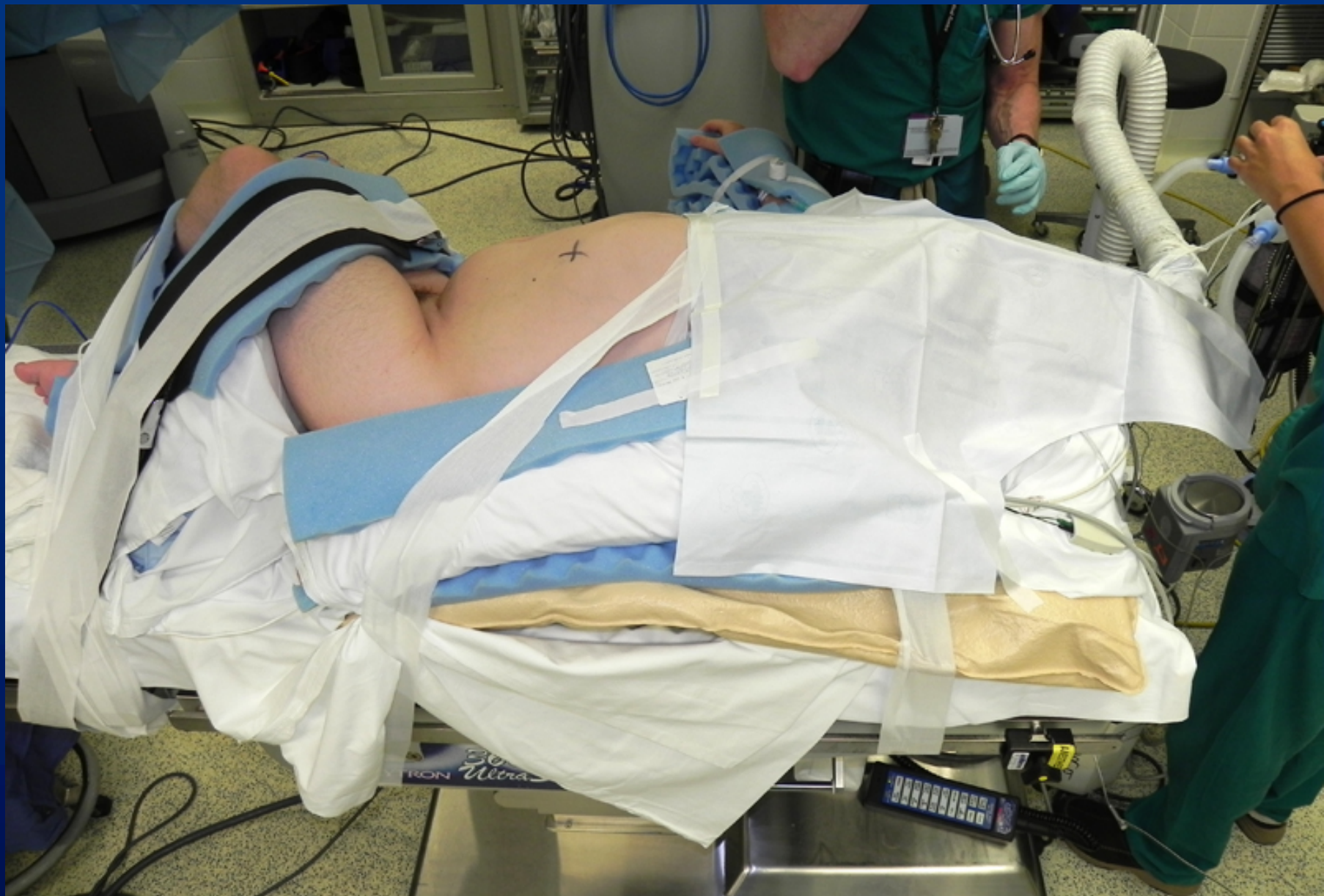




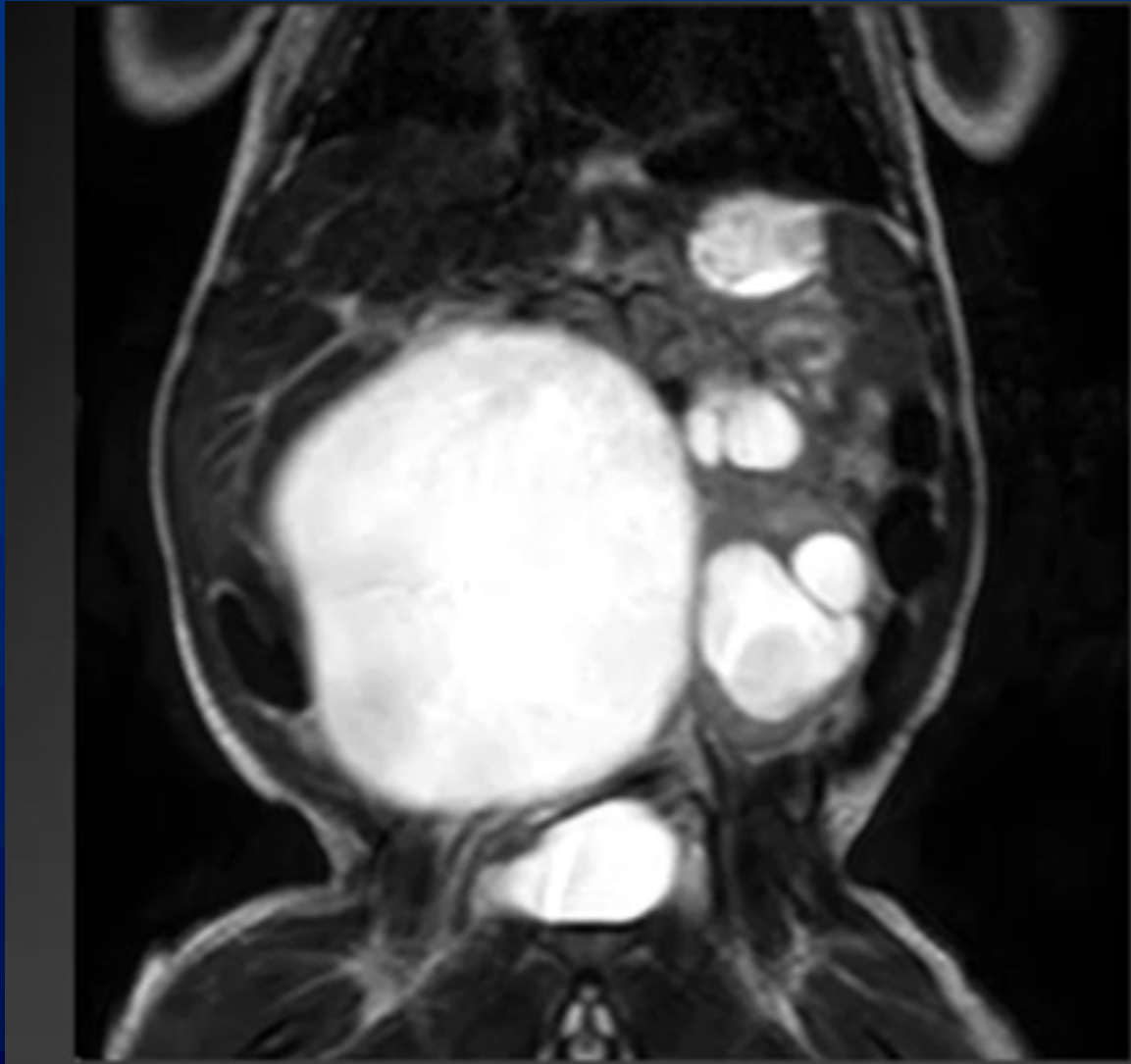


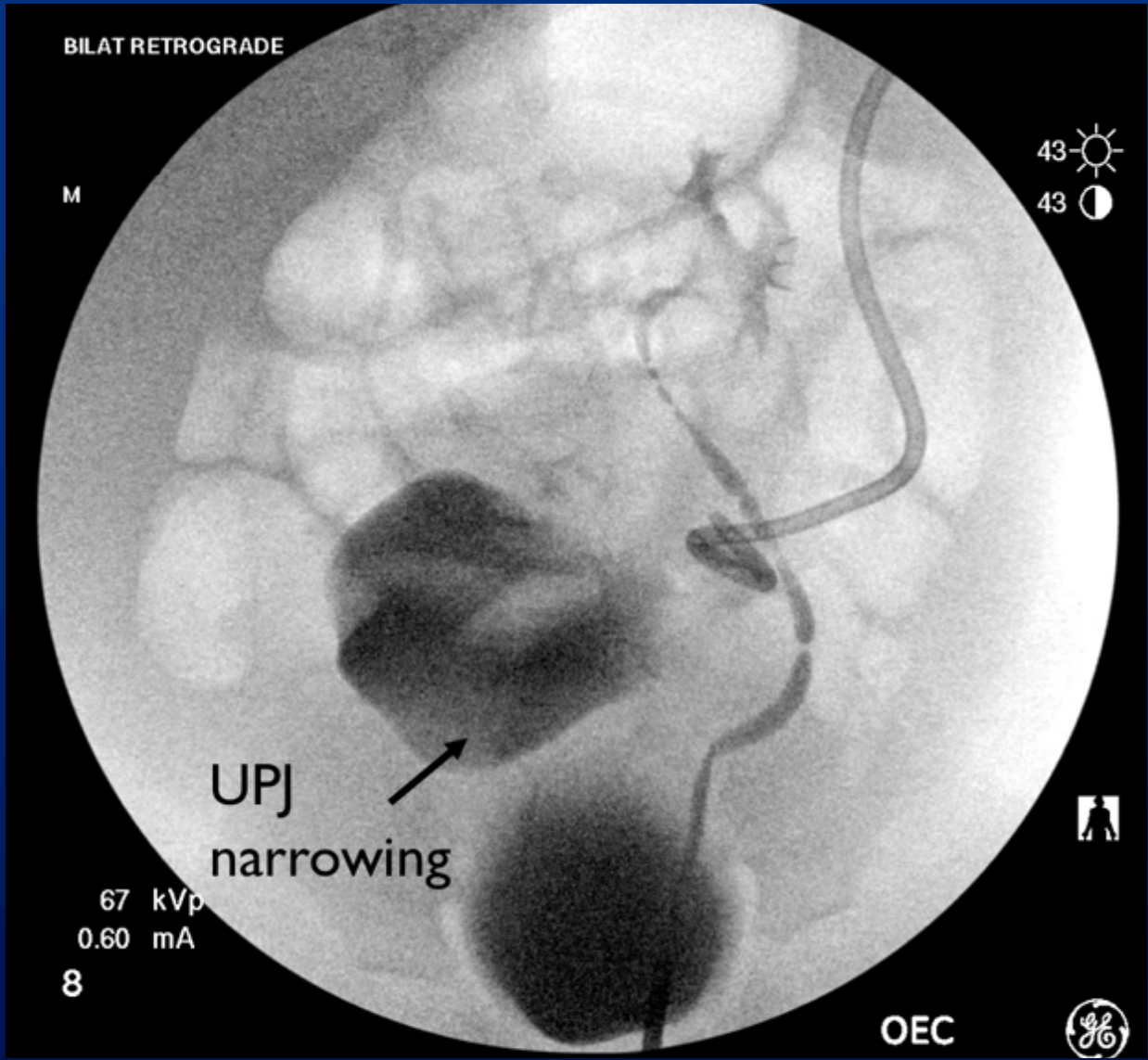






Modify Positioning to fit the problem

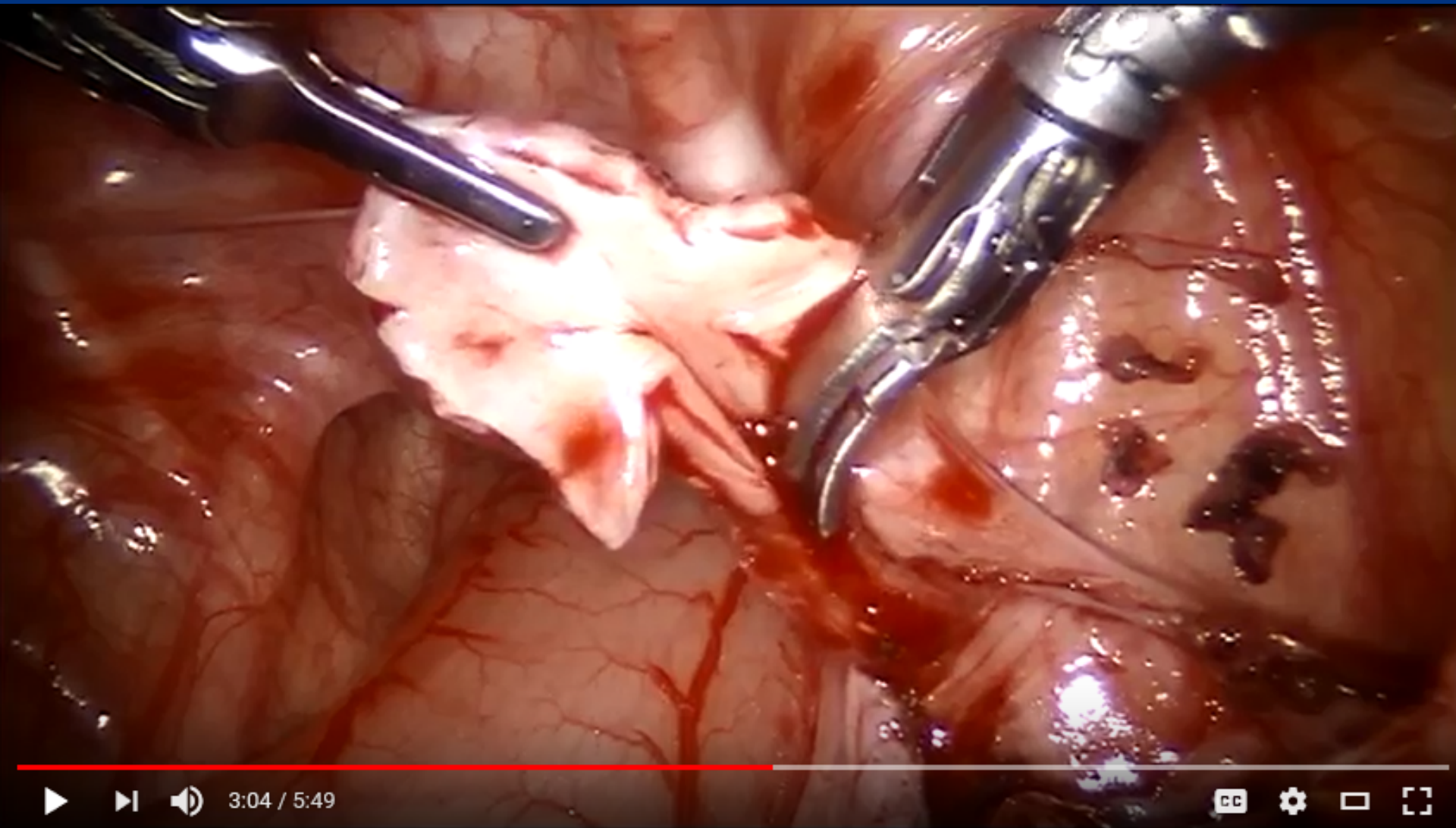




Where would you place your ports?

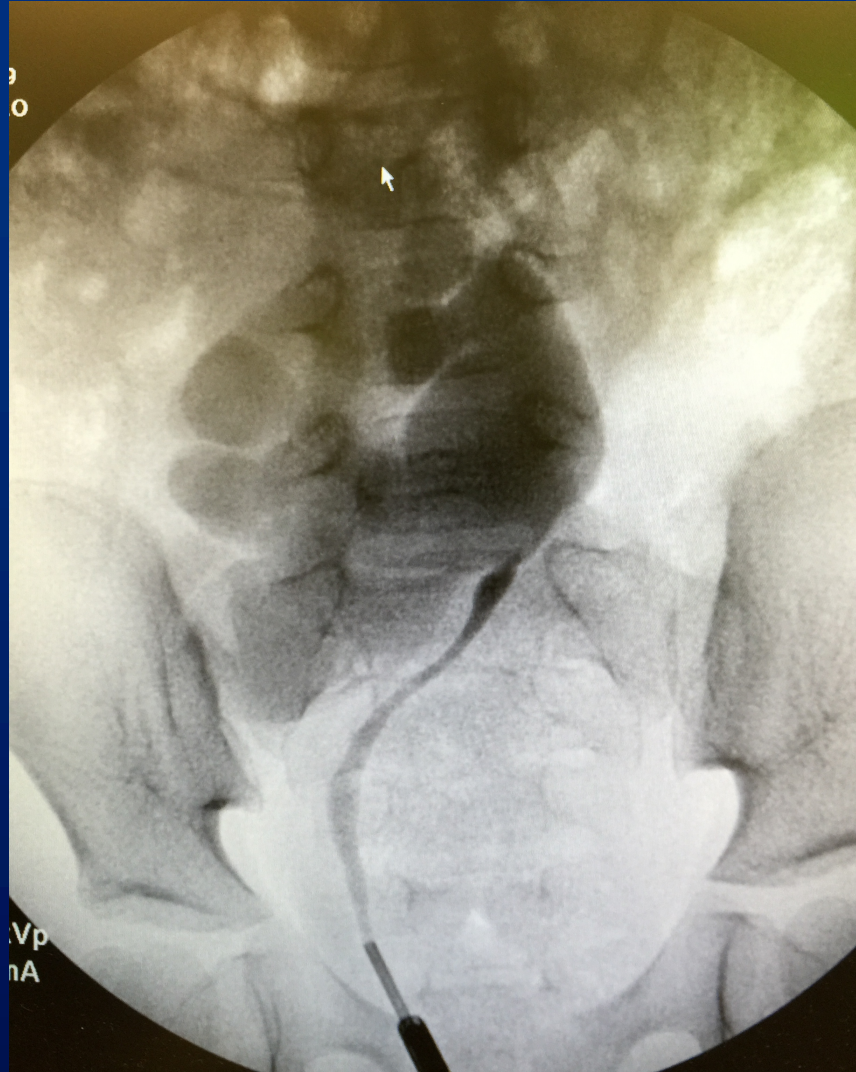




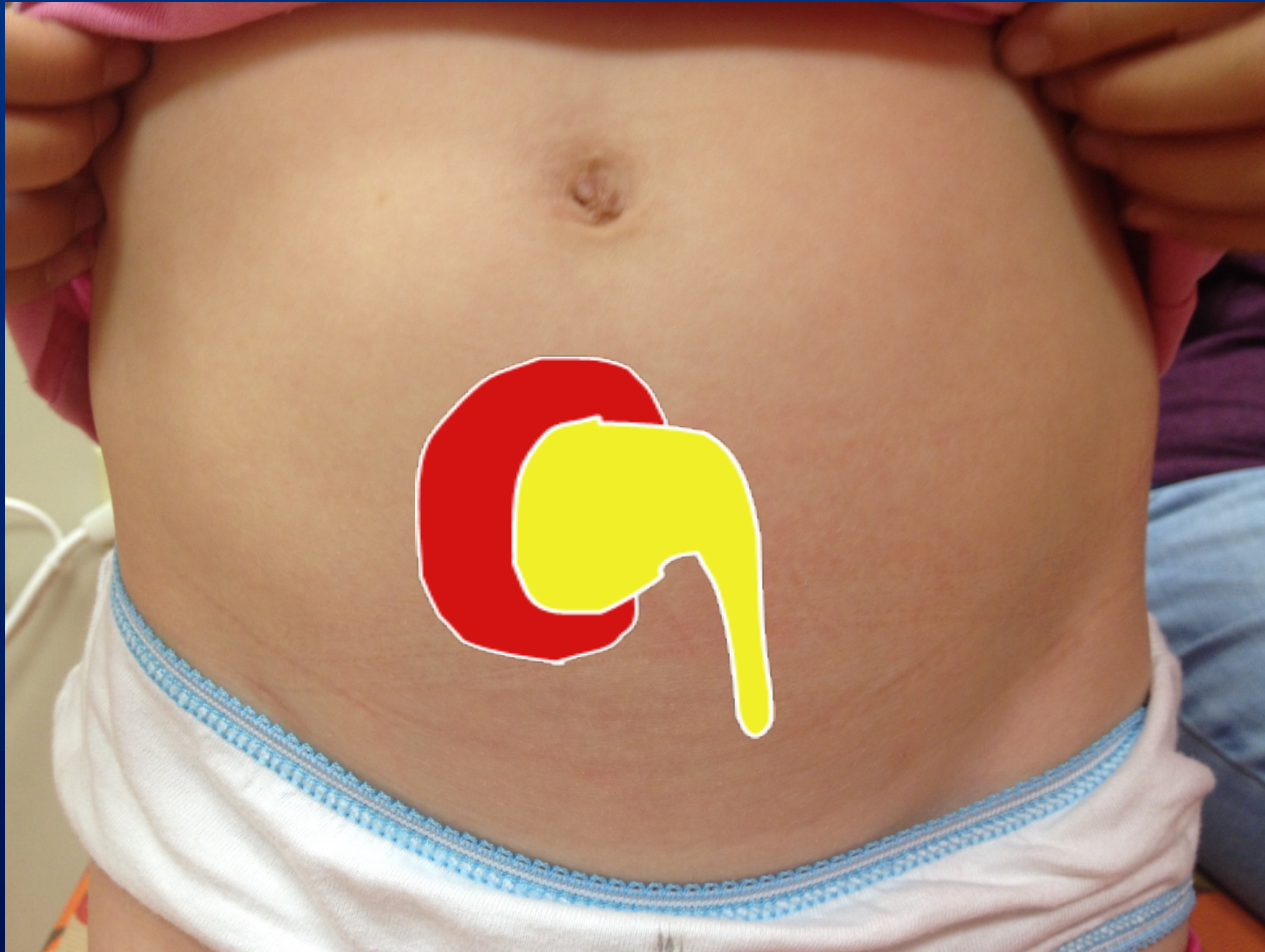


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Where would you place your ports?









Access

Access and Port Placement Basics

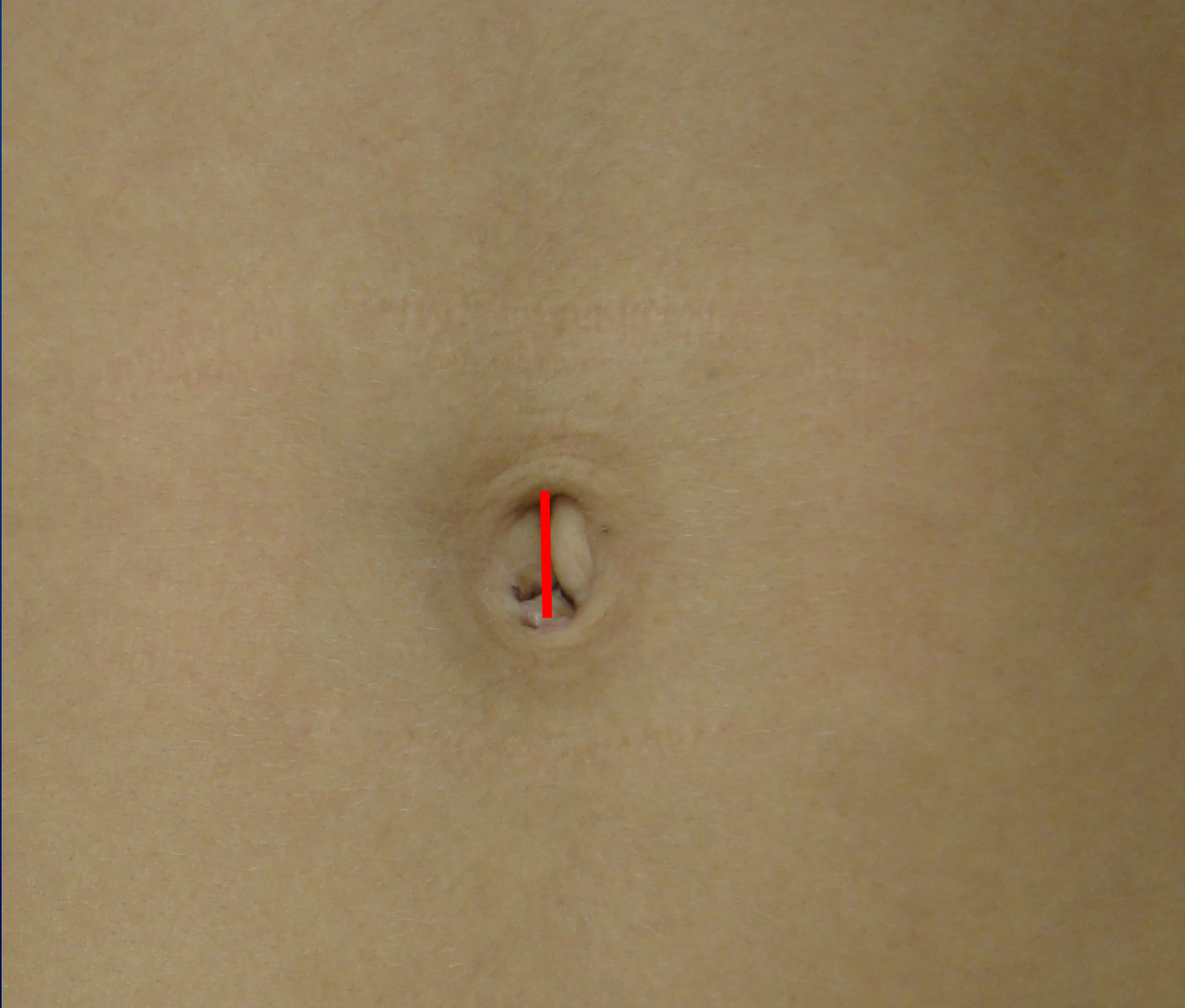
- Patient safety
 - Avoid complications
- Access
 - No technique is free from complications
- Trocar placement
 - Use a 5 mm camera
 - Point away from vital structures
- Maximize effective docking / ergonomics
 - Minimize clashing

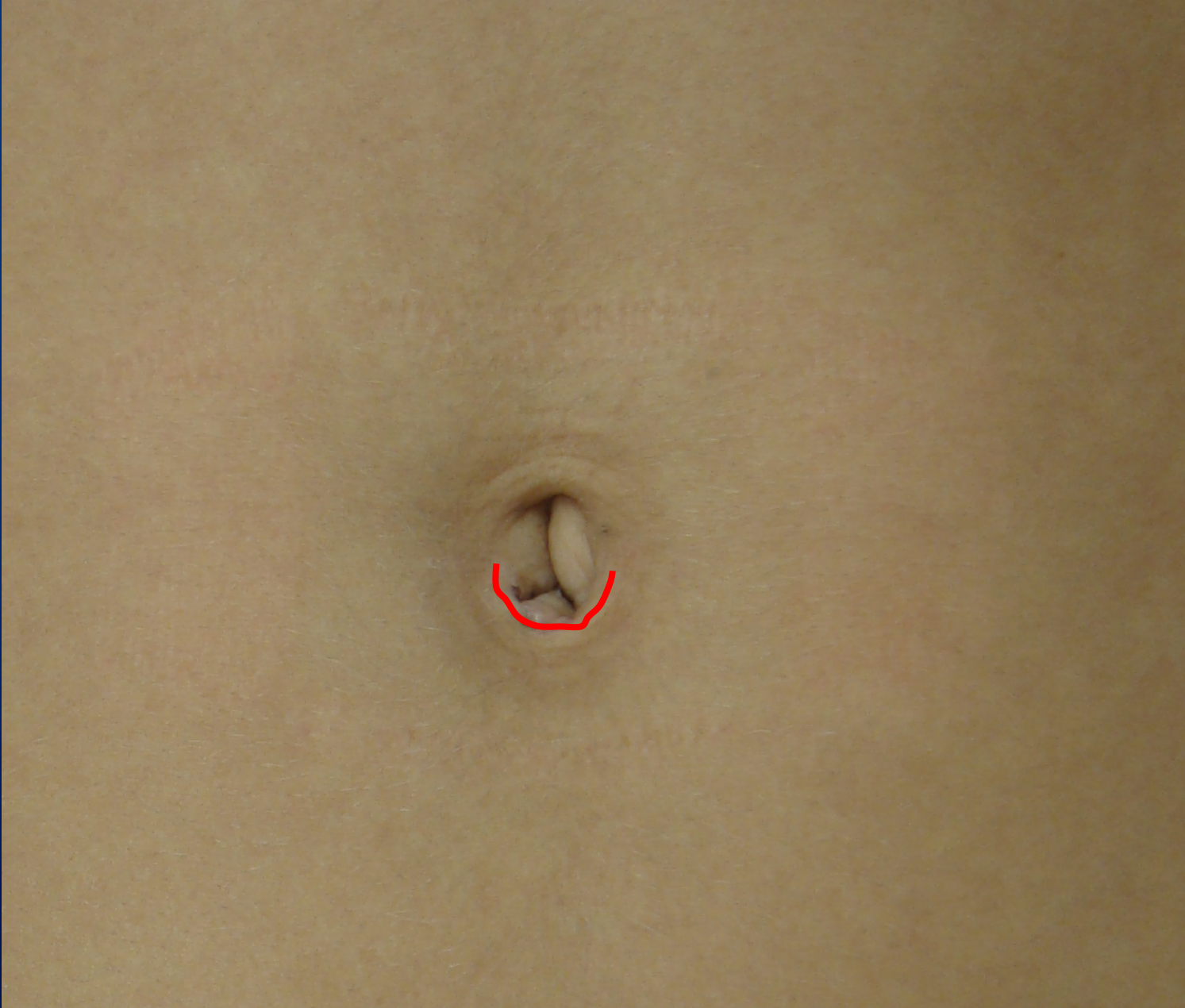
Initial Access

No “perfect” technique

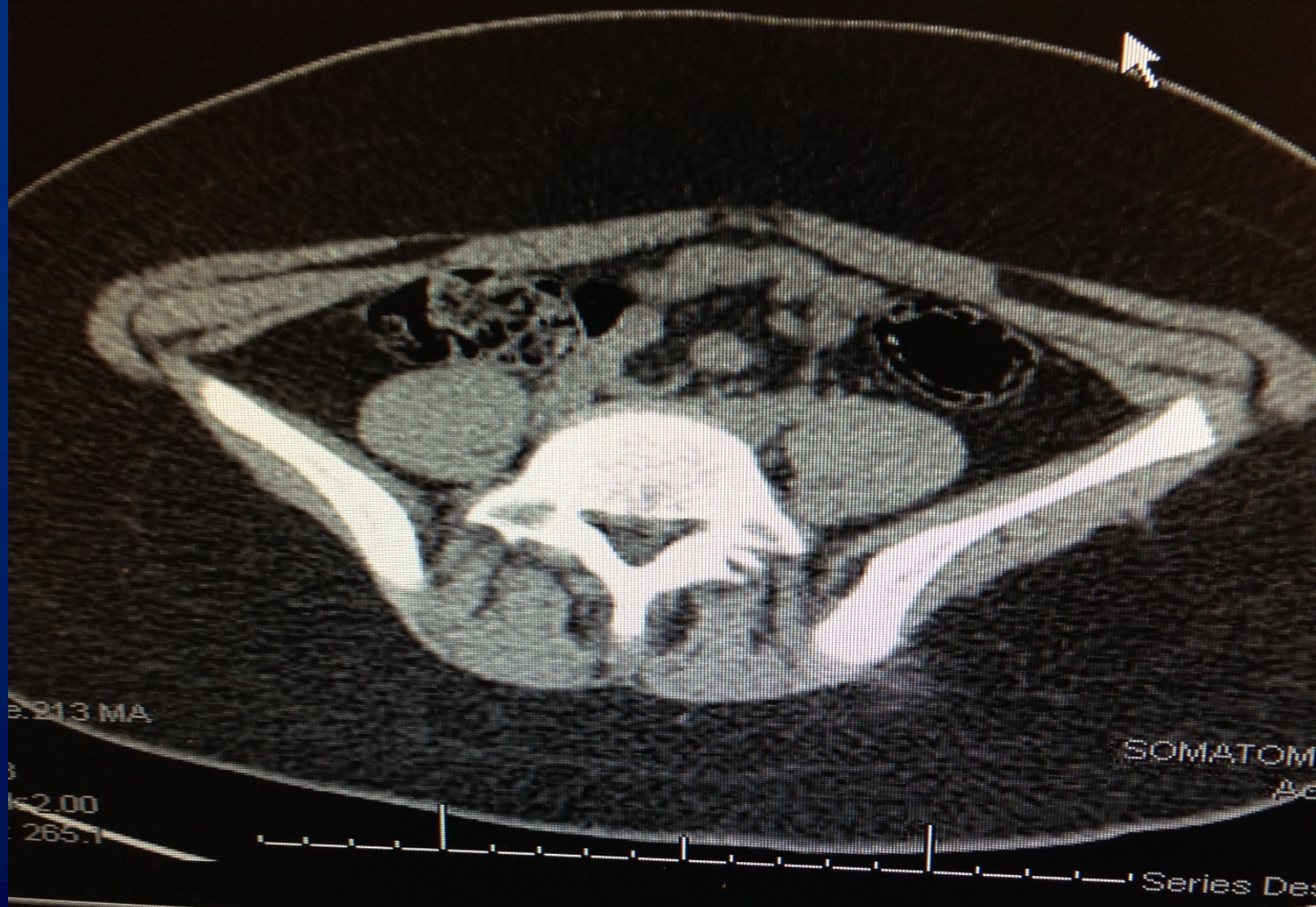
Attending: “Verees needles kill people”

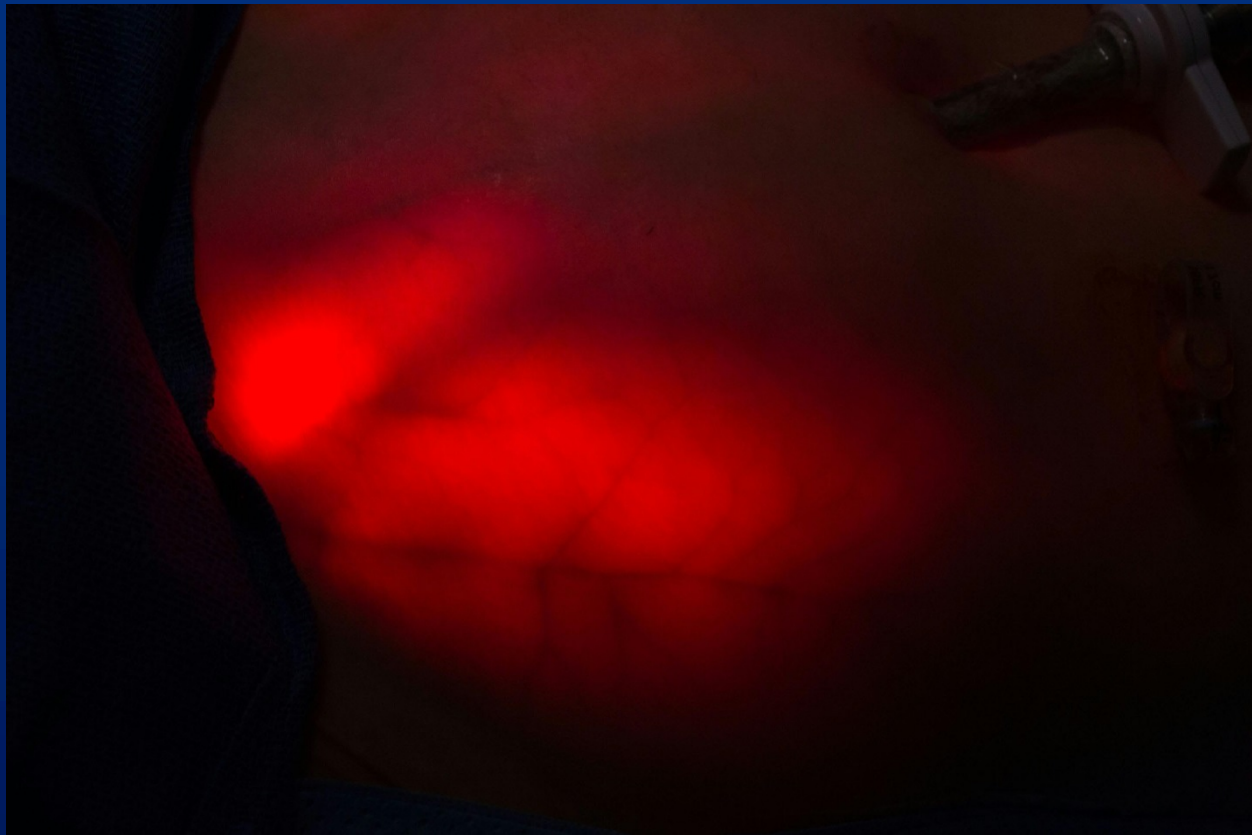
Resident: “Verees needles don’t kill people,
people kill people”

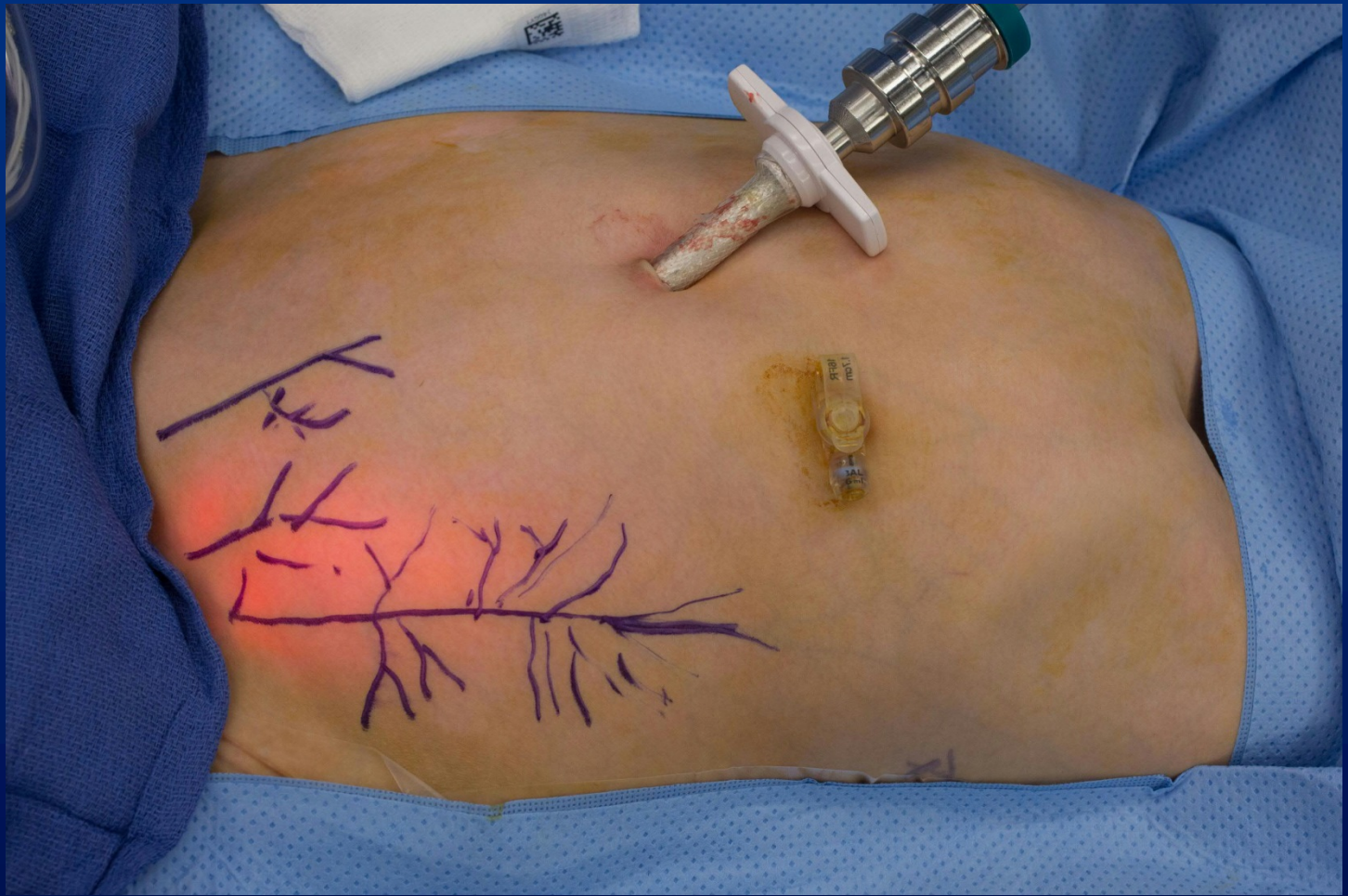




Complications of Access









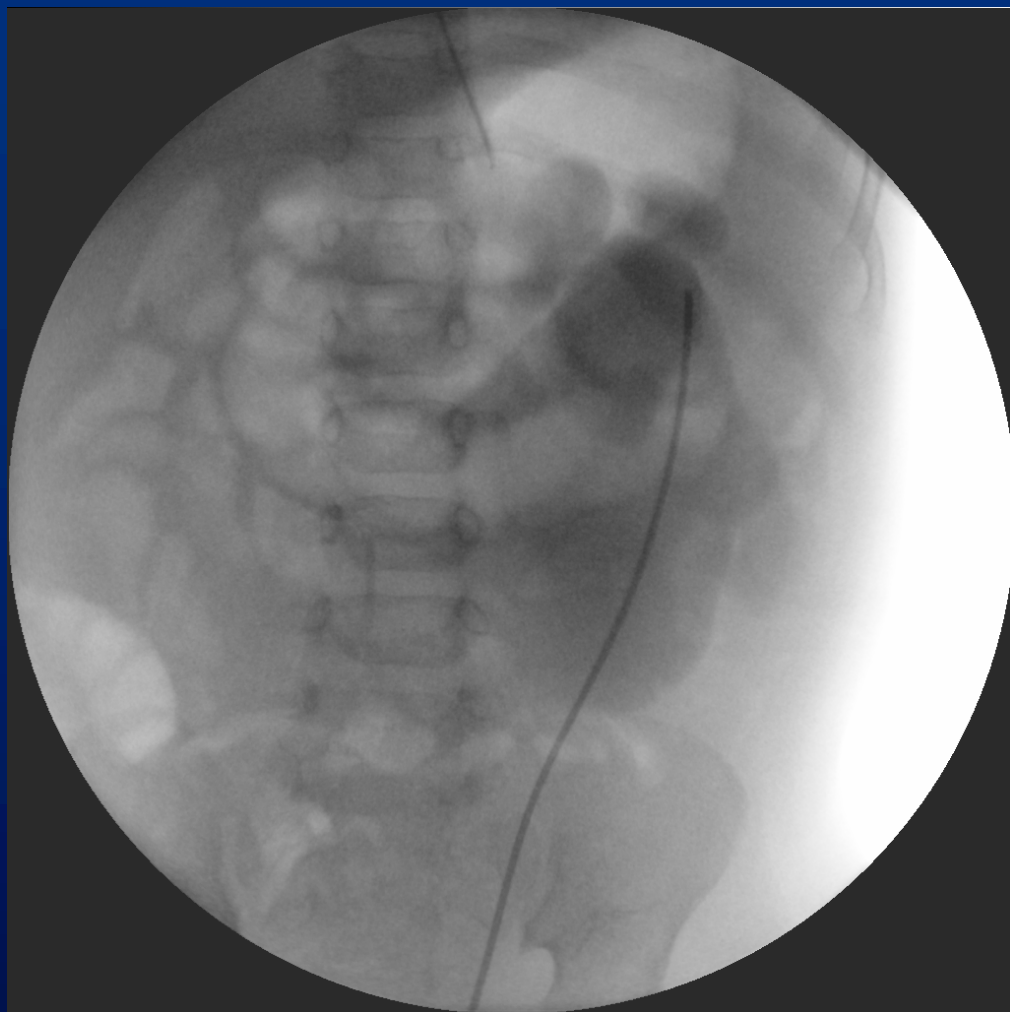
Its not over until its over

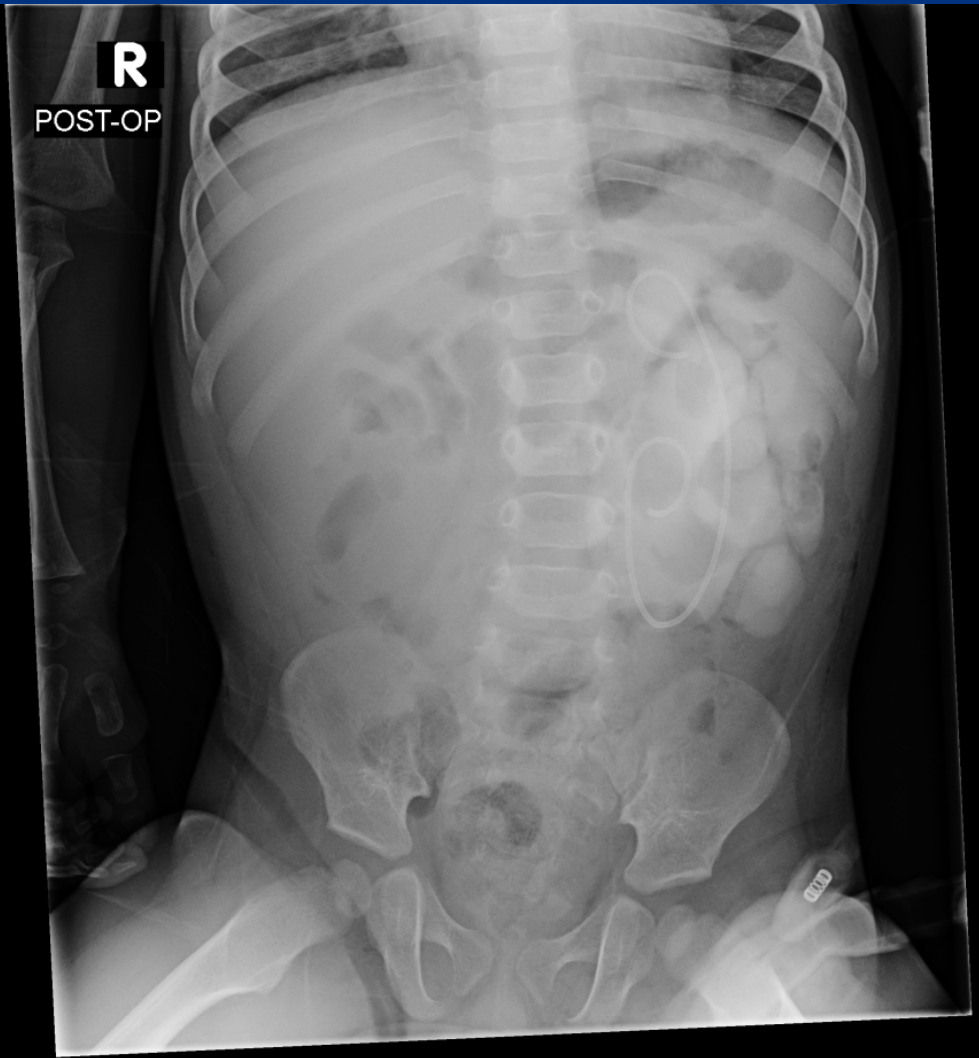


Pay attention to what your underlings
are doing

The Importance of Simulation

- Do you know how to emergently undock and convert?
 - Does your team?
 - Does your bedside assistant?
 - Do you know how to emergently release an instrument?
 - How fast does it take you to do the above?







Complications of Bad Luck



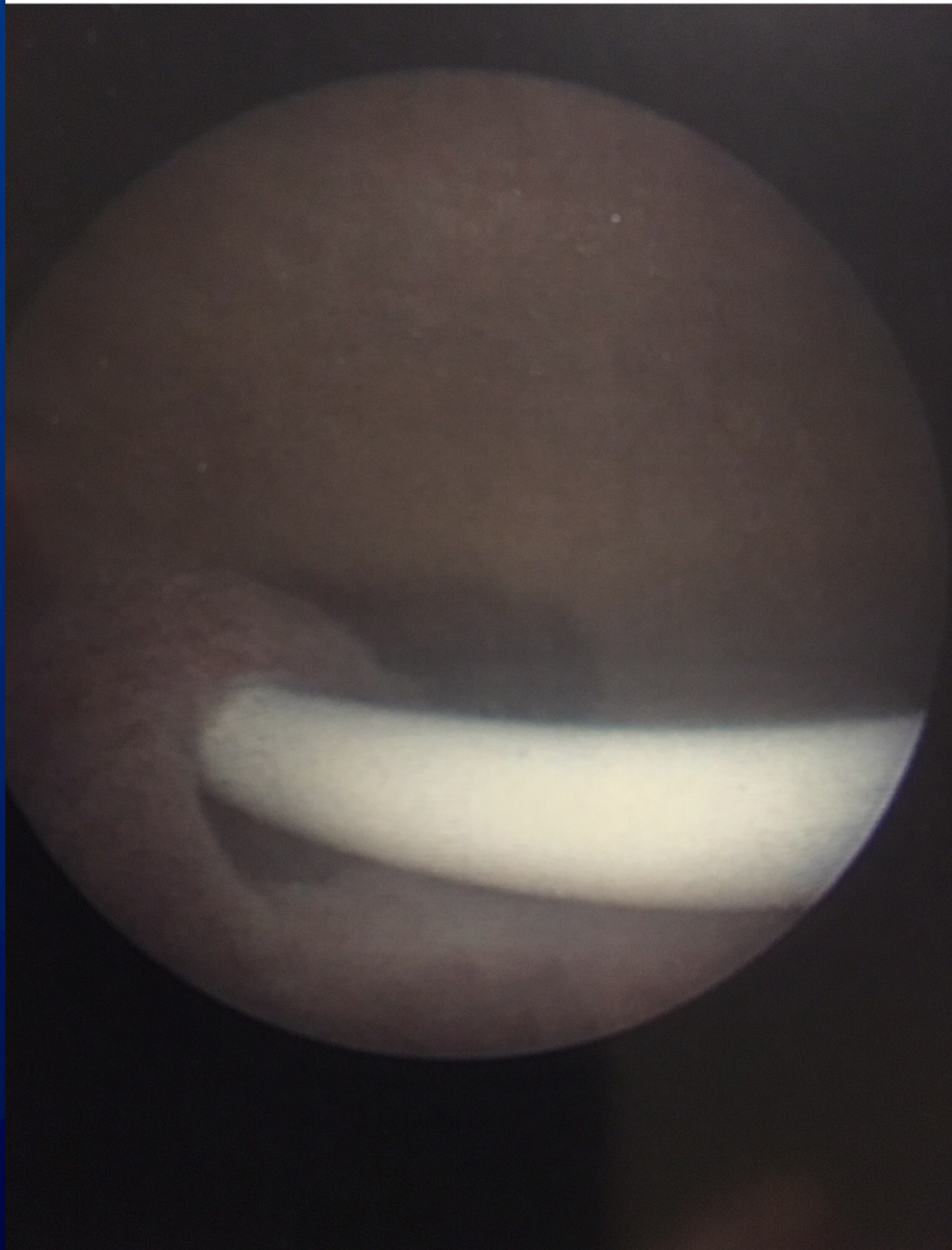


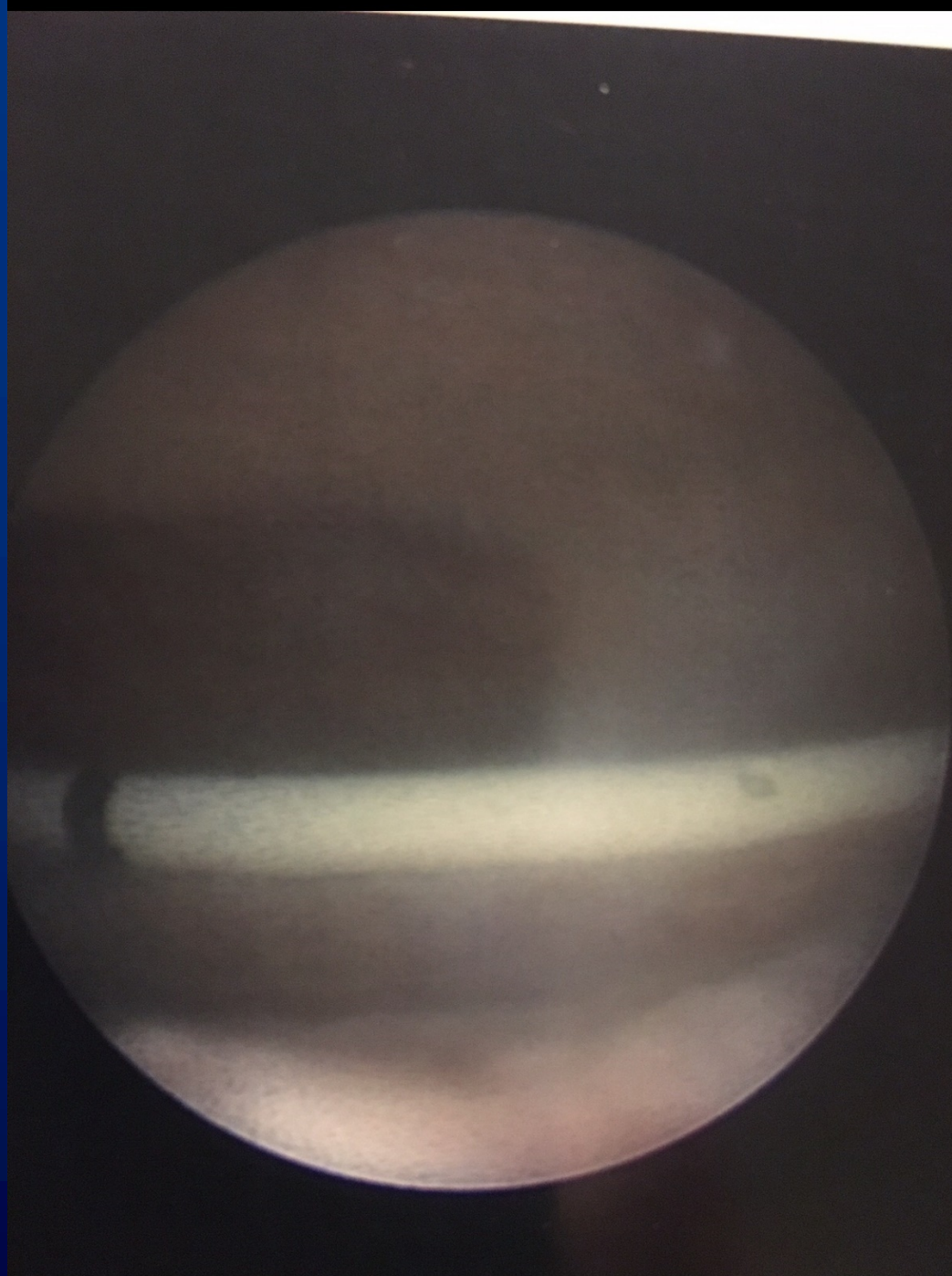


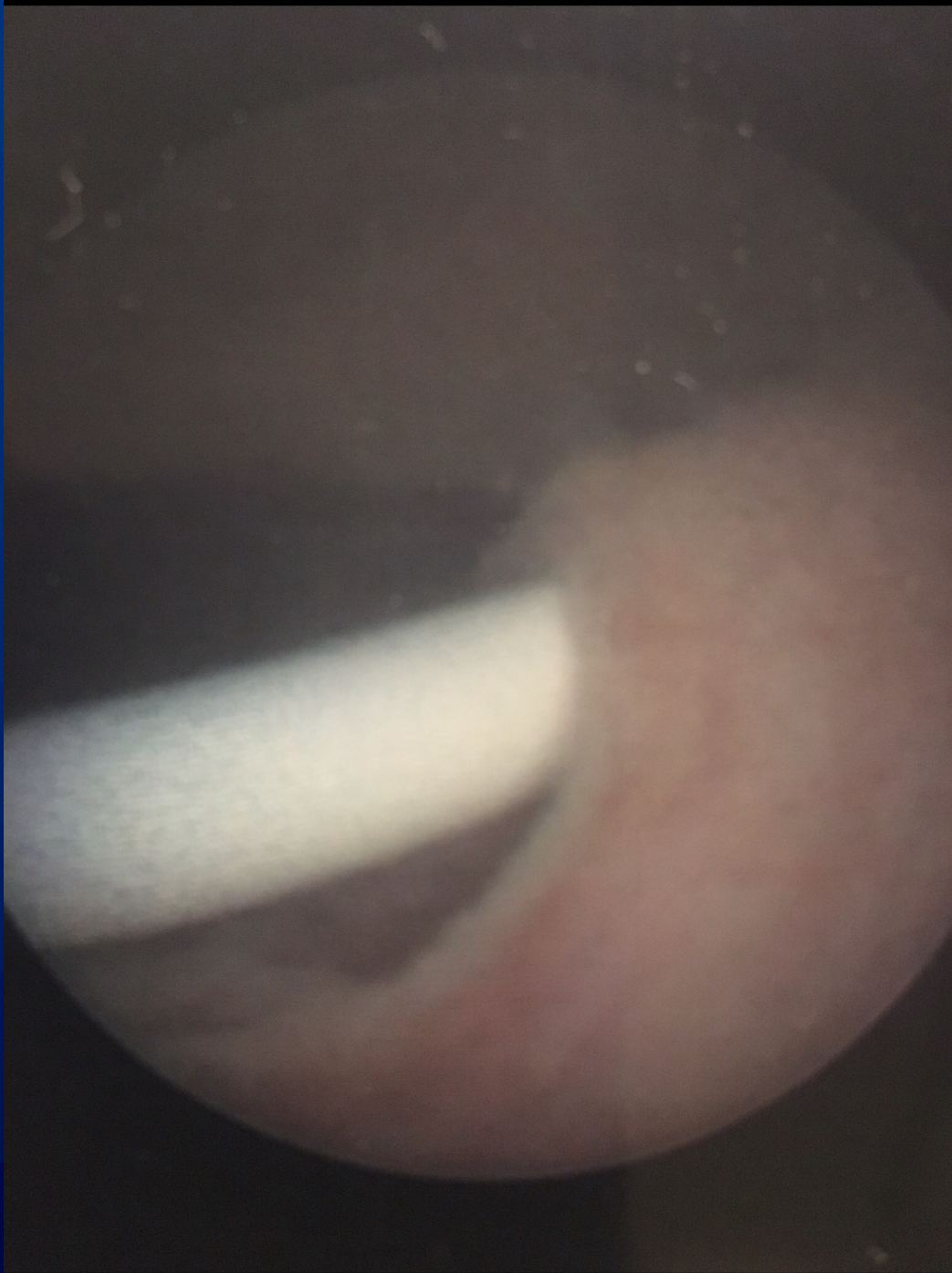




Other Stent Shenanigans







Learning from my mistakes

- No blind trocar placement
- Do not make the tunnels too tight
- Always think
 - “What can I do to kill (or majorly F up) this patient?”
- Beware of cautery
- Communicate
 - Esp with needle exchanges
- Your “Assistant” can be your worst enemy
- Simulate emergencies

Closing Remarks

- Challenging but exciting and innovative
- Feasible and “Safe”
- Different types of complications
- Robotic vs Open??
 - “Best Management” is not clear
 - Honest and ethical reporting is **IMPERATIVE**
 - Cystectomy and Prostatectomy
 - Robotic Ureteral Reimplants
 - If you have a hammer not everything is a nail

Complications: Don't Do This:



Do this...and be prepared



Thank you

Please email me with any questions
Gargollo.Patricio@mayo.edu



