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Modification of Some Urological Operations

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ABSRACT

PURPOSE

Modification of Chiglintsev-Leisle nephropexy, Winkelman surgery and circumcision, comments on radical prostatectomy.

DISCUSSION

In the author's modified version of Chiglintsev-Leysle nephropexy, nephroptosis is eliminated by fixing the parietal peritoneum to the kidney capsule along its adjacent anterolateral surface with three or four nodular mattress absorbable synthetic sutures 2.0 - 3.0. To reduce the traumaticity of the Winkelman operation and the swelling of the testicular membranes in the postoperative period with testicular dropsy, the dissection of the parietal vaginal membrane is carried out not throughout its entire length, but in the proximal area by the amount necessary for its eversion (corresponding to the diameter of the testicle). When excising the foreskin of the penis between two circular incisions, the foreskin of the penis is pulled distally by two Kocher clamps so that the two circular incisions are in the same plane above each other (to exclude damage to non-excisable tissues). Due to the blood supply of the prostate gland through the prostatic arteries extending from the lower urinary bladder's arteries, the preferred method of separate of the prostate gland during radical prostatectomy is the antegrade method with ligation/clipping of the prostatic arteries at the initial stage of separate of the prostate gland.

CONCLUSIONS

Modification of Chiglintsev-Leysle nephropexy, Winkelman and circumcision operations, as well as comments on radical prostatectomy can significantly increase the effectiveness of these operations.

KEYWORDS

Chiglintsev-Leysle nephropexy; Winkelman surgery; Circumcision; Prostatectomy

INTRODUCTION

Nephropexy, Winkelman surgery, circumcision and radical prostatectomy, despite their widespread use, have separate disadvantages that can be eliminated.

DISCUSSION

Modification Of Chiglintsev-Leysle Nephropexy

In 1995, Chiglintsev and Leysle with nephroptosis proposed to fix the kidney with a cut-out flap of the

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parietal peritoneum on the leg, holding it under the kidney capsule [1]. This operation, which allows to preserve the physiological respiratory excursion of the kidney, can be performed laparoscopically by transperitoneal access in a simpler way without cutting out the flap of the parietal peritoneum and without creating tunnels for its conduct under the kidney capsule. In the author's modified version of Chiglintsev-Leysle nephropexy, nephroptosis is eliminated by fixing the parietal peritoneum to the kidney capsule along its adjacent anterolateral surface with three or four nodular mattress absorbable synthetic sutures 2-0 - 3-0. The parietal peritoneum is not dissected. Before suturing, the kidney, which is movable during nephroptosis, is displaced by the blunt end of one of the laparoscopic instruments in the cranial direction to the physiological position. As with the original operation [1], the variant of nephropexy modified by the author allows not only to fix the kidney in its physiological position, but also to preserve the physiological respiratory excursion of the kidney. The parietal peritoneum, which has retained its viability, unlike synthetic non-absorbable materials used for nephropexy, has elasticity and does not cause negative reactions from the renal tissue.

Modification of the Winkleman Operation

To reduce the traumaticity of the Winkelman operation and the swelling of the testicular membranes in the postoperative period with testicular dropsy, the dissection of the parietal vaginal membrane is carried out not throughout its entire length, but in the proximal area by the amount necessary for its eversion (corresponding to the diameter of the testicle). After that, the edges of the dissected and inverted parietal vaginal membrane of the testicle are sutured with one or two absorbable synthetic sutures 4-0 - 5-0, preventing compression of the spermatic cord. For a similar purpose, before this, the parietal vaginal membrane is not completely isolated, but half of its surface.

Modification of Circumcision

Before carrying out two circular incisions of the skin of the foreskin [2] to prevent damage to the cavernous bodies, spongy body and urethra, nerves and arteries of the penis, circular hydrotreating of tissues with a solution of local anesthetic is carried out: behind the coronal furrow and proximally - at the site of the second incision. When excising the foreskin between two circular incisions [2], the foreskin of the penis is pulled distally by two Kocher clamps so that the two circular incisions are in the same plane above each other (to exclude damage to non-excisable tissues).

Comments on Radical Prostatectomy

Due to the blood supply of the prostate gland through the prostatic arteries extending from the lower urinary bladder’s arteries, the preferred method of separate of the prostate gland during radical prostatectomy is the antegrade method with ligation/clipping of the prostatic arteries at the initial stage of separate of the prostate gland. Accordingly, with antegrade prostate separate during radical prostatectomy, the volume of blood loss is significantly lower compared to the retrograde method of separate, which reduces the risks of surgical complications and improves the conditions for performing the operation.

CONCLUSIONS

Modification of Chiglintsev-Leysle nephropexy, Winkelman and circumcision operations, as well as comments on radical prostatectomy can significantly increase the effectiveness of these operations.

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