



6th ANNUAL UC COURSE
Emerging personalized therapies for the
management of urothelial carcinomas

VI CURSO ANUAL DE UC
Terapias personalizadas emergentes
en el manejo del carcinoma urotelial

Best practices for RC and urinary reconstruction

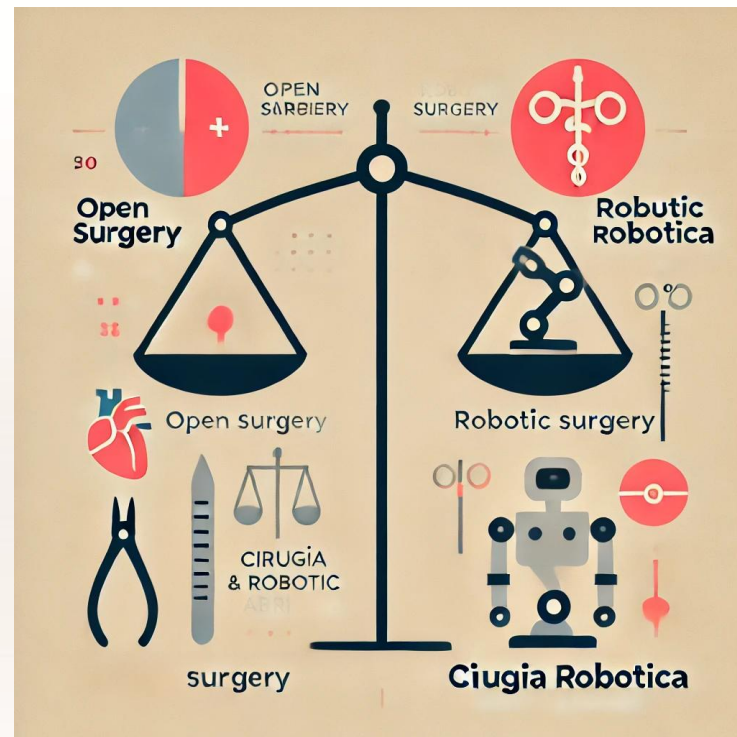
*Los mejores procedimientos para la CR y la
Derivación Urinaria.*



M.Isabel Galante Romo
Servicio Urología
Hospital Clínico San Carlos
Madrid

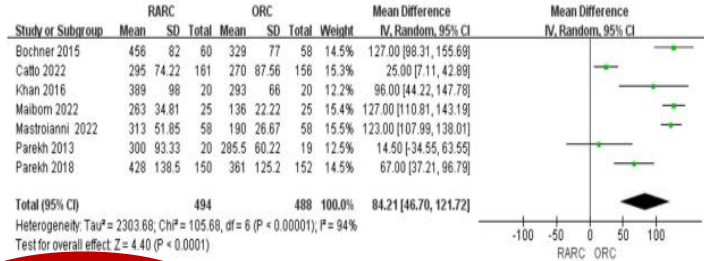
Los mejores procedimientos

¿Todavía hay debate?

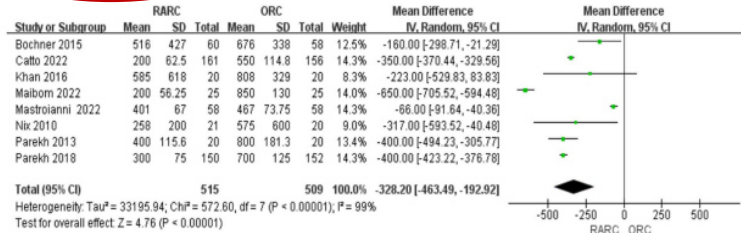


Revisiones y Meta-Análisis RCT

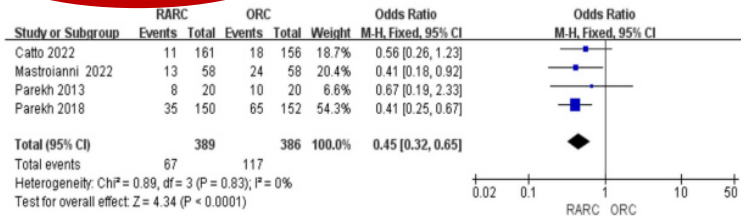
a Operative time



b Estimated blood loss



c Blood transfusion rate



Catto et al., 2022 [14]	UK	RARC/ORC	161/156
Veijgaard et al., 2022 [20]	Denmark	RARC/ORC	25/25
Maibom et al., 2022 [16]	Denmark	RARC/ORC	25/25
Mastroianni et al., 2022 [15]	Italy	RARC/ORC	58/58
Khan et al., 2020 [21]	UK	RARC/ORC	20/20
Venkatramani et al., 2020 [22]	USA	RARC/ORC	150/152
Bochner et al., 2018 [23]	USA	RARC/ORC	60/58
Parekh et al., 2018 [4]	USA	RARC/ORC	150/152
Khan et al., 2016 [24]	UK	RARC/ORC	20/20
Bochner et al., 2015 [25]	USA	RARC/ORC	60/58
Messer et al., 2014 [26]	USA	RARC/ORC	20/20
Parekh et al., 2013 [27]	USA	RARC/ORC	20/20
Nix et al., 2010 [19]	USA	RARC/ORC	21/20

Liu et al. *World Journal of Surgical Oncology* (2023) 21:240
<https://doi.org/10.1186/s12957-023-03132-4>

World Journal of
Surgical Oncology

REVIEW

Open Access



Robot-assisted radical cystectomy vs open radical cystectomy in patients with bladder cancer: a systematic review and meta-analysis of randomized controlled trials

Hongquan Liu^{1†}, Zhongbao Zhou^{2†}, Huibao Yao¹, Qiancheng Mao¹, Yongli Chu³, Yuanshan Cui^{1*} and Jitao Wu^{1*}



Revisiones y Meta-Análisis

Robotic assisted vs open radical cystectomy: an updated systematic review and meta-analysis

Ludovica Cella^{1,2} · Giuseppe Basile³ · Stefano Moretto^{1,2} · Marco Paciotti² · Rodolfo Hurle² · Giovanni Lughezzani^{1,2} · Pier Paolo Avolio^{1,2} · Andrea Piccolini^{1,2} · Stefano Mancon^{1,2,8} · Massimo Lazzeri² · Andrea Gallioli⁴ · Camille Berquin⁵ · Pietro Diana⁶ · Laura S. Mertens⁶ · Michael Baboudjian⁷ · Nicolò Maria Buffi^{1,2} · Roberto Contieri^{1,2} · Alessandro Uleri^{1,2}

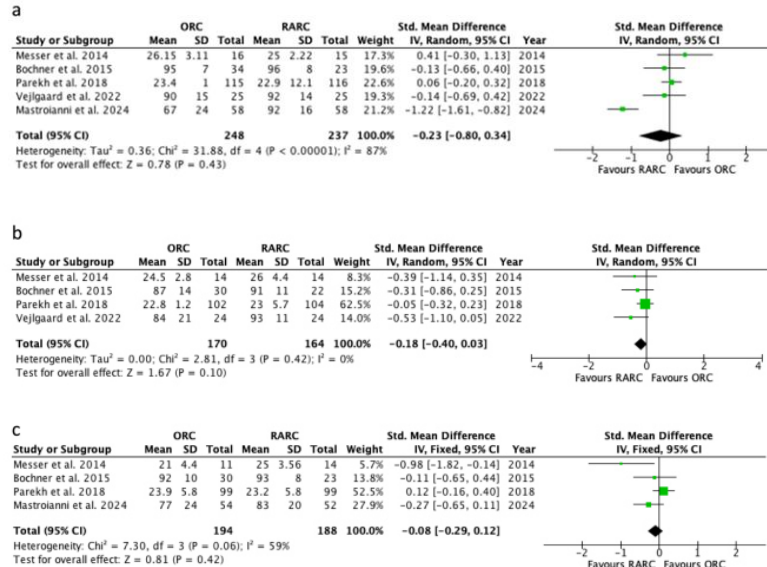
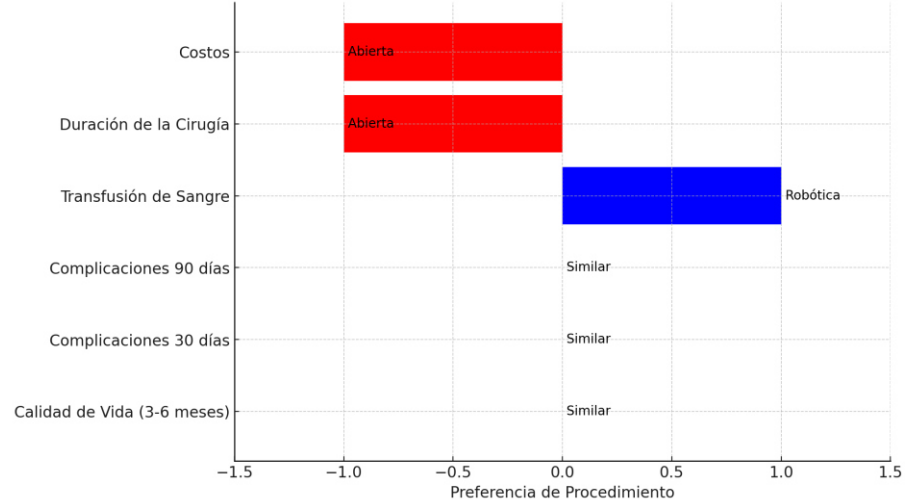


Fig. 4 Forest plots of the meta-analysis of physical functioning domain comparing RARC to ORC at baseline (a), after 3 months (b) and after 6 months (c)

Comparación de Resultados Significativos: Cistectomía Robótica vs Abierta



QoL similar a partir 3m

Review Article

Comparison of perioperative complications and health-related quality of life between robot-assisted and open radical cystectomy: A systematic review and meta-analysis

Shoji Kimura,^{1,2,†} Takehiro Iwata,^{1,3,†} Beat Foerster,^{1,4} Nicola Fossati,^{5,6} Alberto Briganti,^{5,6} Yasutomo Nasu,³ Shin Egawa,² Mohammad Abufaraj,^{1,7} and Shahrokh F Shariat^{1,8,9,10,11}

Journal of Robotic Surgery (2024) 18:277
<https://doi.org/10.1007/s11701-024-02026-1>

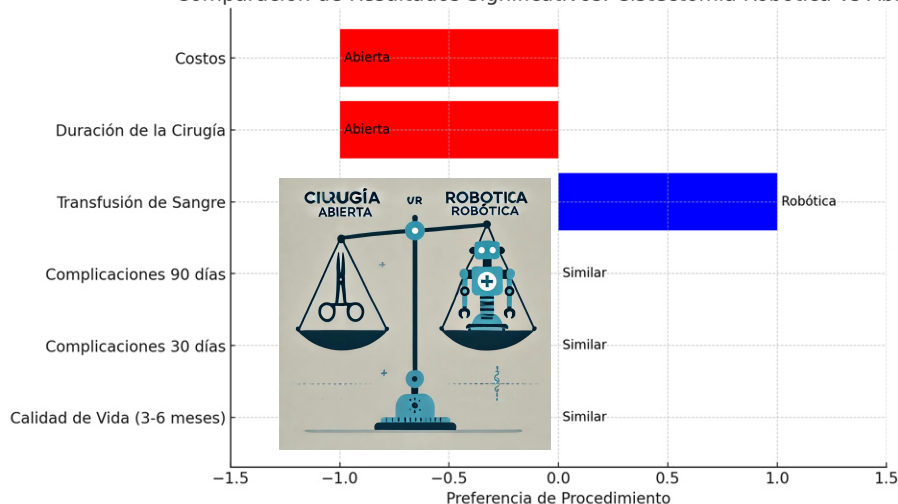
REVIEW



Robotic assisted vs open radical cystectomy: an updated systematic review and meta-analysis

Ludovica Cella^{1,2} · Giuseppe Basile³ · Stefano Moretto^{1,2} · Marco Paciotti² · Rodolfo Hurle² · Giovanni Lughezzani^{1,2} · Pier Paolo Avolio^{1,2} · Andrea Piccolini^{1,2} · Stefano Mancon^{1,2,8} · Massimo Lazzeri² · Andrea Gallioi⁴ · Camille Berquin⁵ · Pietro Diana⁴ · Laura S. Mertens⁶ · Michael Baboudjian⁷ · Nicolò Maria Buffi^{1,2} · Roberto Contieri^{1,2} · Alessandro Uleri^{1,2}

Comparación de Resultados Significativos: Cistectomía Robótica vs Abierta



CR < Pérdida sanguínea, pero > Duración

NRCT → **RCT No se confirma**

< Complicaciones 30d,

< mortalidad 90d

< Estancia

No diferencias en QoL

Review Article

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Shoji Kimura,^{1,2,†} Takehiro Iwata,^{1,3,†} Beat Foerster,^{1,4} Nicola Fossati,^{5,6} Alberto Briganti,^{5,6} Yasutomo Nasu,³ Shin Egawa,² Mohammad Abufaraj^{1,7} and Shahrokh F Shariat^{1,8,9,10,11}

REVIEW



Robotic assisted vs open radical cystectomy: an updated systematic review and meta-analysis

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CIRUGÍA vs. ROBOTICA

PROGNOSTIC FACTORS IN RADICAL CYSTECTOMY: REVIEW ARTICLE



OPEN ACCESS



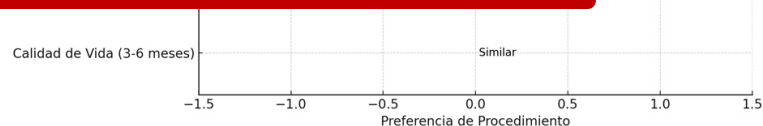
Check for updates

Prognostic impact of perioperative blood transfusions on oncological outcomes of patients with bladder cancer undergoing radical cystectomy: A systematic review

Yannic Volz , Lennert Eismann, Paulo L. Pfitzinger, Jan-Friedrich Jokisch, Alexander Buchner , Boris Schlenker, Christian G. Stief and Gerald B. Schulz

Department of Urology, Ludwig-Maximilians University, Munich, Germany

mía Robótica vs Abierta



Cistectomía Radical Robótica

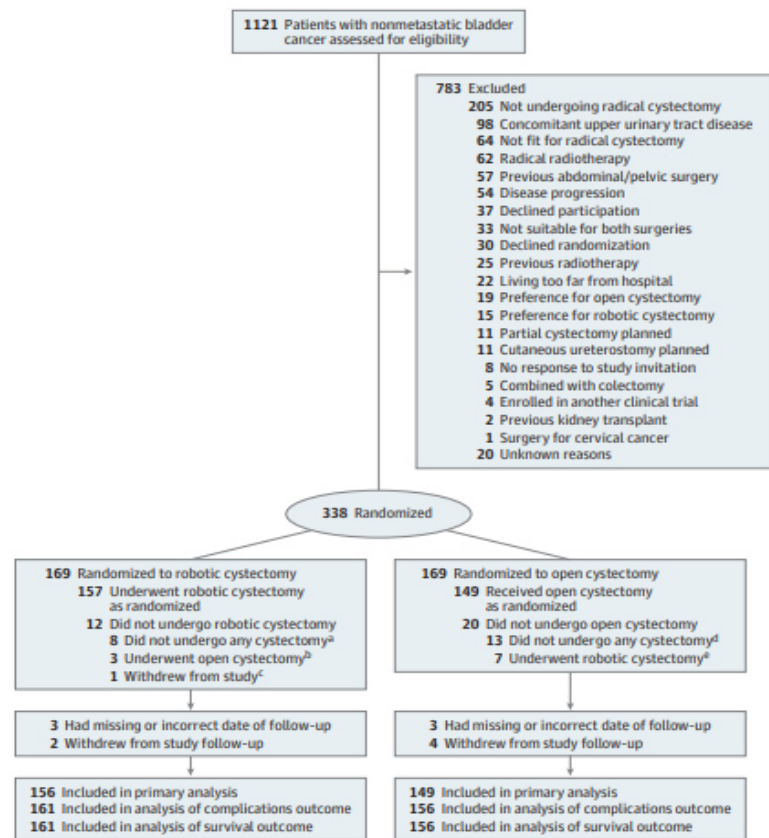


Recuperación CR vs CA

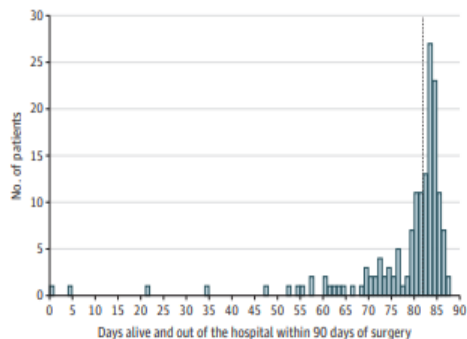
Effect of Robot-Assisted Radical Cystectomy With Intracorporeal Urinary Diversion vs Open Radical Cystectomy on 90-Day Morbidity and Mortality Among Patients With Bladder Cancer A Randomized Clinical Trial

James W. F. Catto, PhD; Pramit Khetrapal, PhD; Federico Ricciardi, PhD; Gareth Ambler, PhD; Norman R. Williams, PhD; Tarek Al-Hammouri, MBChB; Muhammad Shamim Khan, MB, BS; Ramesh Thuraiaraja, MD; Rajesh Nair, MSc; Andrew Feber, PhD; Simon Dixon, PhD; Senthil Nathan, MPhil; Tim Briggs, BSc; Ashwin Sridhar, MSc; Imran Ahmad, PhD; Jaimin Bhatt, MBChB; Philip Charlesworth, DM; Christopher Blick, DM; Marcus G. Cumberbatch, PhD; Syed A. Hussain, MD; Sanjeev Kotwal, MD; Anthony Koupparis, MD; John McGrath, MD; Aidan P. Noon, MD; Edward Rowe, MD; Nikhil Vasdev, DSc; Vishwanath Hanchanale, MSc; Daryl Hagan, MSc; Chris Brew-Graves, MSc; John D. Kelly, MD; for the iROC Study Team

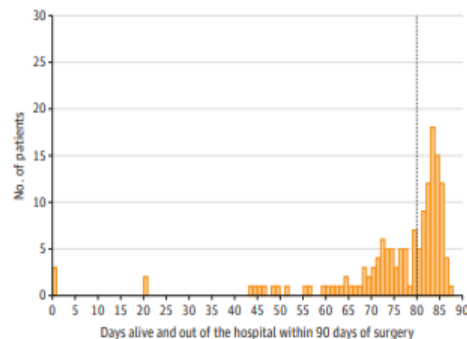
- N 338
- 2,2 días más fuera del hospital.
- 1 día menos de Estancia (7d CR vs 8d CA)
- Reingresos 21,8% (CR) vs 32% (CA)
- < EA Herida (5 vs 17%) y TEP (2 vs 8%)



A Robotic radical cystectomy



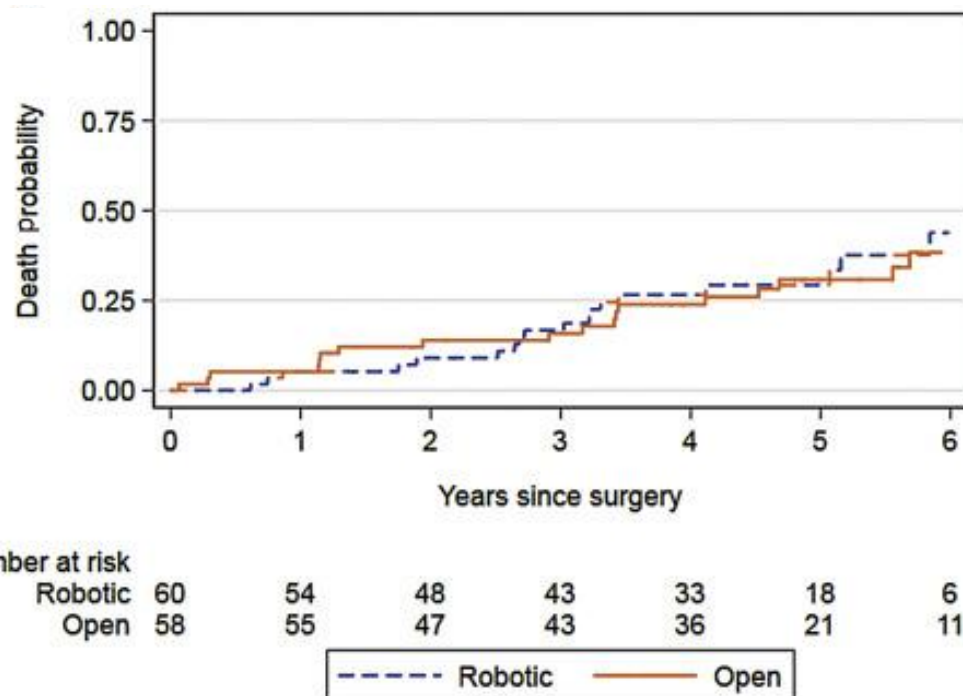
B Open radical cystectomy



Randomized Trial Comparing Open Radical Cystectomy and Robot-assisted Laparoscopic Radical Cystectomy: Oncologic Outcomes

EUROPEAN UROLOGY 74 (2018) 465–471

Bernard H. Bochner^{a,b,*}, Guido Dalbagni^{a,b}, Karim H. Marzouk^a, Daniel D. Sjoberg^c, Justin Lee^{a,1}, Sheri M. Donat^{a,b}, Jonathan A. Coleman^{a,b}, Andrew Vickers^c, Harry W. Herr^{a,b}, Vincent P. Laudone^{a,b}



	RARC (n = 60)	ORC (n = 58)
Any recurrence (no. of patients)	20	25
Local recurrence (p = 0.077)		
Rectum	3	0
Pelvic lymph nodes	6	2
Pelvic soft tissue	8	3
Abdominal recurrence (p = 0.2)		
Abdominal wall	5	0
Bowel	5	1
Peritoneum (carcinomatosis)	2	2
Soft tissue	2	1
Distant recurrence (p = 0.064)		
Adrenal	0	1
Bone	2	3
Extrapelvic lymph nodes	5	10
Liver	2	4
Lung	1	9
Soft tissue	2	3
Urothelial recurrence		
Upper tract	5	3
Urethra	1	2

ORC = open radical cystectomy; RARC = robot-assisted radical cystectomy.

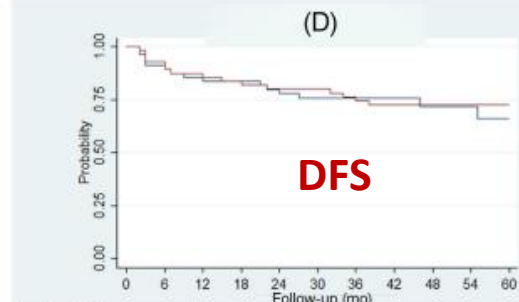
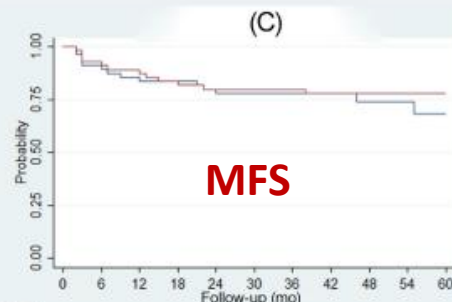
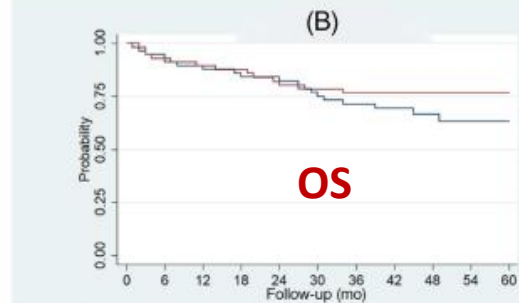
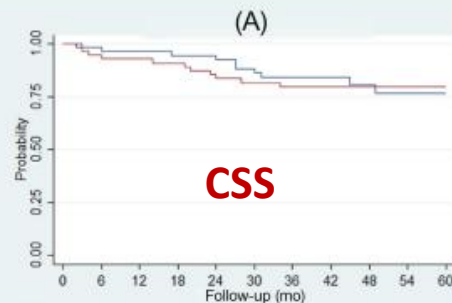
* Patients often had disease in multiple sites at time of first recurrence, but each patient was only counted once in the Any Recurrence total. The p values reflect log-rank analysis for any recurrence and competing risks for sites of first recurrence.

Robot-assisted Radical Cystectomy with Totally Intracorporeal Urinary Diversion Versus Open Radical Cystectomy: 3-Year Outcomes from a Randomised Controlled Trial

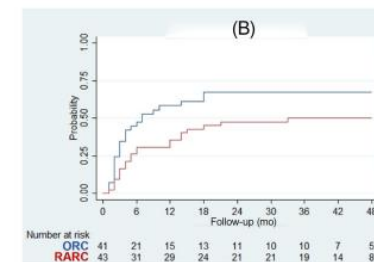
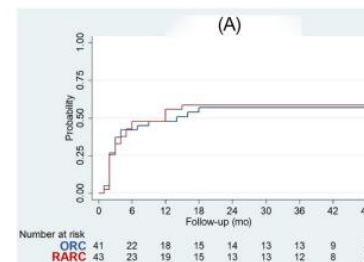
Riccardo Mastroianni^{*}, Gabriele Tuderti, Mariaconsiglia Ferriero, Umberto Anceschi, Alfredo Maria Bove, Aldo Brassetti, Simone D'Annunzio, Leonardo Misuraca, Giulia Torregiani, Marco Covotta, Salvatore Guaglianone, Michele Gallucci, Giuseppe Simone

Department of Urology, IRCCS Regina Elena National Cancer Institute, Rome, Italy

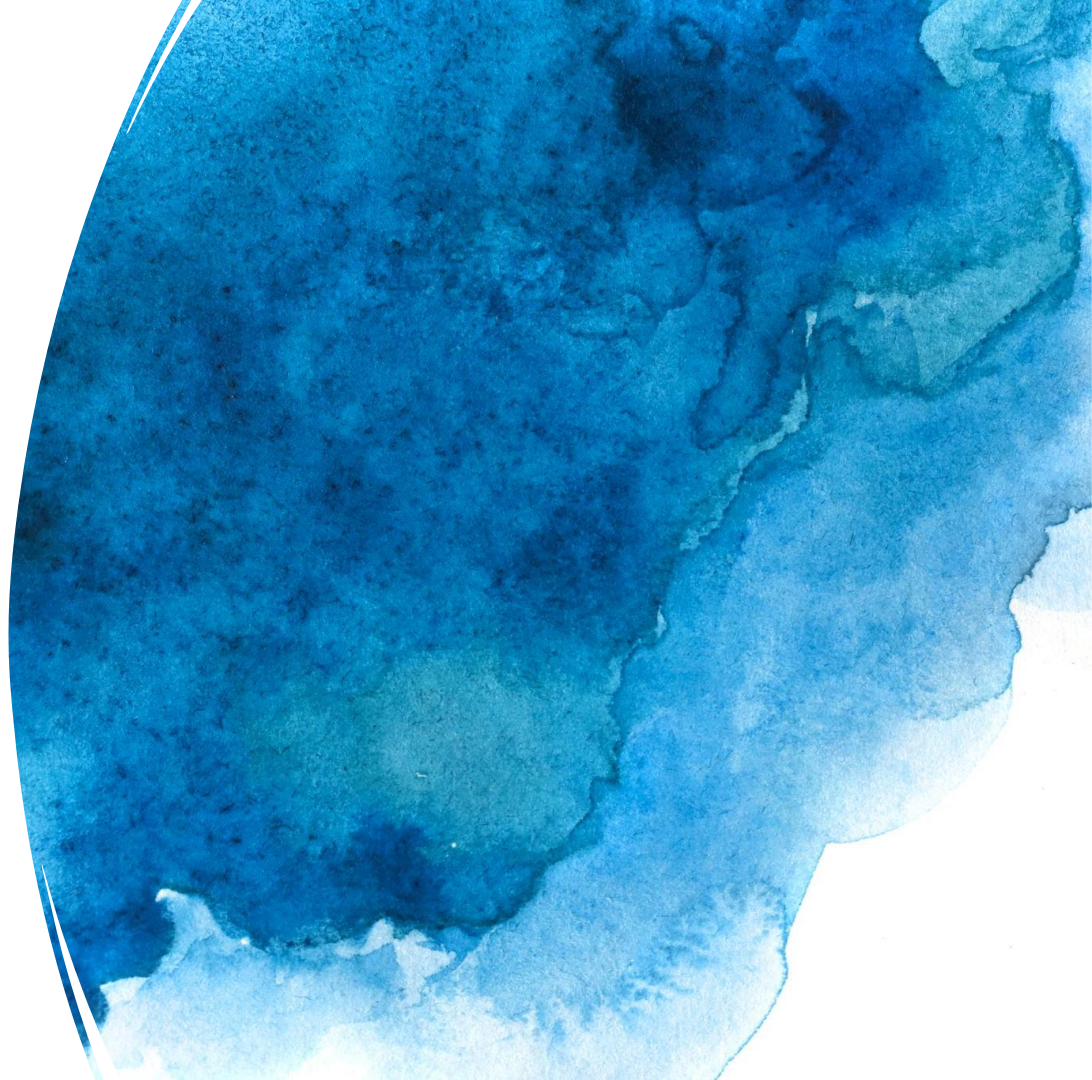
Resultados Oncológicos



Continencia
Diurna Nocturna



Cistectomía Radical Robótica ¿Siempre?



International Robotic Cystectomy Consortium: Resultados Oncológicos

Ten-Year Oncologic Outcomes Following Robot-Assisted Radical Cystectomy: Results from the International Robotic Cystectomy Consortium



Ahmed A. Hussein,* Ahmed S. Elsayed,* Naif A. Aldhaam, Zhe Jing, Jennifer Osei, Jihad Kaouk, Juan Palou Redorta, Mani Menon, James Peabody, Prokar Dasgupta, Mohammed Shamim Khan, Alexandre Motttrie, Michael Stöckle, Ashok Hemal, Lee Richstone, Abolfazl Hosseini, Peter Wiklund, Francis Schanne, Eric Kim, Koon Ho Rha and Khurshid A. Guru†

THE JOURNAL OF UROLOGY®

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Vol. 202, 927-935, November 2019

Printed in U.S.A.

- Libre de Recurrencia a 10 años: 59%
- Supervivencia Específica de la Enfermedad a 10 años: 65%
- Supervivencia Global a 10 años: 35%

- Recurrencia Local: 15% → Pelvis (5%)
- Recurrencia Distancia: 29% → Pulmón (7%)

Factores Asociados con Peor Pronóstico:

- Estado T Patológico T3 o mayor
- Presencia de Metástasis Ganglionar (pN+)
- Márgenes Quirúrgicos Positivos



¿La Mejor Derivación?

Derivación Urinaria

EUROPEAN UROLOGY FOCUS 8 (2022) 465–471

Bladder Cancer

Comparison of Patient-reported Health-related Quality of Life Between Open Radical Cystectomy and Robot-assisted Radical Cystectomy with Intracorporeal Urinary Diversion: Interim Analysis of a Randomised Controlled Trial

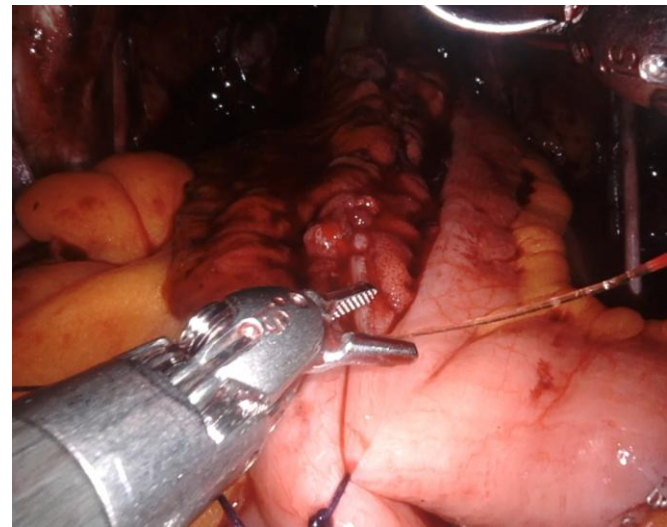
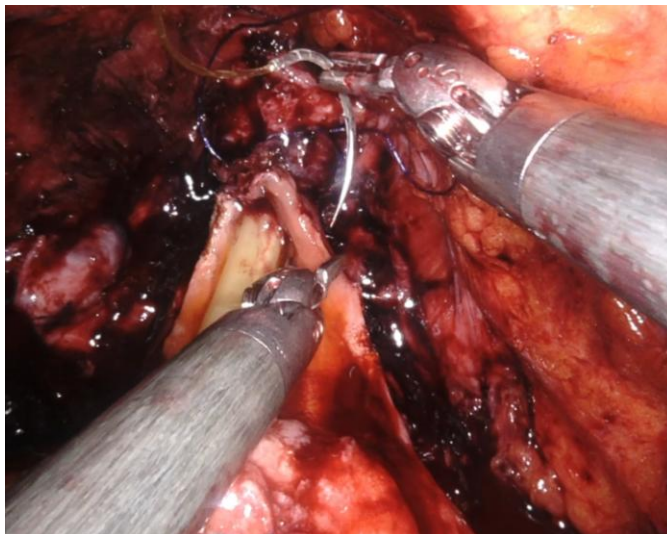
Riccardo Mastroianni^{a,*}, Gabriele Tuderti^a, Umberto Anceschi^a, Alfredo Maria Bove^a, Aldo Brasseti^a, Mariaconsiglia Ferriero^a, Ashanti Zampa^b, Diana Giannarelli^b, Salvatore Guaglianone^a, Michele Gallucci^a, Giuseppe Simone^a

Urinary diversion, n (%)

Neobladder	23 (77)	20 (71)
Ileal conduit	7 (23)	8 (29)

5. Conclusions

A between-group comparison of patient-reported QoL outcomes supports equivalence between RARC-iUD and ORC for all QoL domains except for minor items, namely, insomnia and abdominal bloating and flatulence. Notwithstanding, patients receiving ORC were more likely to experience a decline in role functioning and higher scores on the symptoms scale at 1-yr follow-up compared to baseline, while RARC-iUD patients were more likely to report significant increases in urinary symptoms and problems. Conclusive results from the trial and longer follow-up are awaited to support this preliminary evidence.



International Robotic Cystectomy Consortium: Derivación

- Retrospectivo 2003-2020
 - N 3742
 - 33 Hospitales
 - 14 países
- 411 Neovejigas (64% ICNB)
 - < Reingresos
 - Neoadyuvancia
 - Pacientes mayores
 - Curva aprendizaje evolucionada (2016-20)
 - < Reintervención

Intracorporeal Versus Extracorporeal Neobladder After Robot-assisted Radical Cystectomy: Results From the International Robotic Cystectomy Consortium

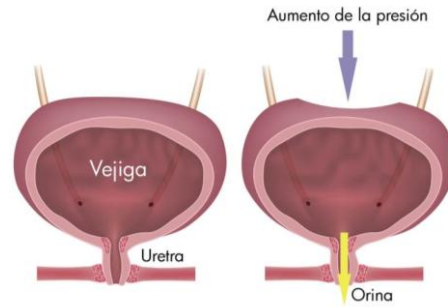
Zafardjan Dalimov, Umar Iqbal, Zhe Jing, Peter Wiklund, Jihad Kaouk, Eric Kim, Carl Wijburg, Andrew A. Wagner, Morgan Roupert, Prokar Dasgupta, Franco Gaboardi, Lee Richstone, Ahmed Aboumohamed, Ahmed A. Hussein y Khurshid A.

Guru

Urology, 2022-01-01, Volumen 159, Páginas 127-132, Copyright © 2021 Elsevier Inc.

	ECNB	ICNB	Overall	P-value
Postoperative outcomes				
No. any hospital readmission (%)	30 (24)	72 (36)	102 (31)	.023
0-30 d	16 (15)	41 (30)	57 (23)	.006
0-90 d	20 (18)	58 (41)	78 (31)	<.001
Within 1 y	26 (24)	68 (49)	94 (38)	<.001
No. 90-d mortality (%)	2 (1.4)	4 (1.5)	6 (1.5)	1.00
No. adjuvant chemotherapy (%)	26 (19)	23 (10)	49 (13)	.02
Median inpatient stay (IQR)	12 (8, 21)	8 (6, 13)	9 (7, 15)	<.001
Median ICU stay (IQR)	1 (1, 1)	2 (1, 5.5)	1 (1, 3)	<.001
No. stage pT3 or greater (%)	38 (27)	40 (17)	78 (20)	.025

Paciente Colaborador



Micción Controlada
Maniobras de Credé



Segmento	Síndrome	Síntomas frecuentes	Otros
Ileon Terminal/Colon	Acidosis Metabólica Hiperclorémica	Fatiga, anorexia, letargia, debilidad muscular	Hipopotasemia Hipocalcemia
	Malabsorción Vit B12 Anemia Megaloblástica		Hipomagnesemia Hipocalcemia Hiperamonemia Elevación de Creatinina

Incidencia 45% Neovejigas
Hospitalización 4% casos

Efectos a largo plazo

- A partir 2-4 años.
- Hipercloremia
- Déficit de Bicarbonato
- Incremento Fosfatasa Alcalina (FA)
- Calcio, Fósforo, PTH y Vit D Normales

Osteomalacia Enfermedad Ósea

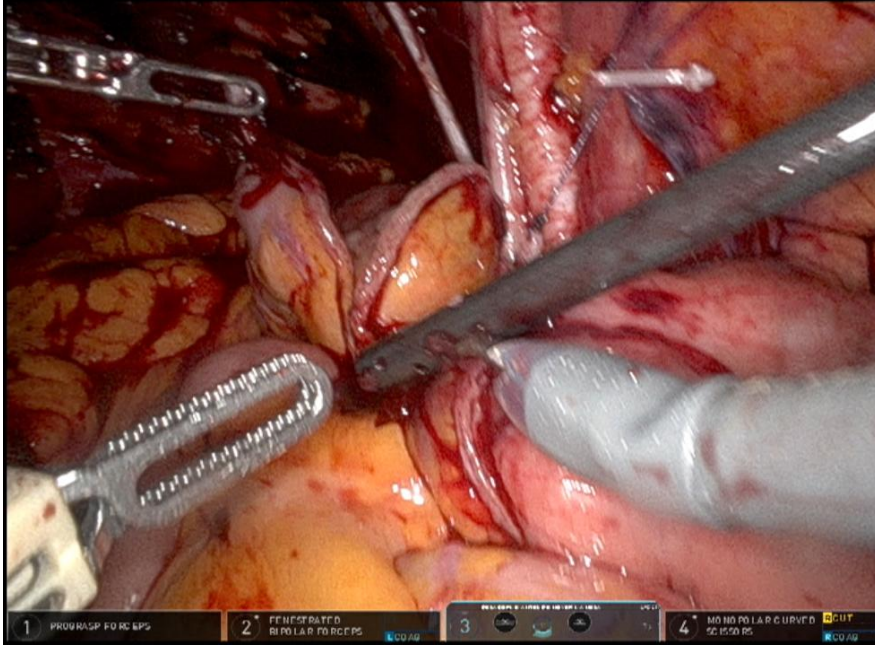


Bicarbonato
Suplementos de Calcio
Suplementos de Vit.D

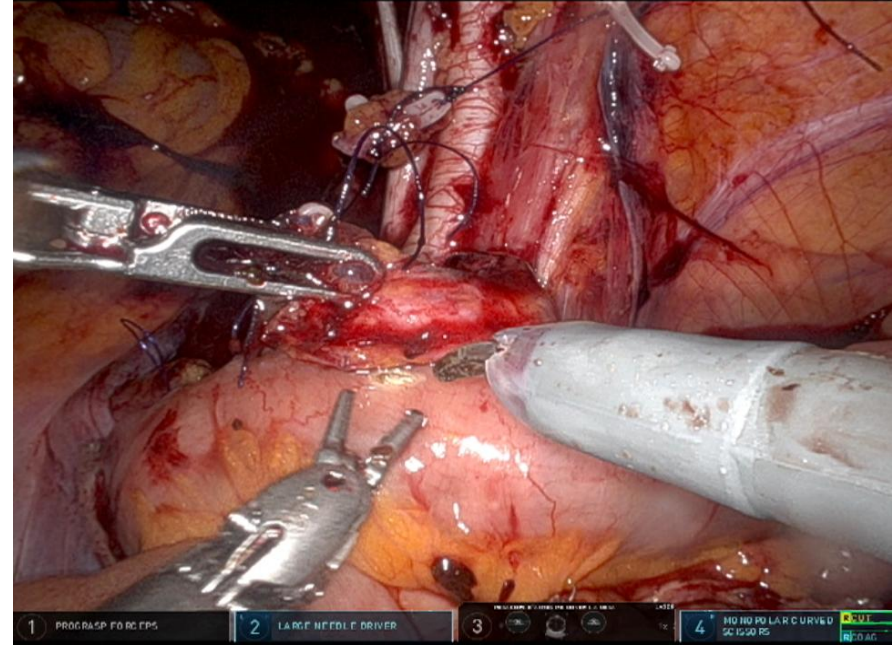


Gasometría Venosa
Densitometria
Calcio – Fósforo – FA
PTH – Vit D

Uretero-Ileostomia



Menos complicaciones Quirúrgicas
Menos Estancia Hospitalaria
Recuperación Precoz Actividad



Paciente Frágil, Incapacidad CVI, patología uretral,
dificultad implicación en el proceso

Individualización

- Insuficiencia Renal
- Insuficiencia Hepática
- Imposibilidad CVI
- Patología Uretral
- Falta Motivación

Contraindicaciones
Absolutas



- Comorbilidad
- Edad Avanzada
- QuimioT Adyuvante
- RDT previa
- Patología Intestinal
- Riesgo Recurrencia

Contraindicaciones
Relativas



Fcs. Oncológicos

- Riesgo de Recurrencia Local
- RDT previa
- TTO Adyuvante
- TTO Neoadyuvante
- Otras Neoplasias

Comorbilidades

- Estado Funcional
- Cirugías previas
- Función Renal
- Patología Gastrointestinal

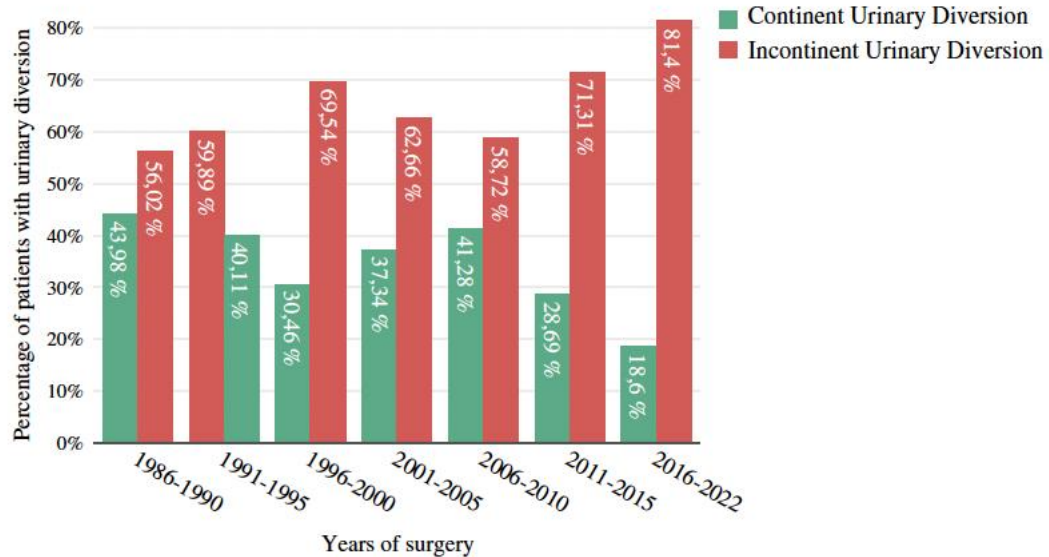
Aspectos Técnicos

- Obesidad
- Localización tumoral
- Cis
- Posibilidad cateterización

Calidad de vida

- Cumplimiento
- Función sexual
- Imagen corporal
- Soporte familiar
- Autocuidado

Individualización



- Insuficiencia Renal
- Insuficiencia Hepática
- Imposibilidad CVI
- Patología Uretral
- Falta Motivación

Contraindicaciones Absolutas



- Comorbilidad
- Edad Avanzada
- QuimioT Adyuvante
- RDT previa
- Patología Intestinal
- Riesgo Recurrencia

Contraindicaciones Relativas



Fcs. Oncológicos

- Riesgo de Recurrencia Local
- RDT previa
- TTO Adyuvante
- TTO Neoadyuvante
- Otras Neoplasias

Comorbilidades

- Estado Funcional
- Cirugías previas
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Aspectos Técnicos

- Obesidad
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- Autocuidado

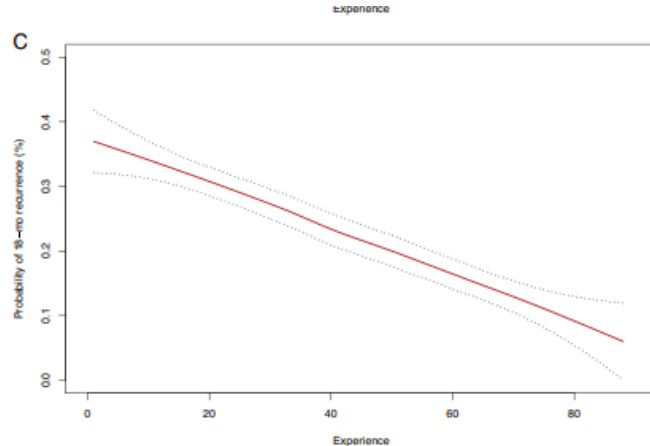
Experiencia del Cirujano

The Effect of Surgical Experience on Perioperative and Oncological Outcomes After Robot-assisted Radical Cystectomy with Intracorporeal Urinary Diversion: Evidence from a Referral Centre with Extensive Experience in Robotic Surgery

Paolo Dell'Oglio^{a,b,*}, Elio Mazzone^{a,b,c}, Edward Lambert^b, Jonathan Vollemaere^b, Marijn Goossens^b, Alessandro Larcher^c, Jolien Van Der Jeugt^b, Gaetan Devos^a, Filip Poelaert^b, Pieter Uvin^b, Justin Collins^a, Geert De Naeyer^b, Peter Schatteman^b, Frederiek D'Hondt^b, Alexandre Mottrie^{a,b}

^a ORSI, Academy, Melle, Belgium; ^b Department of Urology, Onze Lieve Vrouw Hospital, Aalst, Belgium; ^c Unit of Urology, Division of Experimental Oncology, Urological Research Institute, IRCCS San Raffaele Scientific Institute, Vita-Salute San Raffaele University, Milan, Italy

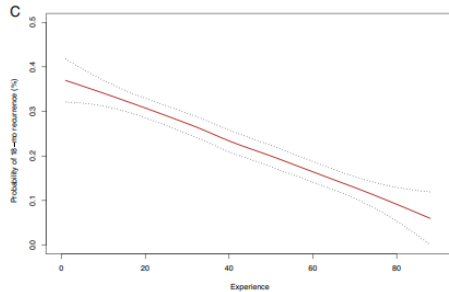
Conclusions: SE affects perioperative and oncological outcomes after RARC with ICUD in a linear fashion, and its beneficial effect does not reach a plateau. Conversely, after 50 cases, no further improvement was observed for OT.



- < Tpo operatorio-Complicaciones - Recurrencia
- Recomendables 30 cistectomías
- Mentor
- Centros de referencia
- Derivación Intracorpórea

Experiencia del Cirujano

- < Tpo operatorio-Complicaciones - Recurrencia
- Recomendables 30 cistectomías
- Mentor
- Centros de referencia
- Derivación Intracorpórea



Platinum Priority – Bladder Cancer

Editorial by Urs E. Studer and Laurence Collette on pp. 203–204 of this issue

The Learning Curve of Robot-Assisted Radical Cystectomy: Results from the International Robotic Cystectomy Consortium

Matthew H. Hayn^a, Abid Hussain^a, Ahmed M. Mansour^a, Paul E. Andrews^b, Paul Carpentier^b, Erik Castle^b, Prokar Dasgupta^d, Peter Rimington^d, Raju Thomas^c, Shamim Khan^d, Adam Kibel^e, Hyung Kim^o, Murugesan Manoharan^f, Mani Menon^g, Alex Motttrie^h, David Ornsteinⁱ, James Peabody^g, Raj Pruthi^j, Joan Palou Redorta^k, Lee Richstone^l, Francis Schanne^m, Hans Stricker^g, Peter Wiklundⁿ, Rameela Chandrasekhar^a, Greg E. Wilding^a, Khurshid A. Guru^{a,*}

The Effect of Surgical Experience on Perioperative and Oncological Outcomes After Robot-assisted Radical Cystectomy with Intracorporeal Urinary Diversion: Evidence from a Referral Centre with Extensive Experience in Robotic Surgery

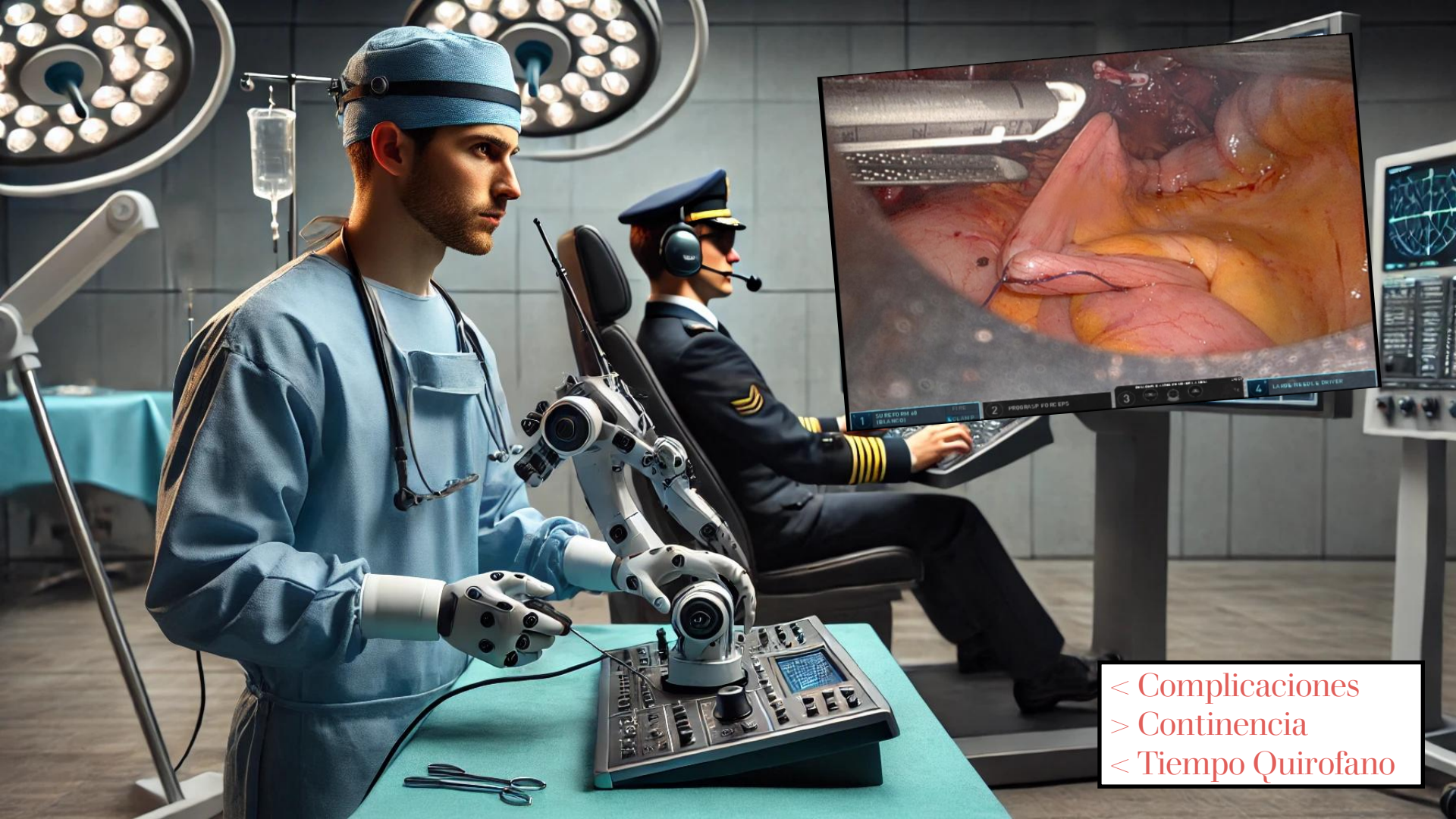
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Conclusions: SE affects perioperative and oncological outcomes after RARC with ICUD in a linear fashion, and its beneficial effect does not reach a plateau. Conversely, after 50 cases, no further improvement was observed for OT.

- 21 casos: OT 6.5h
- 20 casos: 16 ganglios
- 30 casos: 20 ganglios
- 30 casos: <5% PSM

30 Casos



< Complicaciones
> Continencia
< Tiempo Quirofano



**TIPO DE
ABORDAJE**

**EXPERIENCIA
DEL CIRUJANO**

**TRATAMIENTO
PREVID A
LA CIRUGIA**

**PREHABILITACIÓN
PREOPERATORIA**

**PREHABILITACIÓN
PREOPERATORIA**

**TIPO DERIVACIÓN
URINARIA**



Enhance Recovery After Surgery (ERAS) Protocolos Fast-Track

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ELSEVIER

Guidelines for perioperative care after radical cystectomy for bladder cancer: Enhanced Recovery After Surgery (ERAS[®]) society recommendations

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- **Optimización Basal**
- **Ejercicio Físico**
- **Rehabilitación Respiratoria**
- **Optimización Nutricional**
- **Apoyo Psico-social**





Type of
Approach



Surgeon
Experience



Neoadjuvant
Treatment



Preoperative
Prehabilitation



Type of
Urinary
Diversion

