



22-24
marzo
2023

SOCIETAT
CATALANA DE
TRASPLANTAMENT

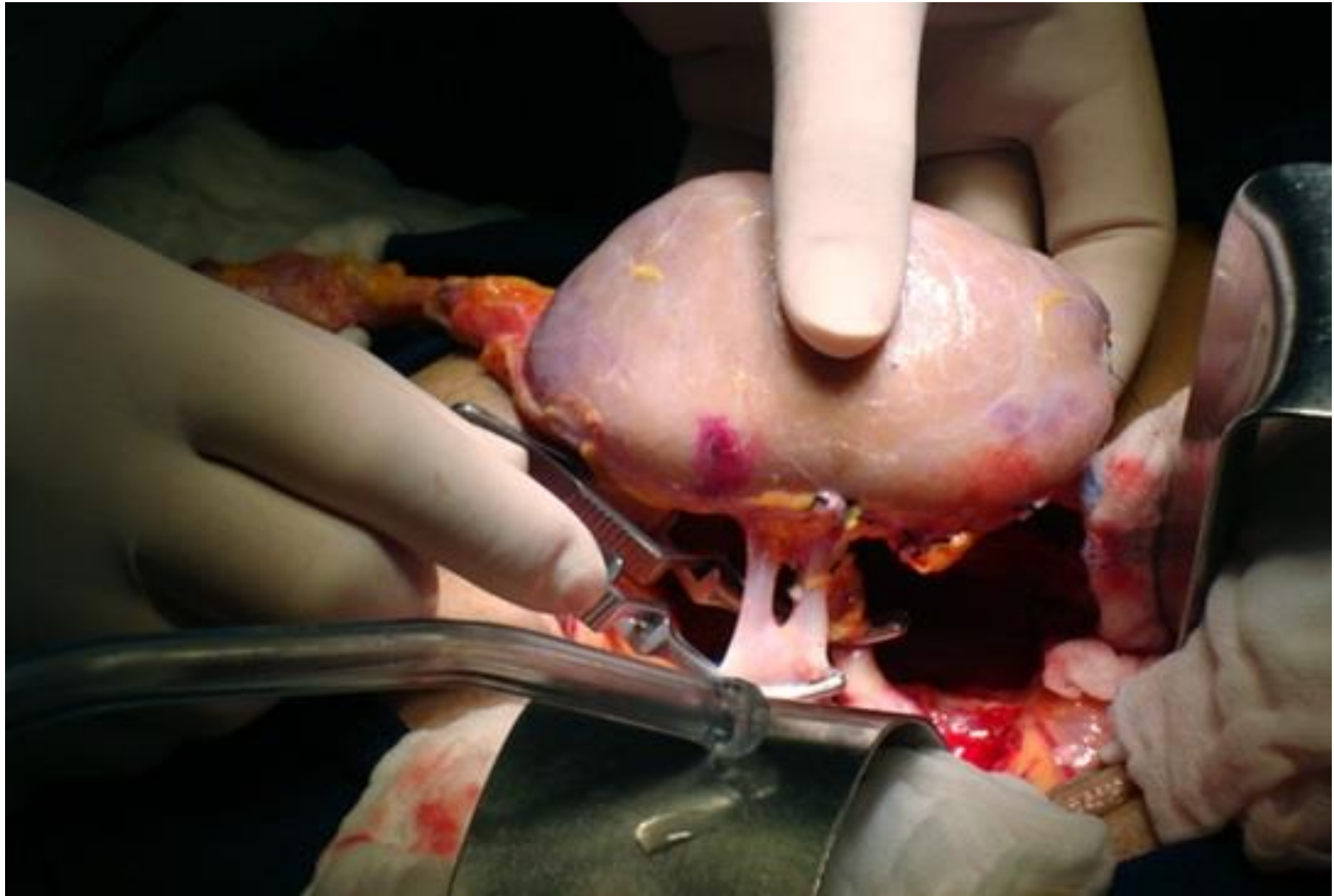
TRASPLANTE RENAL DE DONANTE VIVO ASISTIDO POR ROBOT VS ABIERTO: COMPARACIÓN MEDIANTE PROPENSITY SCORE

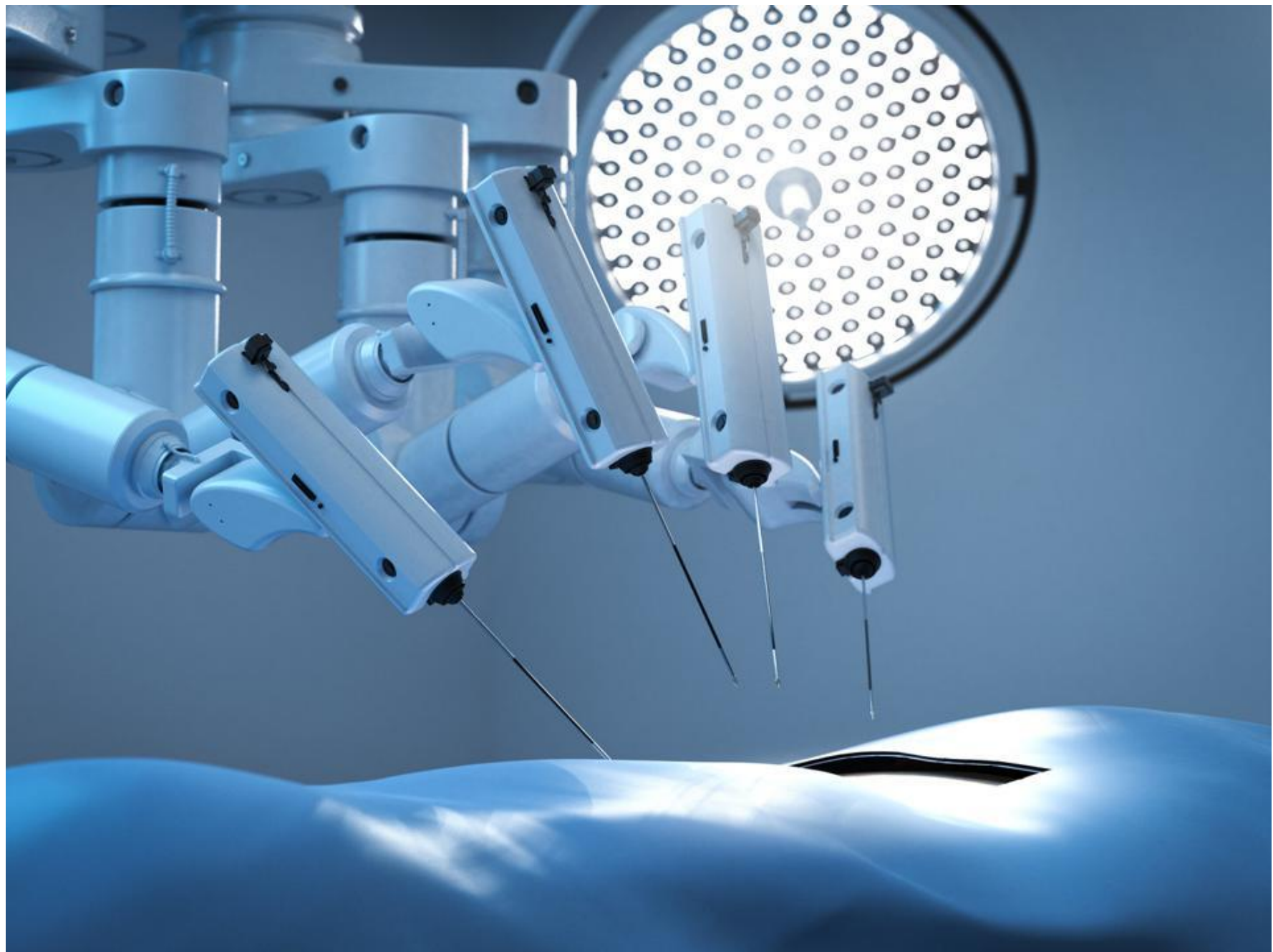
Sureda J. , Roca I. , Ajami T. , Peri L., Vilaseca A., Segura N., Martinez. C., Muní M., Ribal MJ., Martos R., Izquierdo L., Revuelta I., Diekmann F., Alcaraz. A., Musquera M.

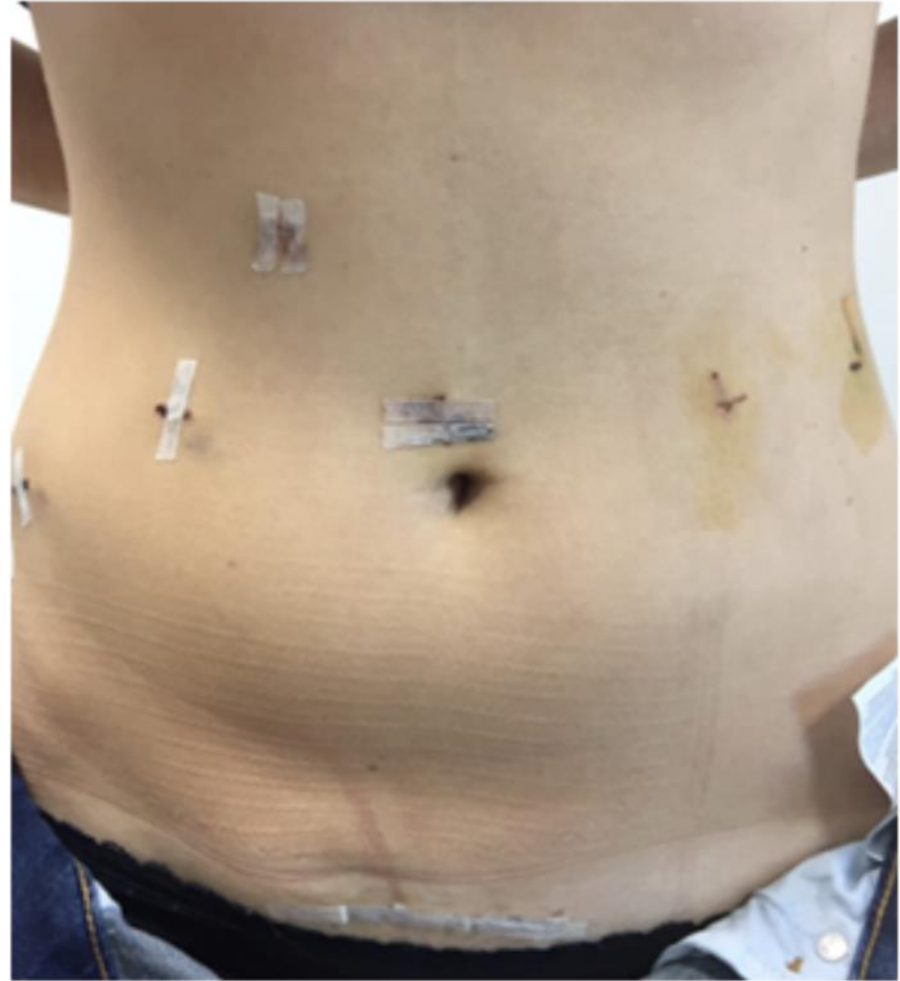
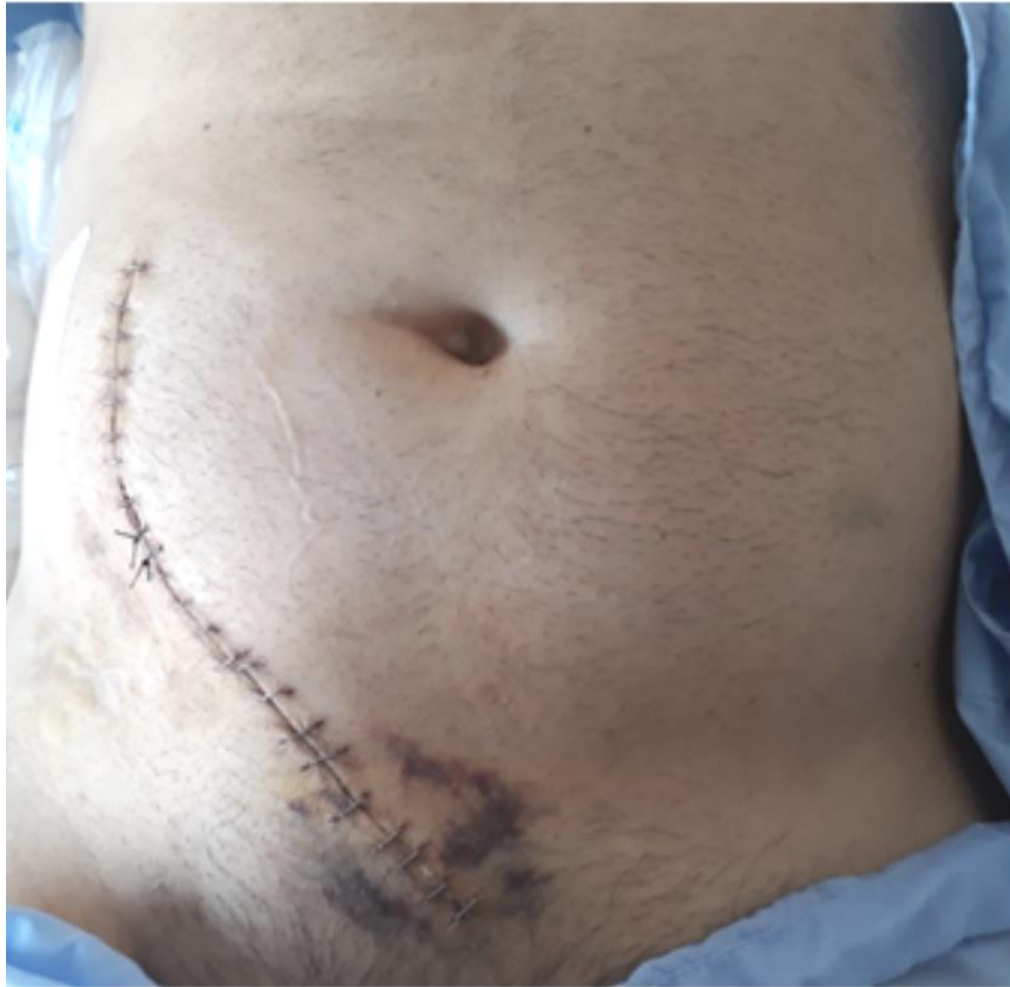












Robot-assisted kidney transplantation: update from the European Robotic Urology Section (ERUS) series

Mireia Musquera¹, Lluís Peri¹, Tarek Ajami¹, Riccardo Campi², Volkan Tuğcu³, Karel Decaestecker⁴, Michael Stockle⁵, Paolo Fornara⁶, Nicolas Doumerc⁷, Frances Vignes⁸, Ravi Barod⁹, Liesbeth Desender¹¹, Angelo Territo¹⁰, Sergio Serni², Graziano Vignolini², Selçuk Sahin³, Philippe Zeuschner⁵, Neal Banga⁹, Alberto Breda¹⁰ and Antonio Alcaraz¹

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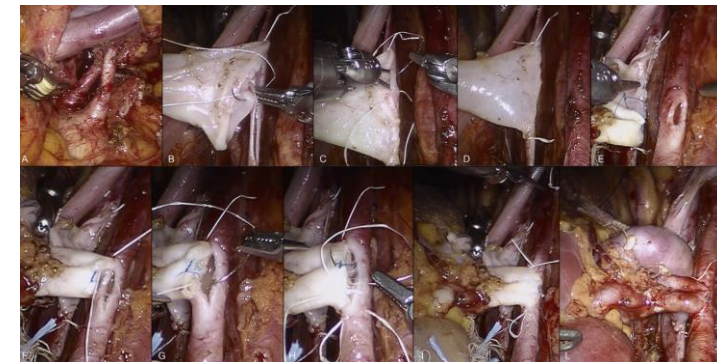
Co-senior authors: Alberto Breda and Antonio Alcaraz.



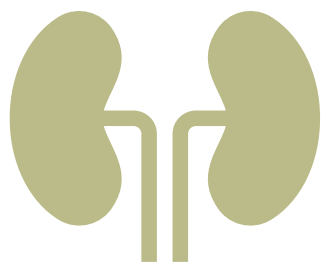
Robot-assisted Kidney Transplantation with Regional Hypothermia Using Grafts with Multiple Vessels After Extracorporeal Vascular Reconstruction: Results from the European Association of Urology Robotic Urology Section Working Group

Giampaolo Siena^{a,i,*}, Riccardo Campi^{a,i,*}, Karel Decaestecker^b, Volkan Tuğcu^c, Selçuk Sahin^c, Antonio Alcaraz^d, Mireia Musquera^d, Angelo Territo^e, Luis Gausa^e, Caren Randon^f, Michael Stockle^g, Martin Janssen^g, Paolo Fornara^h, Nasreldin Mohammed^h, Luis Guiradoⁱ, Carme Facundoⁱ, Nicolas Doumerc^j, Graziano Vignolini^a, Alberto Breda^{e,i}, Sergio Serni^{a,i}

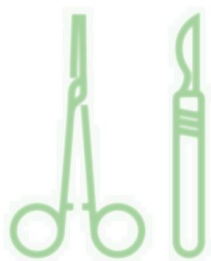
^a Department of Urological Robotic Surgery and Renal Transplantation, University of Florence, Careggi Hospital, Florence, Italy; ^b Department of Urology, Ghent University Hospital, Ghent, Belgium; ^c Department of Urology, Bakirkoy Dr. Sadi Konuk Training and Research Hospital, Istanbul, Turkey; ^d Department of Urology, Hospital Clinic, Barcelona, Spain; ^e Department of Urology, Fundació Puigvert, Autònoma University of Barcelona, Barcelona, Spain; ^f Department of Thoracic and Vascular Surgery, Ghent University Hospital, Ghent, Belgium; ^g Department of Urology, University Saarland, Homburg/Saar, Germany; ^h Department of Urology, University Hospital Halle (Saale), Halle, Germany; ⁱ Department of Nephrology, Fundació Puigvert, Autònoma University of Barcelona, Barcelona, Spain; ^j Department of Urology and Renal Transplantation, University Hospital of Rangueil, Toulouse, France



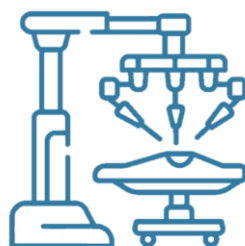




Trasplante renal donante vivo



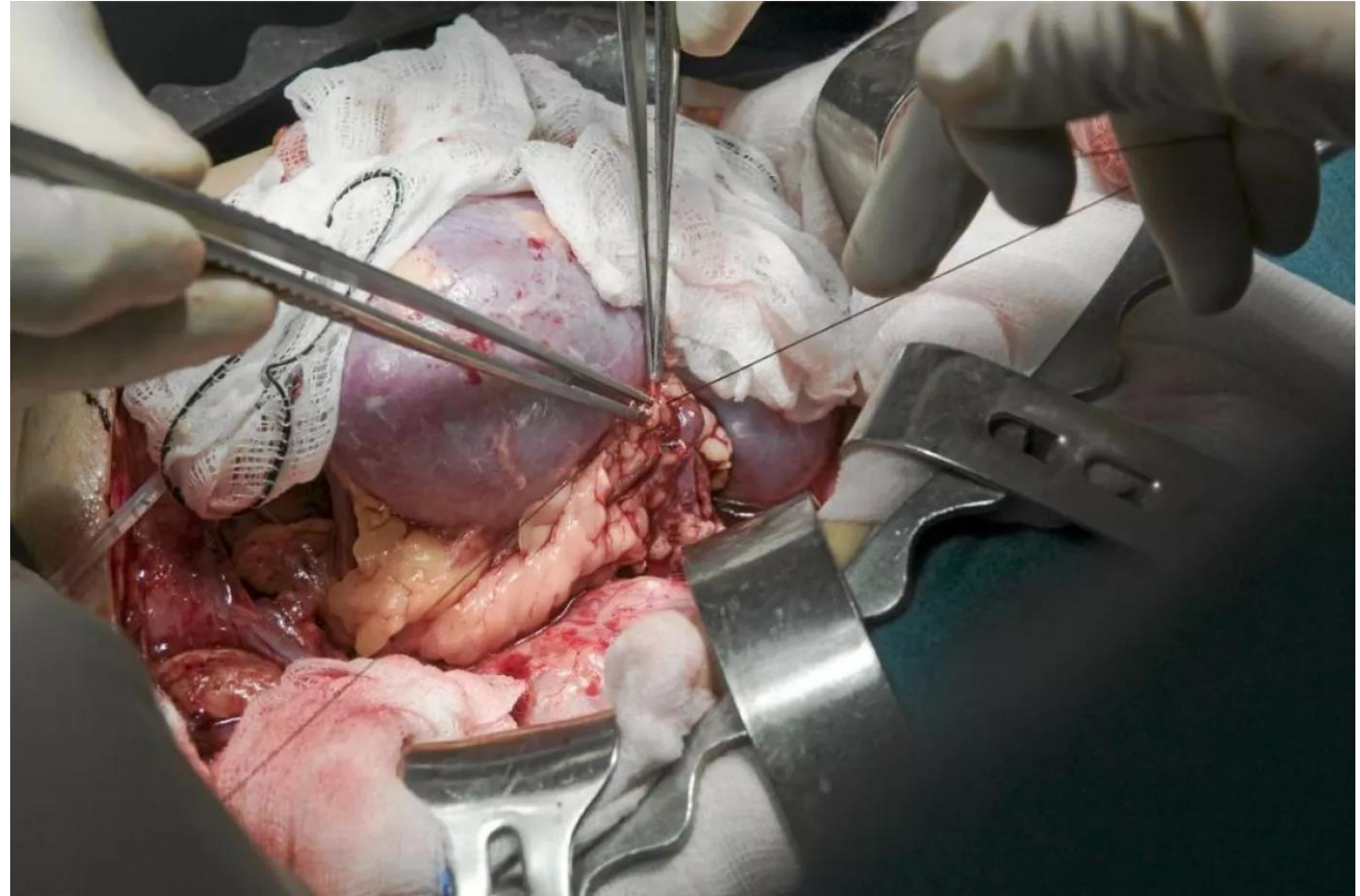
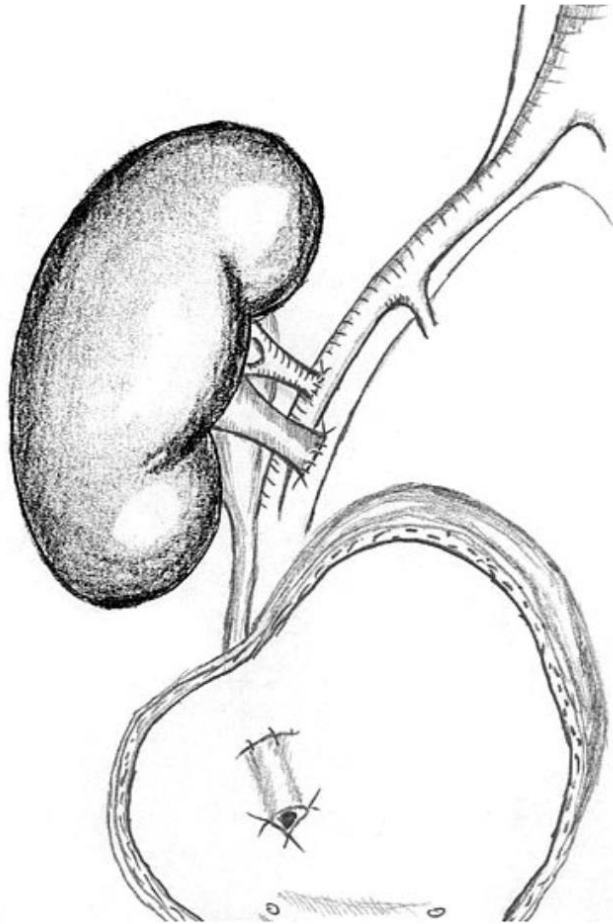
Ene 2014 – Dic 2021



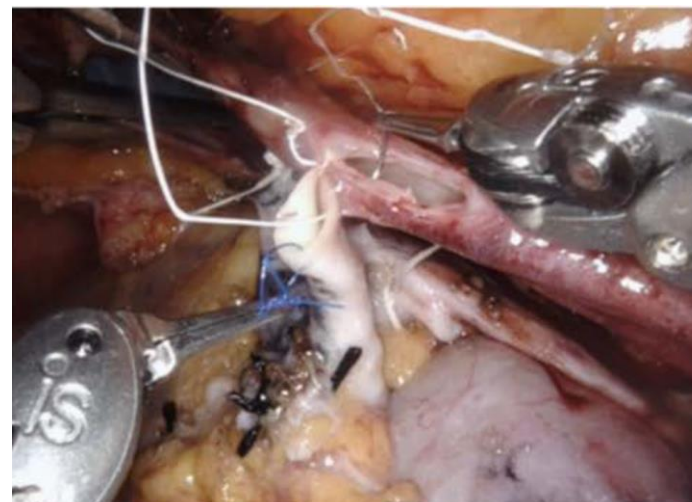
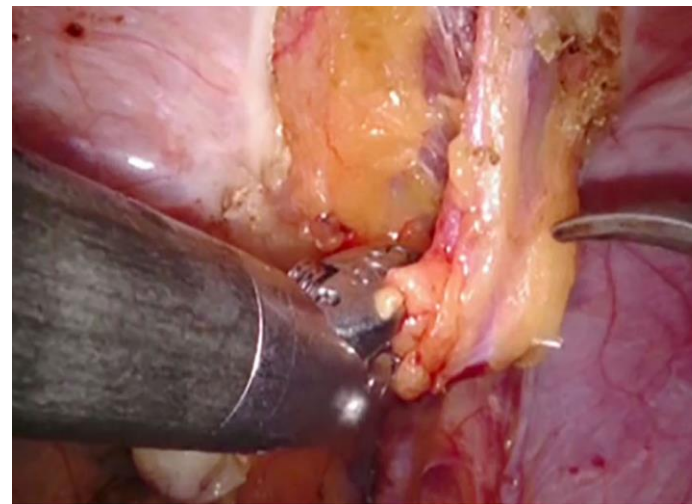
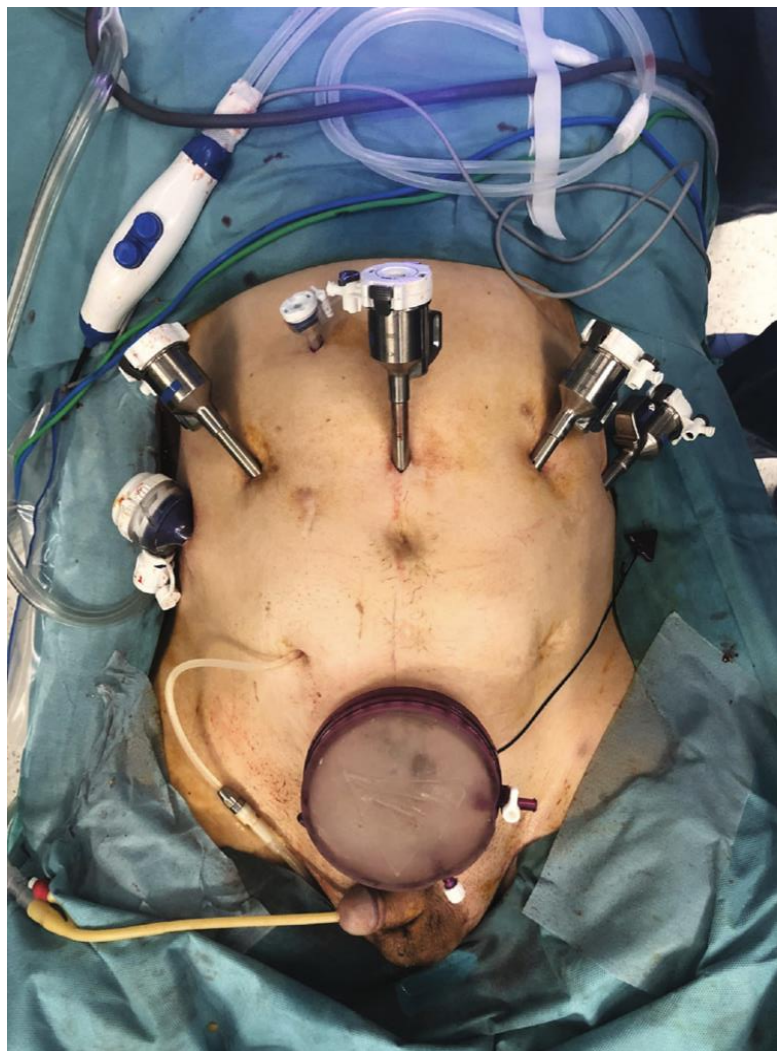
Jul 2015- Dic 2021



Trasplante renal abierto



Trasplante renal robótico





CARACTERÍSTICAS DONANTES

	Total (n=246)	Robótico (n=123)	Abierto (n=123)	p
Donante cruzado	25 (10,3%)	8 (6,5%)	17 (14,1%)	0,052
Sexo Femenino	162 (71,4%)	91 (74%)	71 (68,3%)	0,343
Edad donante	54,5 (10,5)	54,5 (10,9)	54,6 (10)	0,548
IMC donante	25,9 (3,3)	25,7 (3,4)	26,1 (3,3)	0,802
Antecedente quirúrgicos	61 (28,9%)	40 (37,4%)	21 (20,2%)	0,006
ABO incompatible	39 (16,8%)	26 (21,7%)	13 (11,6%)	0,041
Lateralidad donante (izquierdo)	200 (86,6%)	107 (87,7%)	93 (85,3%)	0,596
Isquemia caliente (segundos)	197,7 (99,8)	181,3 (88,3)	214,8 (108,4)	0,992
Abordaje quirúrgico				
Laparoscopia	169 (72,5%)	99 (81,2%)	70 (64,8%)	
Transvaginal	44 (19,1%)	21 (17,2%)	23 (21,3%)	
LESS	16 (7%)	2 (1,6%)	14 (13%)	
Abierto	1 (0,4%)	0 (0%)	1 (0,9%)	



CARACTERÍSTICAS INJERTOS

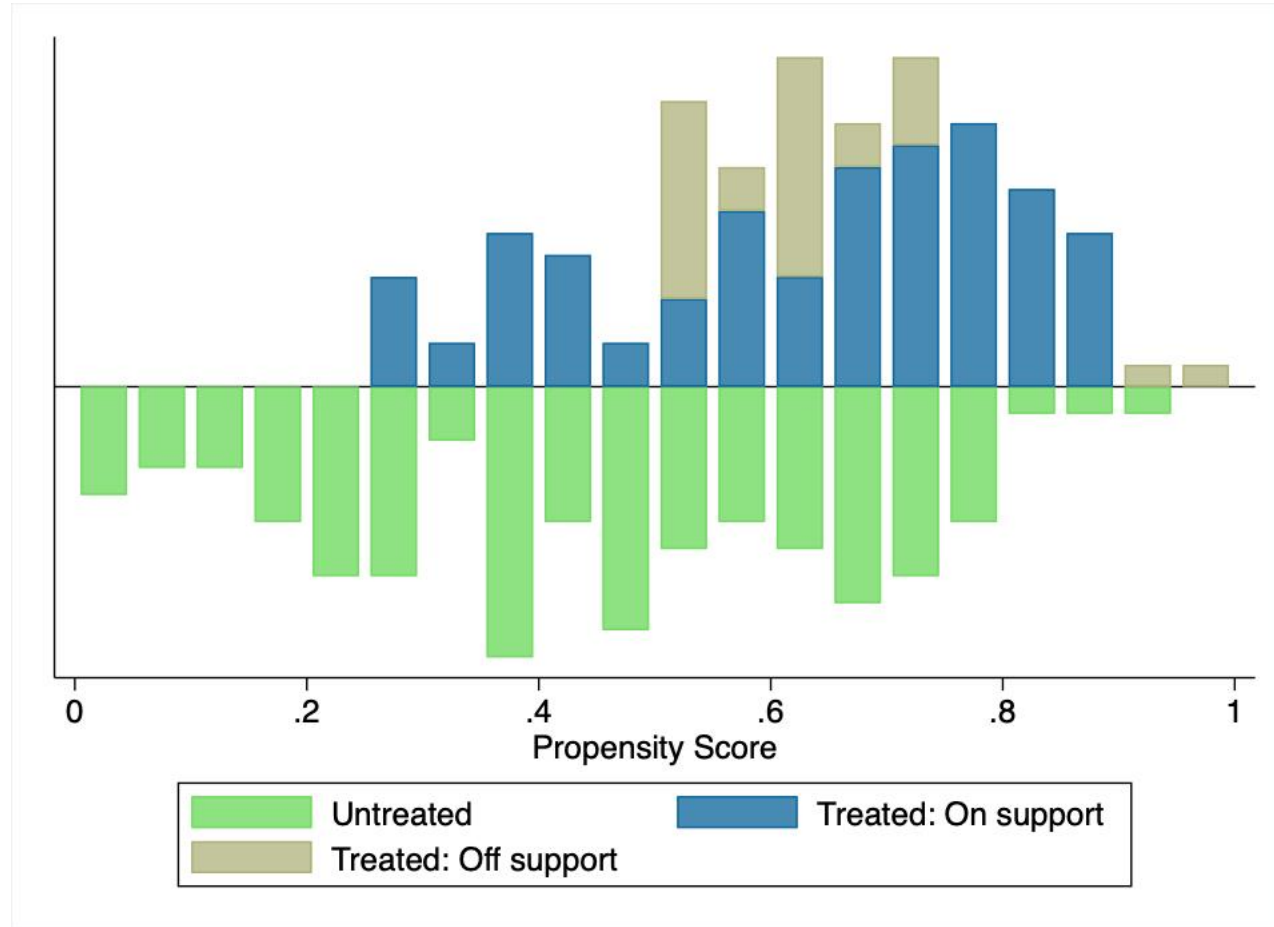
	Total (n=246)	Robótico (n=123)	Abierto (n=123)	p
Múltiples arterias	42 (17,2%)	28 (22,8%)	14 (11,6%)	0,021
Arterias polares	18 (7,4%)	10 (8,2%)	8 (6,6%)	0,637
Venas múltiples	3 (1,2%)	2 (1,6%)	1 (0,8%)	0,571
Números Uréteres (único uréter)	246 (100%)	123 (100%)	123 (100%)	1
Anormalidades en injerto	9 (3,7%)	5 (4,1%)	4 (4,5%)	0,744



CARACTERÍSTICAS RECEPTORES

	Total (n=246)	Robótico (n=123)	Abierto (n=123)	p	
Edad receptor (años)	47,7 (14,0)	48,1 (13,9)	47,3 (14,1)	0,32	
Sexo Femenino	106 (43,4%)	57 (46,3%)	49 (40,5%)	0,357	
IMC receptor	25,2 (5,3)	25,9 (6,1)	24,5 (4,3)	0,02	
Nefrectomía previa	23 (9,5%)	12 (9,8%)	11 (9,3%)	0,909	
HTA	211 (86,5%)	109 (8,6%)	102 (84,3%)	0,324	
Cardiopatía isquémica	19 (7,8%)	4 (3,3%)	15 (12,4%)	0,016	
Diabetes	32 (13,1%)	8 (6,5%)	24 (19,8%)	0,002	
Dislipemia	87 (35,7%)	36 (29,3%)	51 (42,2%)	0,036	
Ictus	5 (2,1%)	2 (1,6%)	3 (2,5%)	0,625	
Antecedentes quirúrgicos	122 (50,2%)	60 (49,2%)	62 (51,2%)	0,748	
Antecedentes oncológicos	20 (8,2%)	9 (7,3%)	11 (9,1%)	0,614	
ASA				0,064	
	II	31 (13%)	19 (15,5%)	12 (10,3%)	
	III	180 (75,3%)	95 (77,24%)	85 (73,3%)	
	IV	28 (11,7%)	9 (7,3%)	19 (16,38%)	
Tipo dialisis					
	Predialisis	133 (55,2%)	77 (62,6%)	56 (47,5%)	0,018
	Dialisis peritoneal	28 (11,6%)	12 (9,8% ^o)	16 (13,4% ^o)	0,897
	Hemodialisis	81 (33,5%)	34 (27,6%)	47 (39,5%)	0,955

PROPENSITY SCORE MATCHING

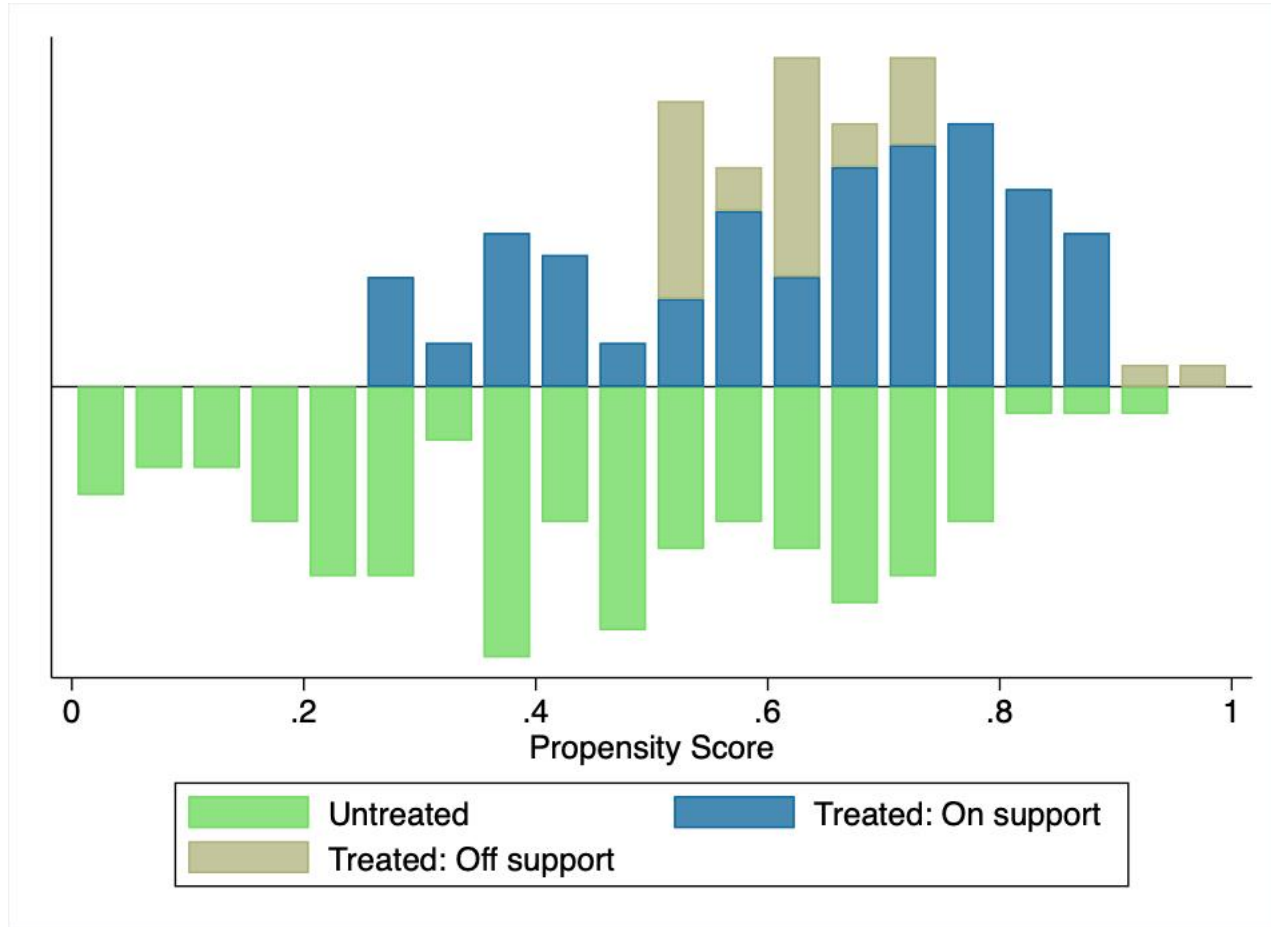


Edad
IMC

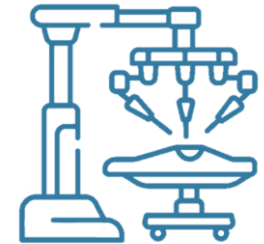


Edad
IMC
Sexo
Diabetes
Dislipemia
HTA
Cardiopatía isquémica
Modalidad diálisis
Puntuación ASA

PROPENSITY SCORE MATCHING



95 Pacientes



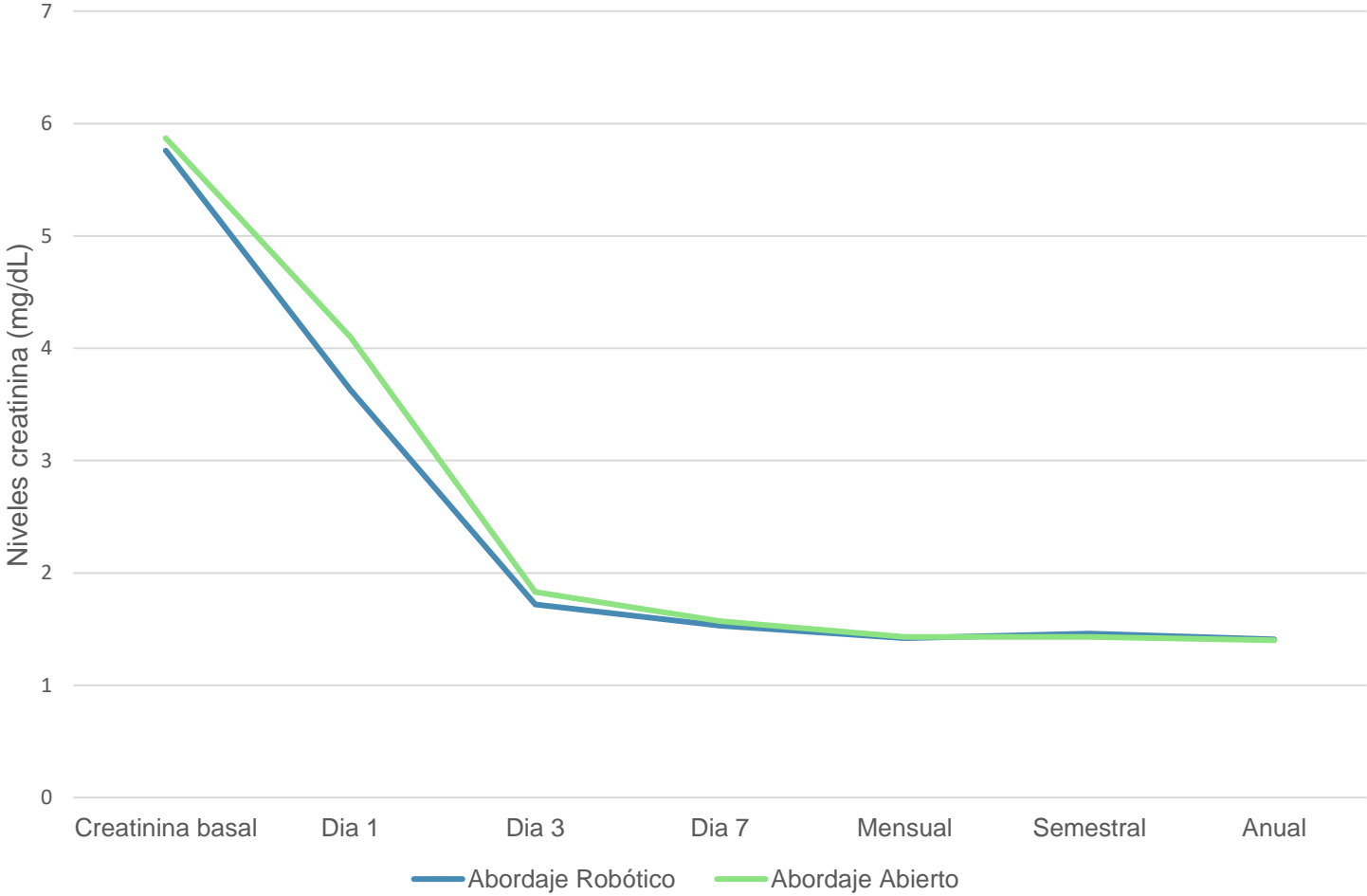
88 Pacientes



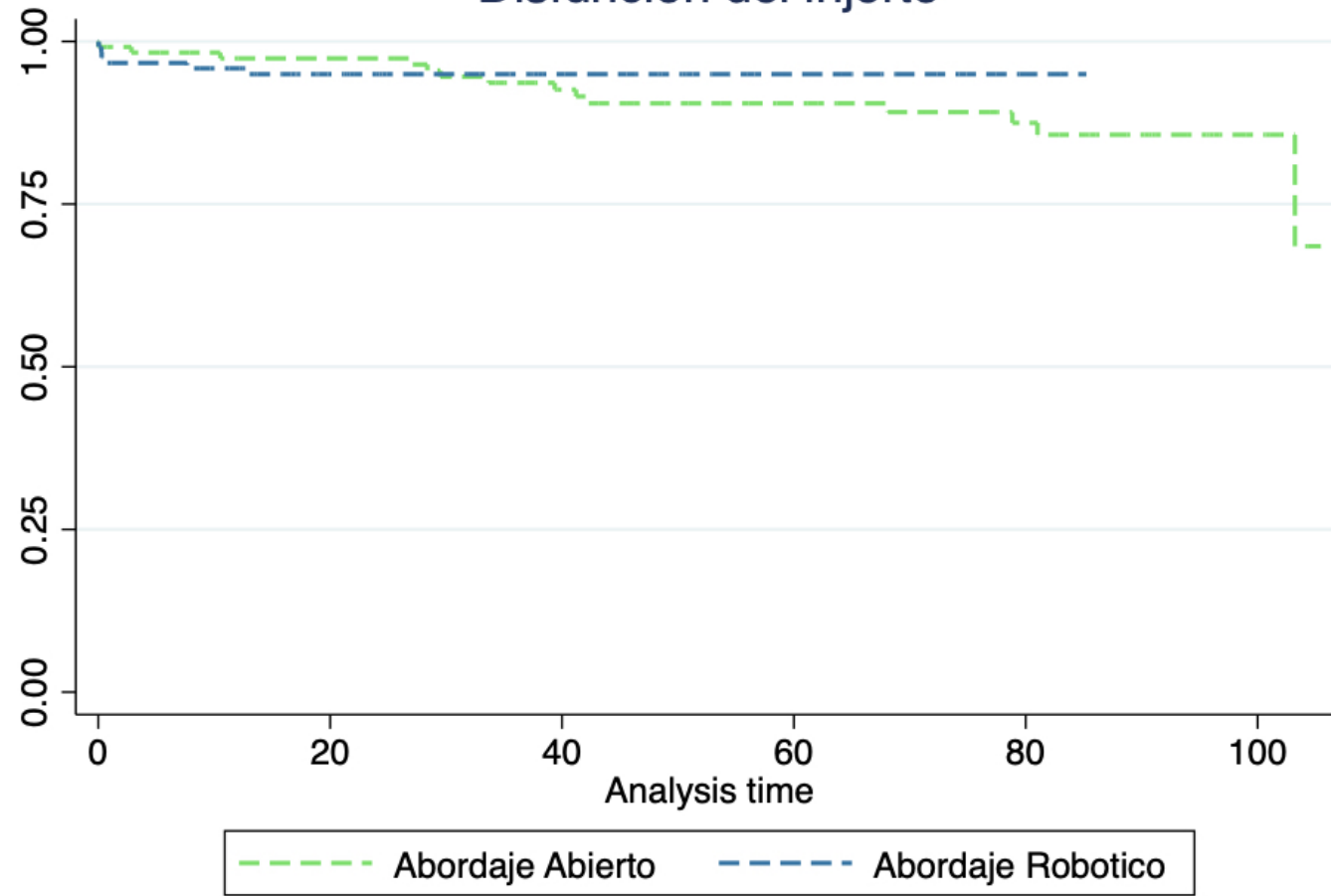
RESULTADO RECEPTORES

	Robótico (n=88)	Abierto (n=95)	p valor
Ileo paralítico, N(%)	1(1,1%)	2(2,1%)	0,515
Linfocele, N(%)	4(4,5%)	4(4,2%)	1
Hematuria, N(%)	1(1,1%)	20(21%)	<0,001
Transfusión hemoderivados, N(%)	10 (11,4%)	23(24,2%)	0,030
Trasplantectomía, N(%)	5(5,7%)	1(1,1%)	0,101
Infección herida, N(%)	1(1,1%)	3(3,2%)	0,315
Fuga urinaria, N(%)	1(1,1%)	4(4,2%)	0,175
Estenosis ureteral, N(%)	1(1,1%)	4(4,2%)	0,175
Infección tracto urinario, N(%)	9(10,2%)	20(21%)	0,006
Cuentas renograma, media (DS)	888,2(404,9)	1048(517,5)	0,995
Días Hospitalización, media (DS)	8,8 (4,2)	9,2 (5,0)	0,764
Delayed Graft function, N(%)	4(4,5%)	2(2,1%)	0,409

EVOLUCIÓN CREATININA POSTOPERATORIO



Disfunción del injerto



CONCLUSIONES

- ✓ En nuestra serie la técnica utilizada en el abordaje robótico presentó una menor tasa de complicaciones en comparación con la técnica de trasplante renal abierto.
 - ✓ No existieron diferencias en resultados funcionales.
 - ✓ El abordaje robótico para el trasplante renal de donante vivo parece suponer una alternativa eficaz al clásico abordaje abierto.
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Gracias