Bleeding complications in minimally invasive pediatric urology and how to avoid them

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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
Bleeding Complications Specific to Robotic Surgery

- Complications of Access
- Complications of Technique
- Complications of stupidity / carelessness
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
Complications of Technique
Case

• 15 yo male
  • Poorly differentiated paratesticular Left RMS

• Set up for robotic assisted RPLND
NEVER do the “Chicken Peck”
Case

• 16 yo female
  • Became sexually active recently
  • 2 afebrile UTIs
  • Renal ultrasound shows simple RUP 1 cm cyst

• What would you do?
Why are you struggling?
Complications of Poor Judgement (AKA you were stttuuuuuppppiiiidd)
Case

- 15 yo M developed on and off right flank pain during football practice
- Was seen in local ER where he was found to have a renal mass
- MRI was performed concerning for abscess vs mass
- Open wedge biopsy was performed at OSH demonstrating spindle cells
No Shame in Converting to open. Do the right thing
Cognitive Paralysis
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?
Learning from my and other’s mistakes

• No blind trocar placement
• Point towards “non-vital” organs
• Always think
  • “What can I do to kill this patient?”
• Beware of cautery
• Don’t use the “Chicken Peck”
• Communicate
• Your “Assistant” can be your worst enemy
• Simulate emergencies → Be prepared
• Avoid “Cognitive Paralysis”
Closing Remarks

• Challenging but exciting and innovative
• Feasible and “Safe”
• Different types of complications
• No one learns from silence
  • Record
  • Review
  • Learn
Complications: Don’t Do This:
Do this...and be prepared
Thank you

Please email me with any questions
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