Virtual ESU course focuses on upper tract laparoscopy

Advanced course report at the Tunisian Association of Urology congress

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The 21st congress of the Tunisian Association of Urology took place from 22 to 23 October 2021 in Hammamet, Tunisia. The participants were delighted to finally meet in-person once again after the onset of the COVID-19 pandemic.

The congress also hosted the virtual course of the European School of Urology (ESU) which was entitled "Advanced course on upper tract laparoscopy: Kidney, UPJ, ureter and stones".

The course presentations were livestreamed on the first congress day. Course Chair Dr. Panagiotis Kallidonis (GR) launched the course by putting the spotlight on the role of the ESU in providing unique opportunities in urological education. Dr. Kallidonis's presentation was followed by a lecture by Assoc. Prof. Bogdan Petrut (RO) which summarised the EAU Guidelines of kidney cancer, then by Prof. David Nikoleishvili (GE) who provided his expert insights during his presentation "Kidney: Nephrectomy, management of cysts".

He explained how to deal with nephrectomy, radical and conservative treatment of upper tract urothelial carcinoma. During the discussion on bladder cuff excision, Prof. Nikoleishvili underscored that although the endovesical approach ensures the removal of the entire intravesical ureter, the extravesical excision is mostly used by surgeons as this would avoid local recurrence.

He also shared his feedback and impressions of the course: "Laparoscopy in urology remains one of the leading surgical treatment modalities. I realise that the educational role of the EAU and especially the ESU is mandatory and essential. Implementation of EAU Guidelines and modern approaches is the cornerstone of equal relation between each urological society." He added that the delegates were eager and enthusiastic, and thought that the scientific content and level of the presentations were appropriate for the delegates.

Dr. Kallidonis took to the online stage once again and provided different steps of laparoscopic ureteropelvic junction obstruction management in detail during his lecture "Pyeloplasty: Indication – techniques – problems". The participants asked him why not insert a double-J stent by endoscopy prior to laparoscopy as they think this is easier and might be a way to identify ureter in recurrent cases. Dr. Kallidonis replied that the ureter and the ureteropelvic junction are more elastic and better to manipulate without a double-J stent inside. Additionally, he also stated that a retrograde placement of a double-J stent might be a cause of bacterial inoculation.

He continued with his next lecture on partial nephrectomy wherein he concluded that we can usually either perform better with or without a robot, and to perform the technique where we have the best expertise in. Also during Dr. Kallidonis's presentation, it was shown that the presence of adherent perirenal fat seen in the computed tomography made the laparoscopic partial nephrectomy difficult but it was not a contraindication in experienced hands.

Afterwards, Prof. Petrut presented his lecture "Complication management" which showed how to manage and avoid complications in laparoscopic surgery. He demonstrated that an intrarenal pseudoaneurysm can be managed by laparoscopy. However, the standard management is embolisation.

The audience pays close attention during the ESU course

Prof. Petrut also presented a challenging case of vena cava perforation. In this patient case, good visibility is needed and to stop bleeding, one must put a row of staples. An additional access port may be indicated for better intraoperative exposure.

Case discussions

Concluding the ESU course, esteemed local faculty member Prof. Mehdi Jaidane (TN) presented a case of impacted upper ureter stone which was treated by retroperitoneal laparoscopy as an alternative to ureteroscopy.

During the discussions, Dr. Kallidonis and Prof. Nikoleishvili agreed that prior drainage either by double-J stent or percutaneous nephrostomy might be safer in difficult cases or in the presence of cloudy infected urine. An impacted upper ureter stone with a dilated pelvicalyceal system is easier to treat with antegrade than retrograde endoscopy. In fact, the inflammation and stricture are mostly below rather than above the stone.

Highly-regarded local faculty member Dr. Salem Braiek (TN) presented another case centred on a large pelvic stone managed by retroperitoneal laparoscopy. The presence of an adherent peripelvic fat made the dissection difficult. The indication of laparoscopic approach was when percutaneous nephrolithotomy is not possible for any reason.

The discussions were lively that we surpassed the time allotted. We are pleased that we were afforded an hour extra by our honourable presenters and organisers.

The scientific content presented was apt and relevant. The overall atmosphere during the course was friendly, conversational and conducive to learning. We would like to extend our deepest gratitude to the EAU and to the ESU for this fruitful collaboration, and we hope to meet face to face in upcoming events.