

barbed stitch (V-Loc® 180 or Non-absorbable, size 2-0, needle 1/2 26 mm). In the first 15 cases, three non-absorbable stitches Prolen™ were used. The peritoneal defect is closed with a running barbed absorbable suture V-Loc® 90. The stitches are introduced through the trocar 10 mm and extracted in the same way or immediately through the abdominal wall with the previous straightening of the needle. No drain is placed. The patient is on bed rest for three days. We recommend avoiding jumping, horse-riding etc. for two months. The robot-assisted technique is similar: System daVinci Xi, three arms in V position (camera 30° in umbilicus), ports 8 mm – scissors/needle driver, bipolar grasper Maryland.

Results: Laparoscopic group: Mean age 36.9 ± 13.9 (20.0 to 65.1) years. Mean BMI 22.3 ± 2.8 (17.3 to 27.9). The mean time of operation on one side procedure 59.2 ± 17.0 (35 to 100), bilateral procedures (including rotation of patient) 155 and 150

minutes. All procedures were without blood loss and perioperative and postoperative complications. In 2022-4, 3 robot-assisted nephropexis in women were performed. Age 47, 48 and 34 years, BMI 20, 21, and 23, time of surgery 32, 31, and 36 min.

Conclusion: Laparoscopic /robot-assisted transperitoneal nephropexy with fixation of convexity of the kidney with running self-anchoring barbed stitch is the standard of surgical treatment of nephroptosis at our department. Meticulous dissection and careful liberation of the abdominal wall enabling safe suturing without damage to nerves of the abdominal wall is recommended. The robotic variant seems to be easier (especially suturing) and faster. Due to relatively rarity of such surgery, long term results in a bigger group of patients will be only achievable in a multicentre trial.

KEY WORDS

Nephroptosis, nephropexis, laparoscopy, robot.

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