



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

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SPU Fall Meeting, Scottsdale Arizona 2019

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

JAMA 
@JAMA_current

Only 2 types of doctors never have surgical complications: those who don't operate and those who aren't truthful.



Surgical Complications | Anterior Segment | Topics in Ophthalmology from The JAMA Network
blogs.jamanetwork.com

Bleeding Complications Specific to Robotic Surgery

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

Access

Access and Port Placement Basics

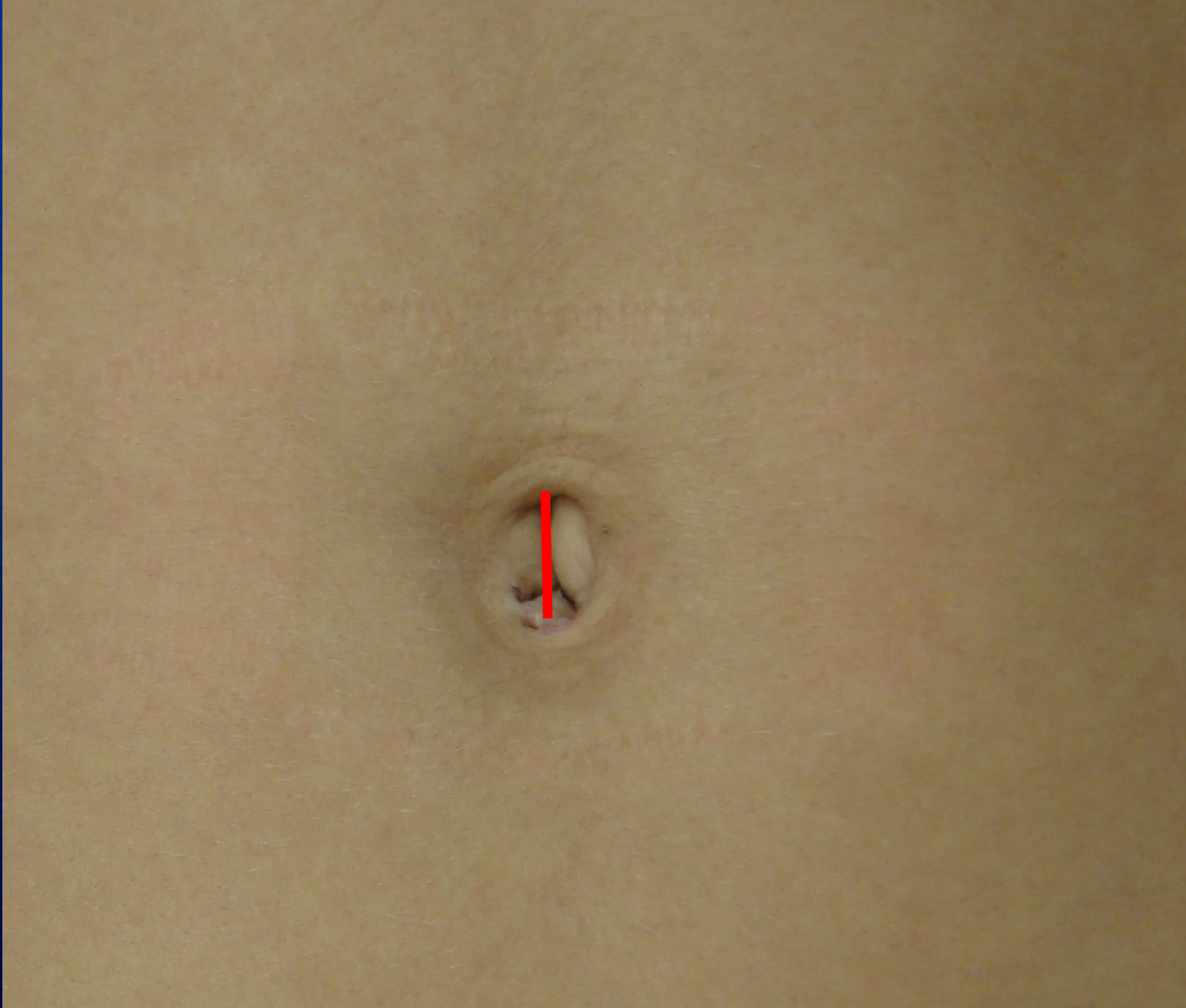
- Patient safety
 - Avoid complications
- Access
 - No technique is free from complications
- Trocar placement
 - Use a 5 mm camera
 - Point away from vital structures
- Maximize effective docking / ergonomics
 - Minimize clashing

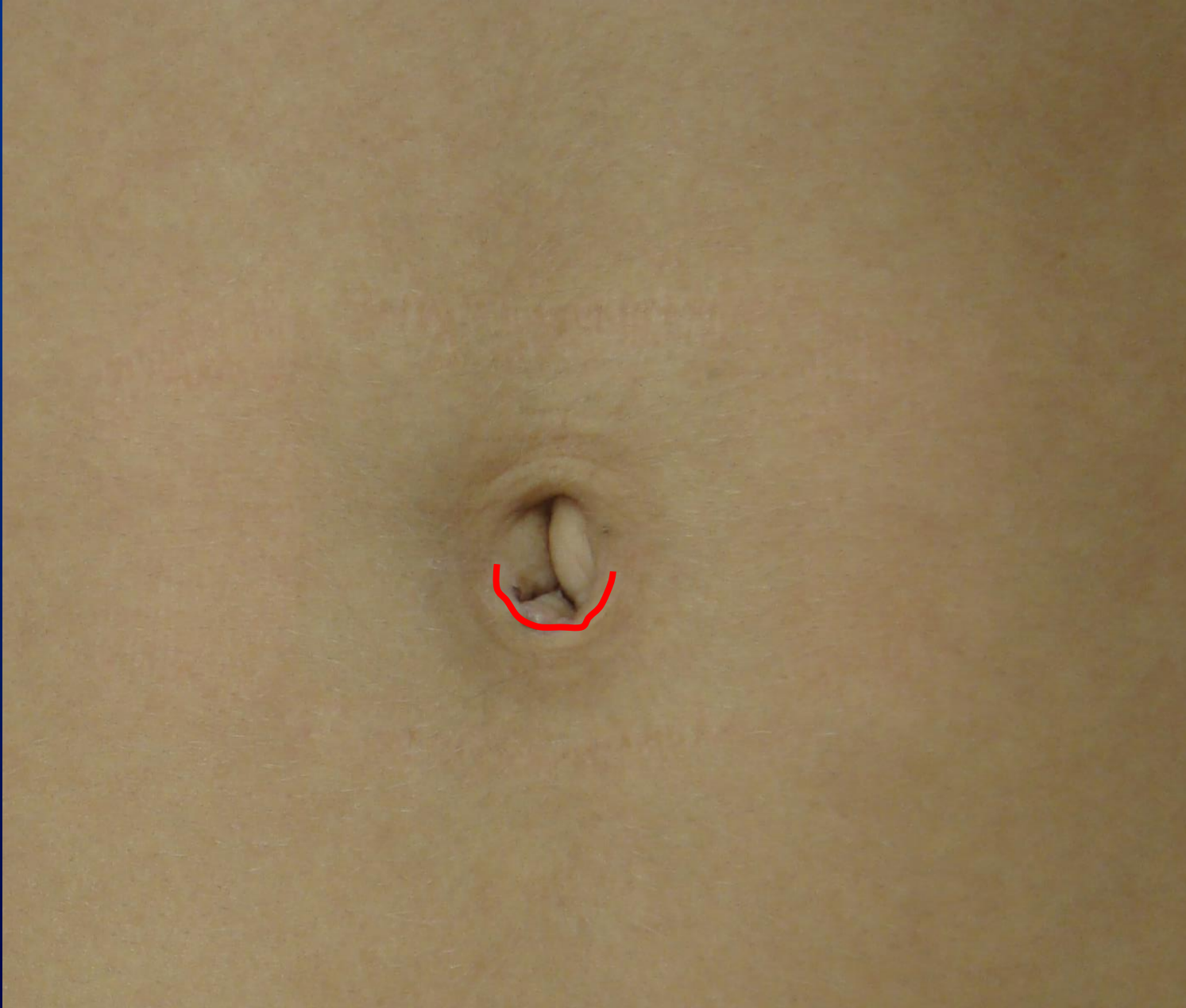
Initial Access

No “perfect” technique

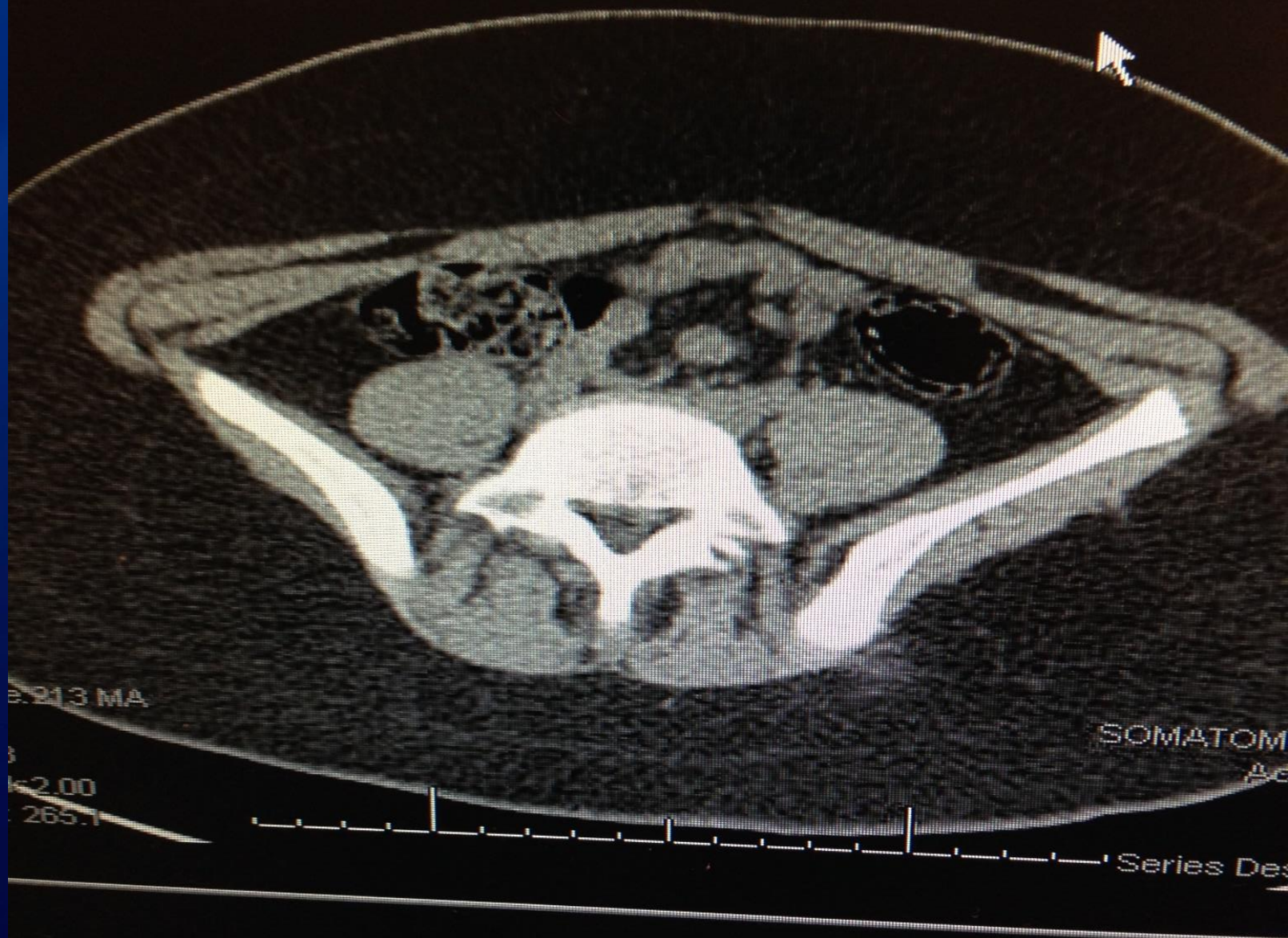
Attending: “Verees needles kill people”

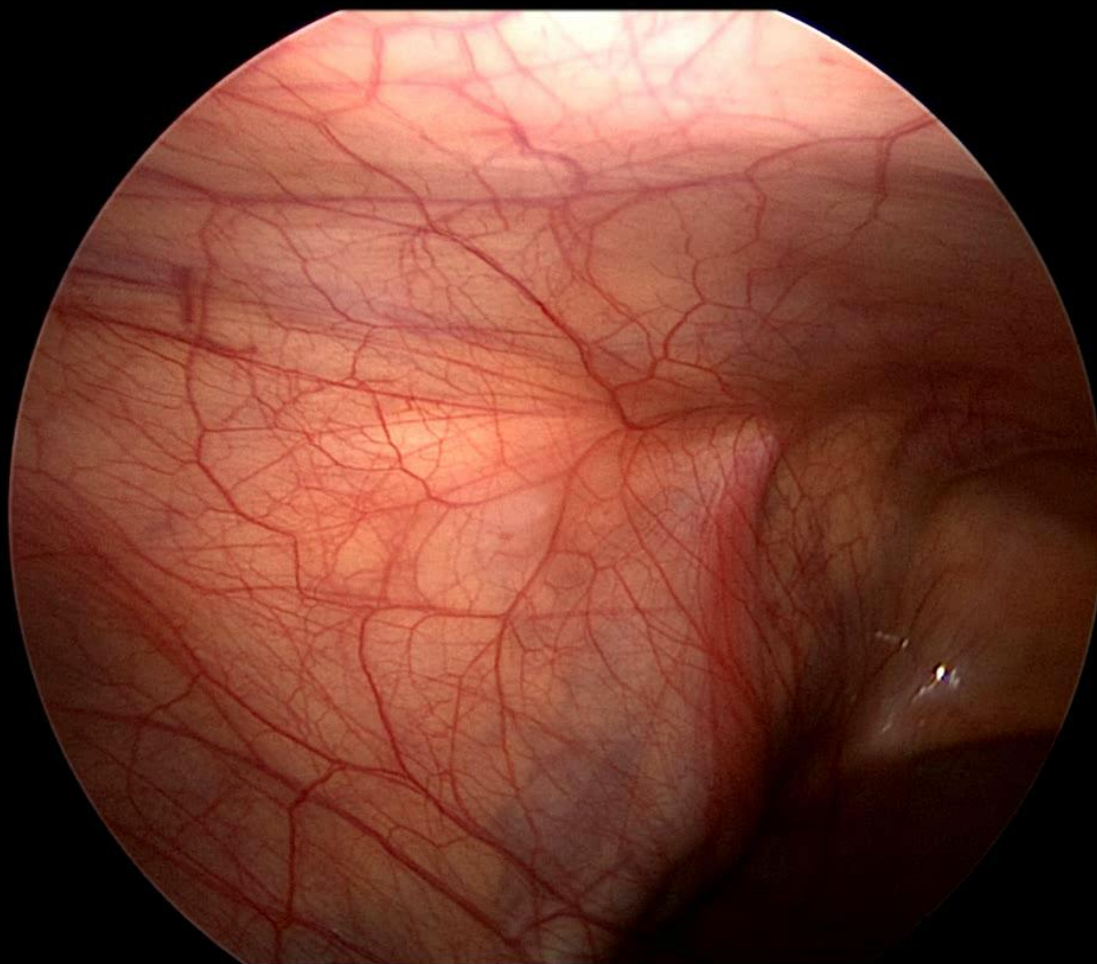
Resident: “Verees needles don’t kill people,
people kill people”





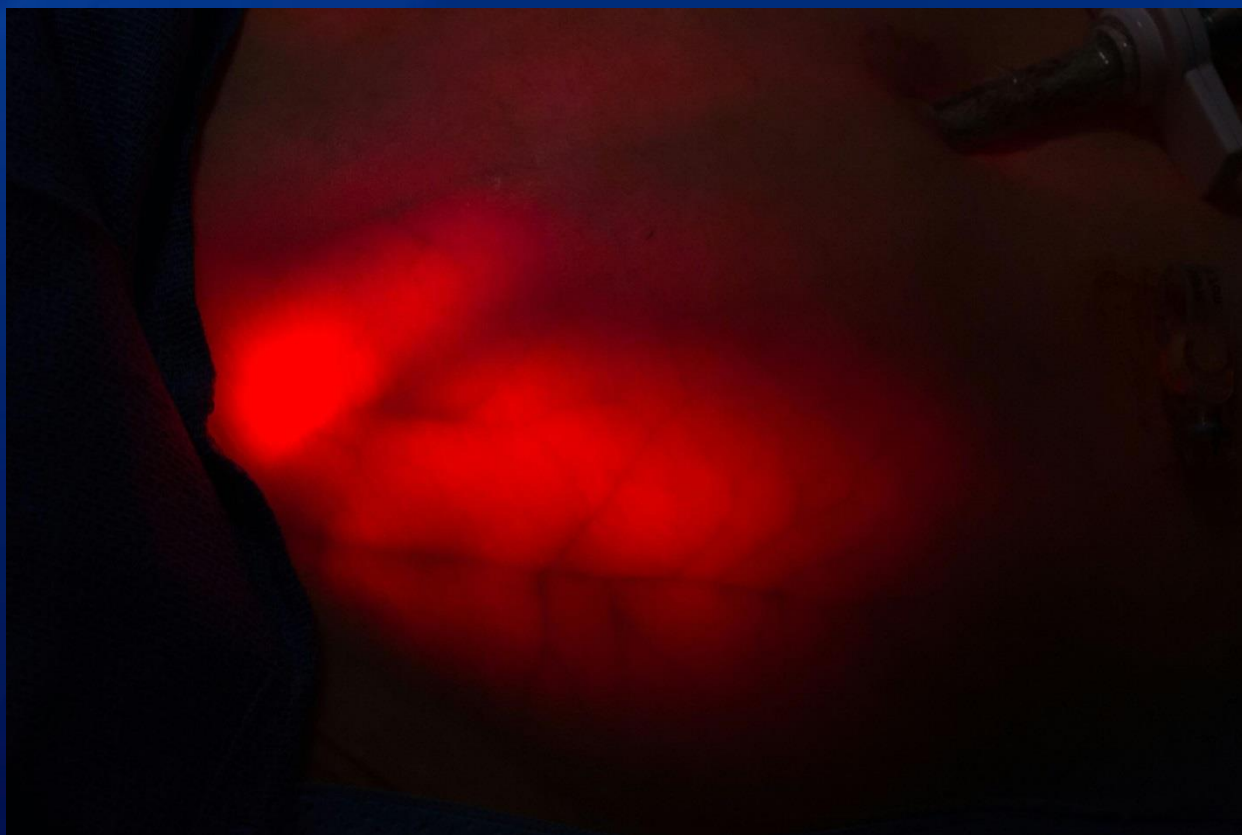
Complications of Access

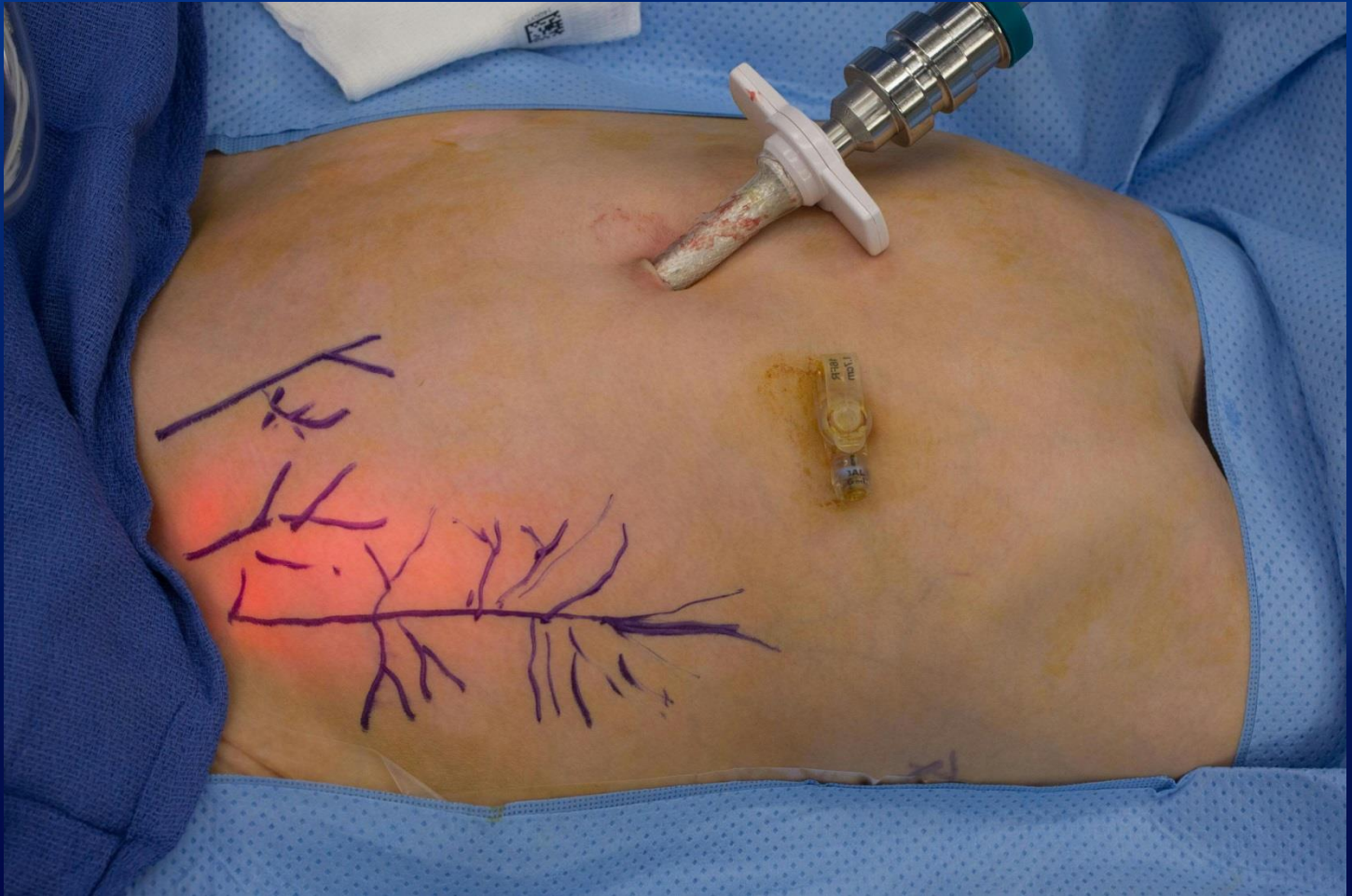


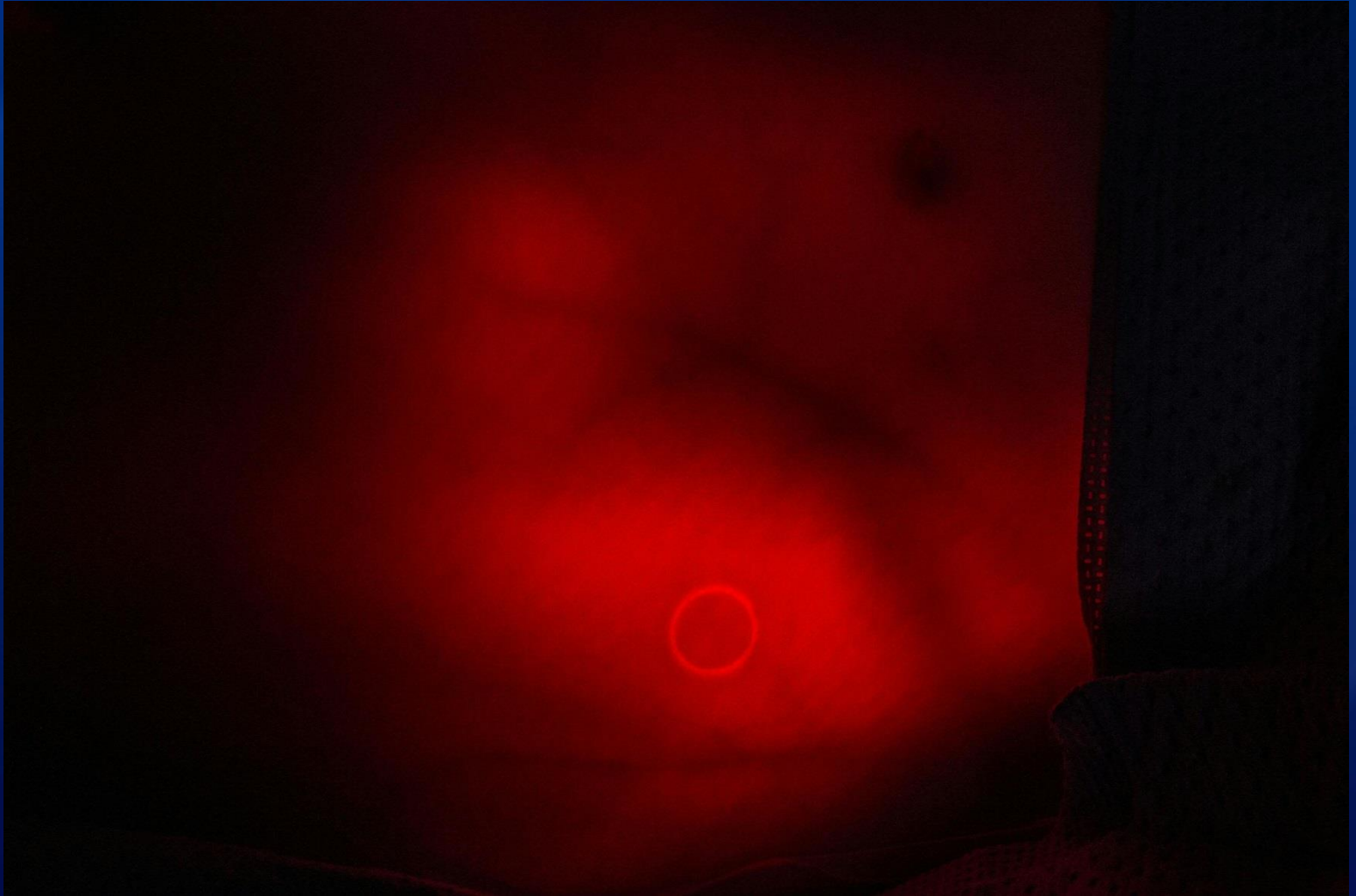


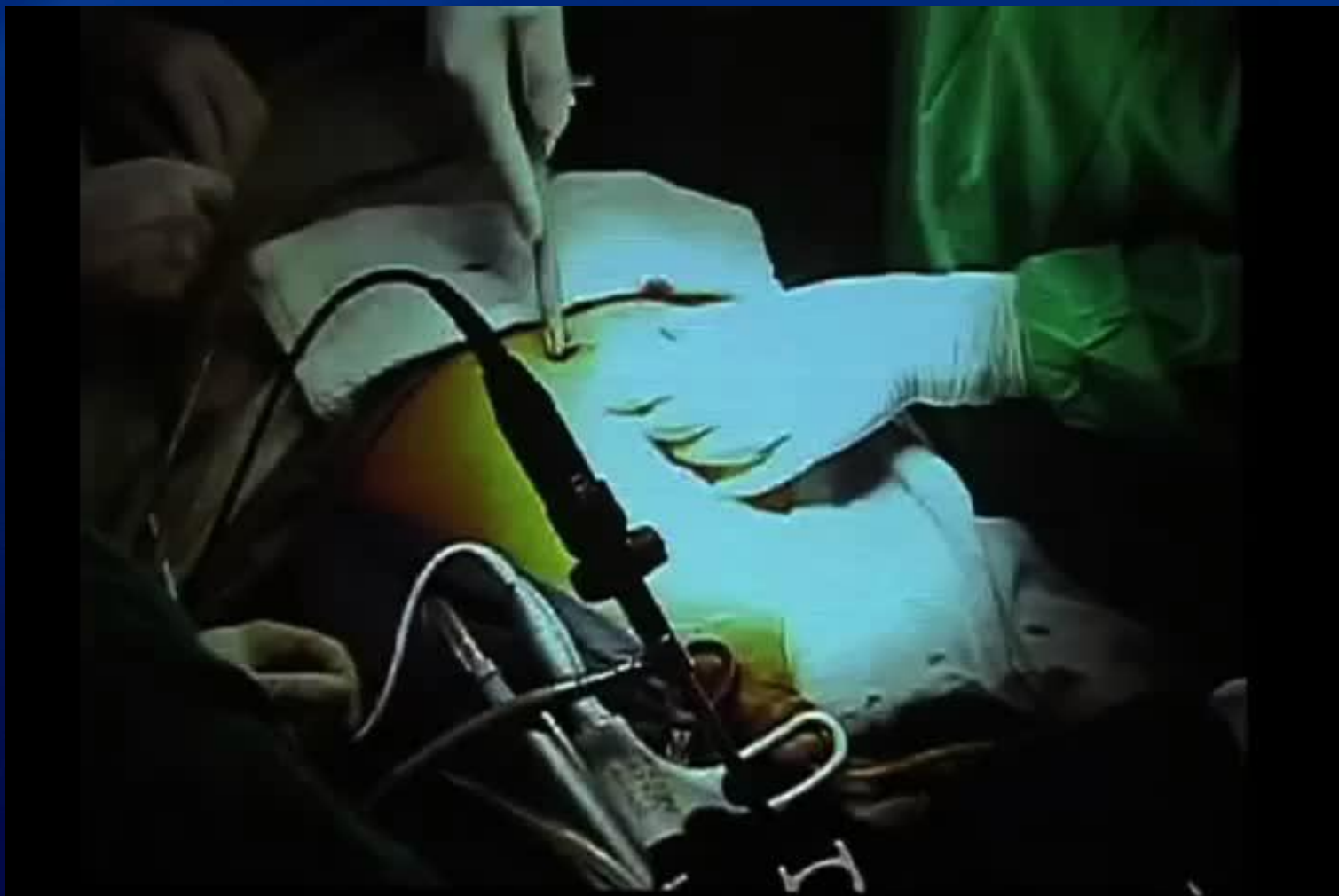










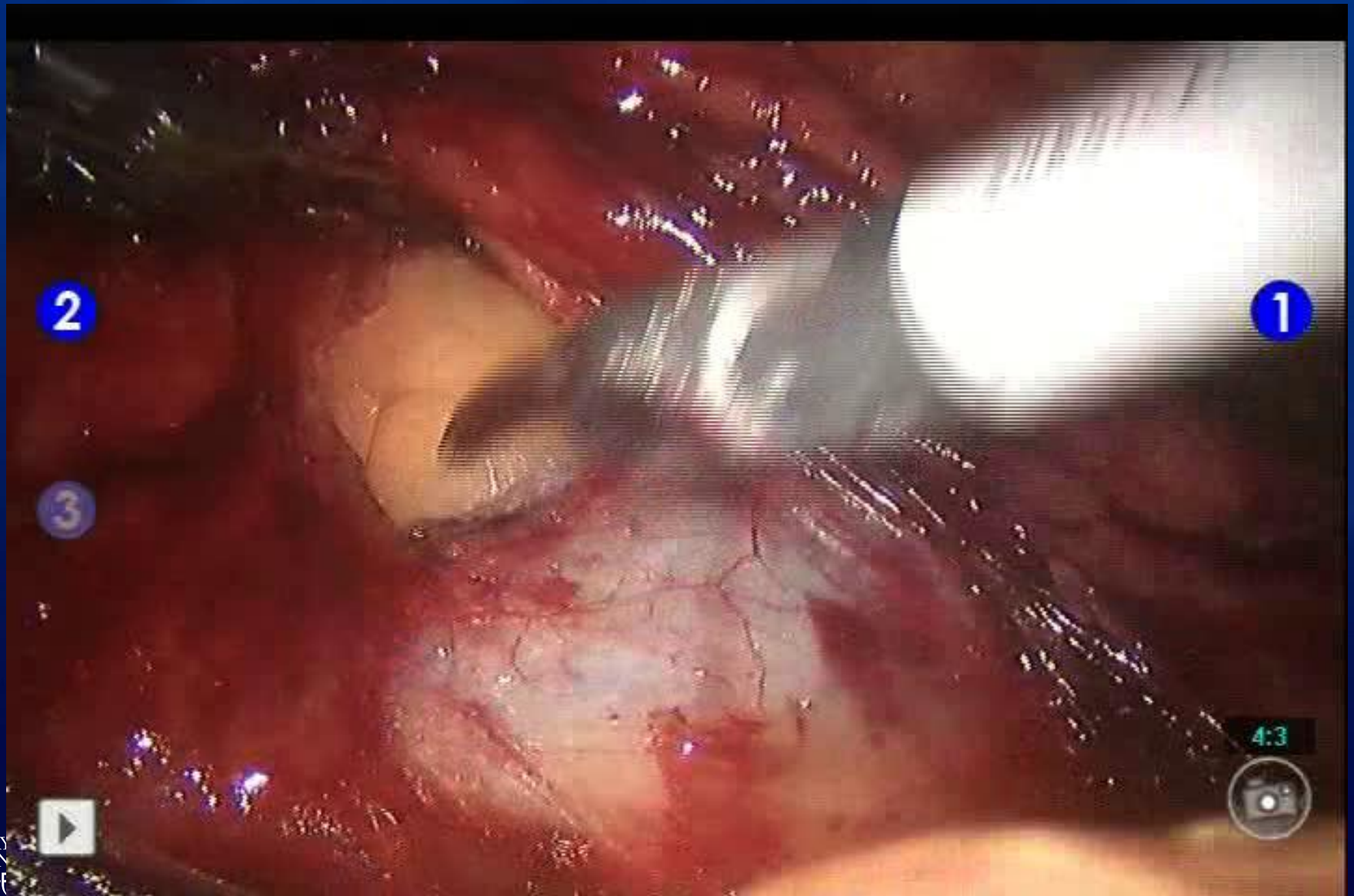


Complications of Technique

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?

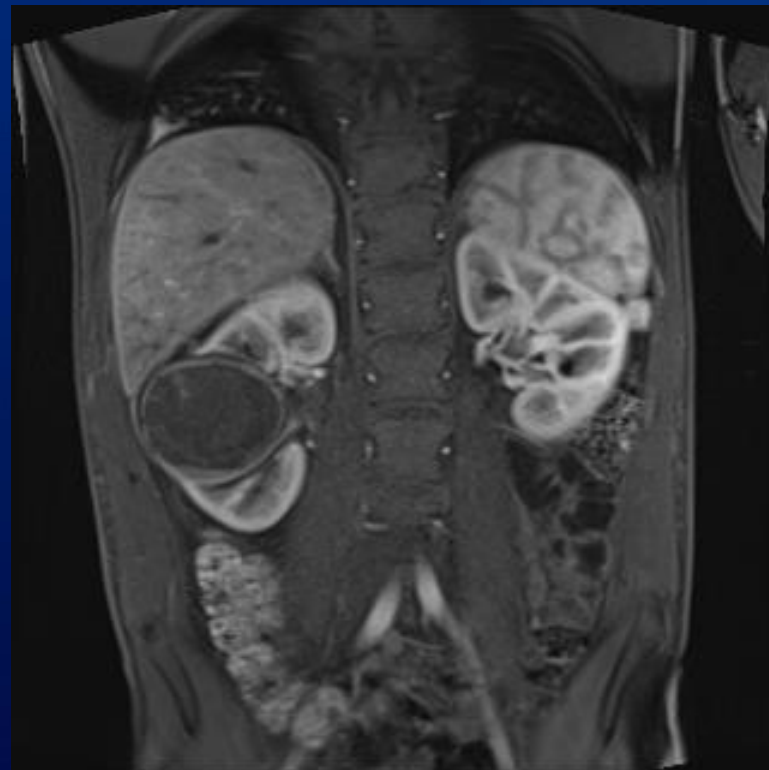
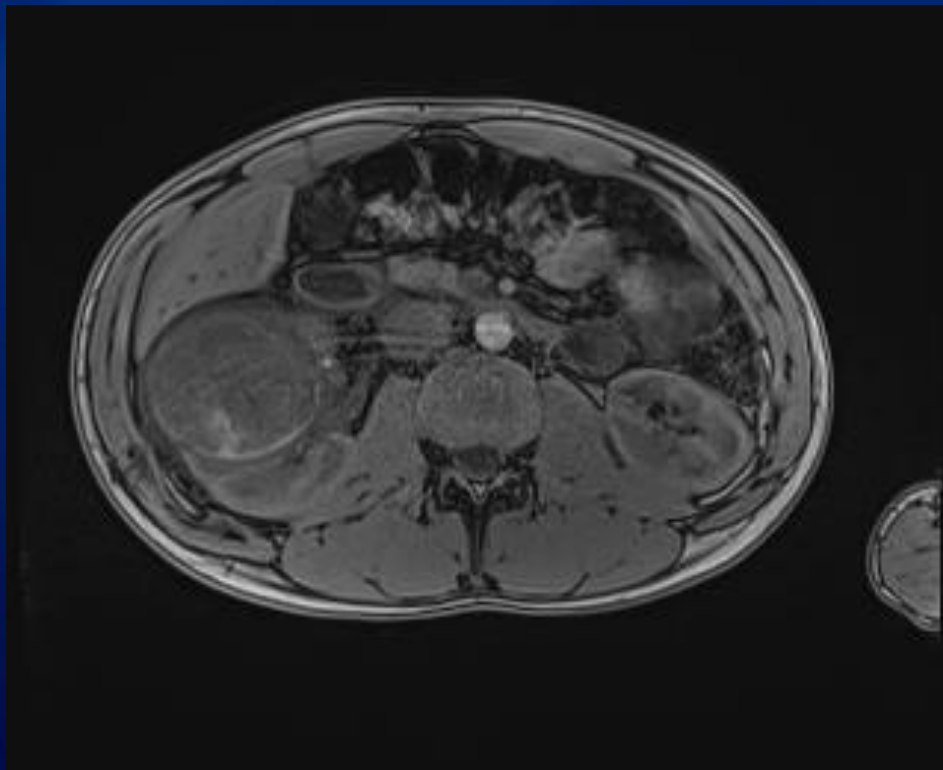
Why are you struggling?



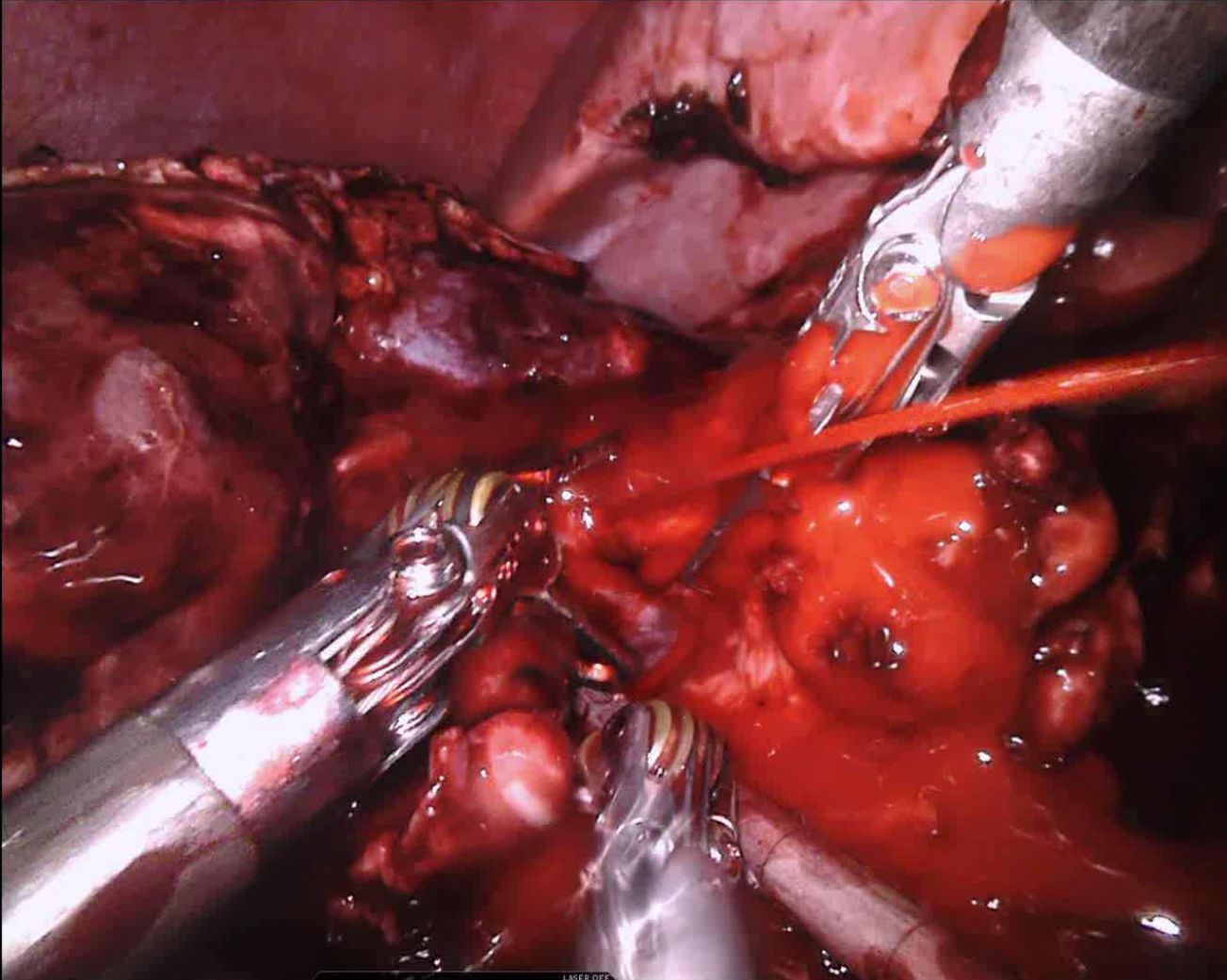
Complications of Poor Judgement (AKA youwere stttuuuuppppiidd)

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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