

iliac spine, pubic tubercle - associated with inguinal ligament, sartorius and adductor longus muscle) and a suspected palpated sentinel node. From a short incision on the caudal top of the femoral triangle, a finger creates an operating space under Camper's fascia. Introduction of 2 ports - 5 and 11 mm (preferentially trocar with fixation balloons), incision videoport, optic optics. CO2 pressure at 12 mm Hg. Great saphenous vein is laterally or on the "roof" of the surgical area, sometimes dorsally, is preserved. To release lipolymphatic tissue from the base - femoral vessels, great saphenous vein, oval fossa, Camper's fascia and inguinal ligament - we use Ligasure® Maryland (or Blunt tip 5 mm). Extraction of lipolymphatic tissue in Endocatch® bag Gold or directly by incision without bag. Suction drain, ports' closure. Single shot antibiotic prophylaxis (co-amoxicillin), lower limb bandages, miniheparinization.

**Results:** In 8 men this was performed bilaterally (one with pelvic lymphadenectomy), 1 unilaterally

(there was not marked SLN on one side in the primary DSLNB). The mean age of men was  $63.3 \pm 10.4$  (46–78) years. BMI  $30.0 \pm 4.7$  (24.5–40.2). The operating time was in two-sided (7 cases)  $134.4 \pm 37.5$  (91–192) min. In single-sided 66 min, both sides with pelvic LND 159 min. Average number of nodes obtained per groin  $7.3 \pm 3.1$  (3–14) nodes. Metastases were demonstrated in 7 groins (37%). The hospitalization period was  $21.1 \pm 12.1$  (7–44) days. Complications occurred in 8 groins (42.1%). Once 3b by Dindo-Clavien (revision for bleeding followed by necrosis of the skin), 7× prolonged lymphorrhea or lymphocele with drainage necessity (3× infected).

**Conclusion:** The mini-invasive approach to inguinal LND (VEILND) is technically feasible and our preferred method of approach now. The risk of complications resulting from insufficient closure of the lymphatic vessels also remains with this methodology.



## Soutěž ČUS



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Vítězné práce budou vyhlášeny na Výroční konferenci ČUS 2020.

Následně budou výsledky zveřejněny v časopisu Česká urologie a na webových stránkách ČUS.