

NON-ONCOLOGIC UROLOGIC SURGERY



With a team that features national leaders in the field, Temple's Robotic Urologic Surgery program is the gold standard in reconstructive surgery for patients who have experienced traumatic injury to the urinary tract, scarring from cancer treatment or complications from past surgeries.

Boasting the busiest minimally invasive reconstructive practice in the U.S., Temple has become the go-to solution for many patients who have been told they have no treatment options. Many of those patients travel across the country to seek treatment here. Our surgical team has performed more than 1,000 surgeries on some of the most high-risk patients and complicated conditions.



Temple has the region's most advanced and integrated robotic suites.

TAILORED APPROACH FOR YOUR PATIENTS

Most of these injuries are not common and do not have a defined path toward a resolute treatment. Because this is most of what Temple treats, our team takes a methodical approach to evaluating our patients. We will request prior imaging and records. For some patients we may repeat studies prior to surgery so that we can get a deeper understanding of the injury. Some patients may need additional testing before a plan can be developed.

We employ novel approaches to optimize the patient before surgery to improve surgical results. For example, stents or tubes are often removed to support ureteral rest for three to four weeks to improve success at the time of surgery.

WHEN TO REFER

- If there is a solution for your patients locally, consider referral to Temple to take advantage of our array of novel, innovative approaches.
- Time is of the essence; a faster referral reduces patient anxiety and increases satisfaction.
- Patients who are injured after surgery or diagnosed with iatrogenic (procedure-related) injury should be transferred to Temple immediately. We often do not delay these repairs to support improved outcomes.

Please call 215-875-9710 for more information or to schedule a patient appointment.



Lead by Chief of Robotic Surgery Dr. Daniel D. Eun, a pioneer in robotic urologic surgery, Temple's program has established itself as one of the world's premier minimally invasive reconstruction centers. In fact, Temple has developed a repertoire of novel and minimally invasive techniques to tackle some of the most complex medical cases. Using robotics to perform less-invasive surgeries, Temple surgeons employ traditional and non-traditional methods that result in less tissue trauma, blood loss, pain and infection, and quick patient discharges with much faster patient recoveries than more traditional open surgeries requiring large incisions.

Eun and his team have won many awards recently at national and international meetings and are producing the world's first text book on robotic urinary tract reconstructive surgery. In the last several years, they have written the foundational literature of robotic reconstructive surgery and led or been part of numerous studies to lay the ground work for this area. Eun has lectured on multiple aspects of complex robotic surgeries and presented dozens of live surgical demonstrations. His most recent peer-reviewed papers include "Collaborative of Reconstructive Robotic Ureteral Surgery (CORRUS). A Multi-Institutional Experience with Robotic Appendiceal Ureteroplasty" and "Intermediate-term Urinary Function and Complication Outcomes After Robot-Assisted Simple Prostatectomy."

TEMPLE TREATS A WIDE ARRAY OF UROLOGIC CONDITIONS

With Temple's expert use of robotic techniques, we are able to treat a broad array of upper- and lower-tract issues. Therapies are customized for each patient.

Reconstructive surgeries (primarily upper tract)

- Ureteral injury after prior surgery or after radiation
- Ureter obstruction
- Ureteral stricture
- Symptomatic ureteral reflux
- Pyeloplasty failure or pain after prior pyeloplasty
- Pain or obstruction in ureteral duplication anomaly, malrotated kidney, or horseshoe kidney
- Vesico-vaginal fistula
- Ureteral vaginal fistula
- Ureteral blockage after cystectomy and urinary diversion (ureteral enteric stricture)
- Retroperitoneal fibrosis (ureterolysis)

Other types of surgeries for the lower tract

- Robotic simple proctectomy
- Bladder diverticulectomy
- Bladder neck contracture after surgery or radiation
- Supratrigonal cystectomy in urinary diversion
- Persistent bladder fistula
- Bowl based bladder augmentation
- Partial cystectomy for mitomycin induced scarring
- Revisions of the urinary system after prior radical prostatectomy

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PIONEERING METHODS OFFER PREVIOUSLY IMPOSSIBLE OUTCOMES

Temple's program is so innovative that Dr. Daniel Eun teaches its methods in hands-on training courses nationwide and internationally. Our surgeons use robotics to navigate complicated structures such as blood vessels and nerves and perform sophisticated maneuvers in tight spaces. This lets us provide surgical options to patients who have been told they must live with a tube and other hardware inside them for the rest of their lives. Examples include:

- **Pioneered the use of near-infrared (NIR) fluorescence** in urinary reconstructive surgery to enhance our capabilities and perform surgeries once thought impossible. NIR enables better understanding of the perfusion of tissues in real time and helps identify the urinary tract in a field of dense scarring. Temple performs one of the largest volumes of ureteral reconstructive surgery in the world on a weekly basis.
- **Reimagined the traditional buccal graft** — from the inner lining of the cheek — by raising that as a free graft, harvesting it from the cheek and laying that on the ureter to supplement the ureter diameter in areas where patients have blockages. In fact, Temple has the largest buccal ureteroplasty series in the world to treat ureteral strictures and pyeloplasty failures.
- **Developed novel modifications for what we call simple prostatectomy** so that men with exceptionally enlarged prostate glands can avoid a large open incision. In fact, Temple surgeons have operated on prostates weighing in excess of 400 grams. Due to our novel ability to realign the urinary tract, we can reduce postoperative hematuria and enable same- or next-day discharge.
- **Redefined use of the appendix for ureteral reconstructive surgery**, including use as an appendicele interposition flap, appendicele onlay flap and a newly defined method of performing a ureteral bypass.
- **Expertly addressing radiation-based urinary catastrophes** or injury problems, including bladder neck contracture or ureteral stricture due to prior surgery or radiation. At Temple, we regularly perform reconstructive surgeries to address radiation-based urinary needs.

