

Prostatectomie totale par laparoscopie

Marc COLOMBEL

HEH

Figure 1 a

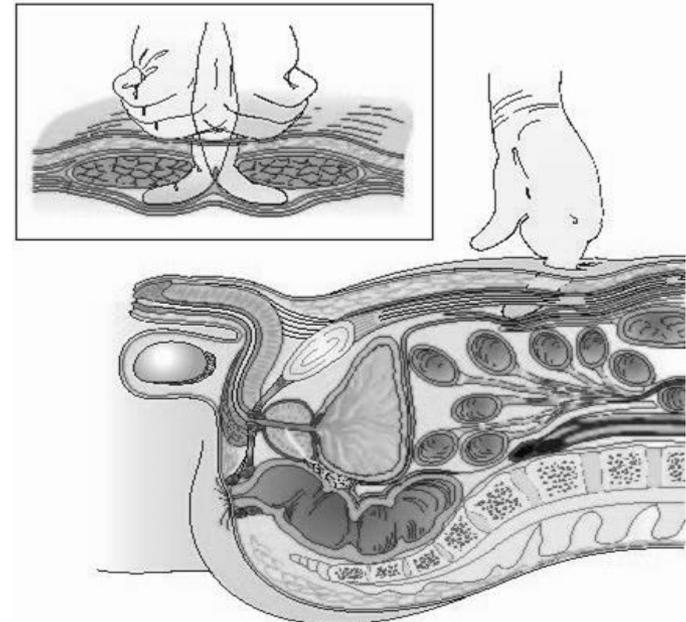
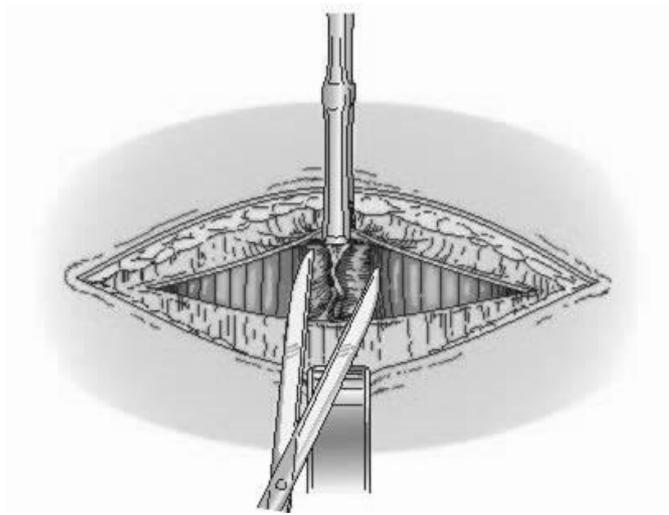
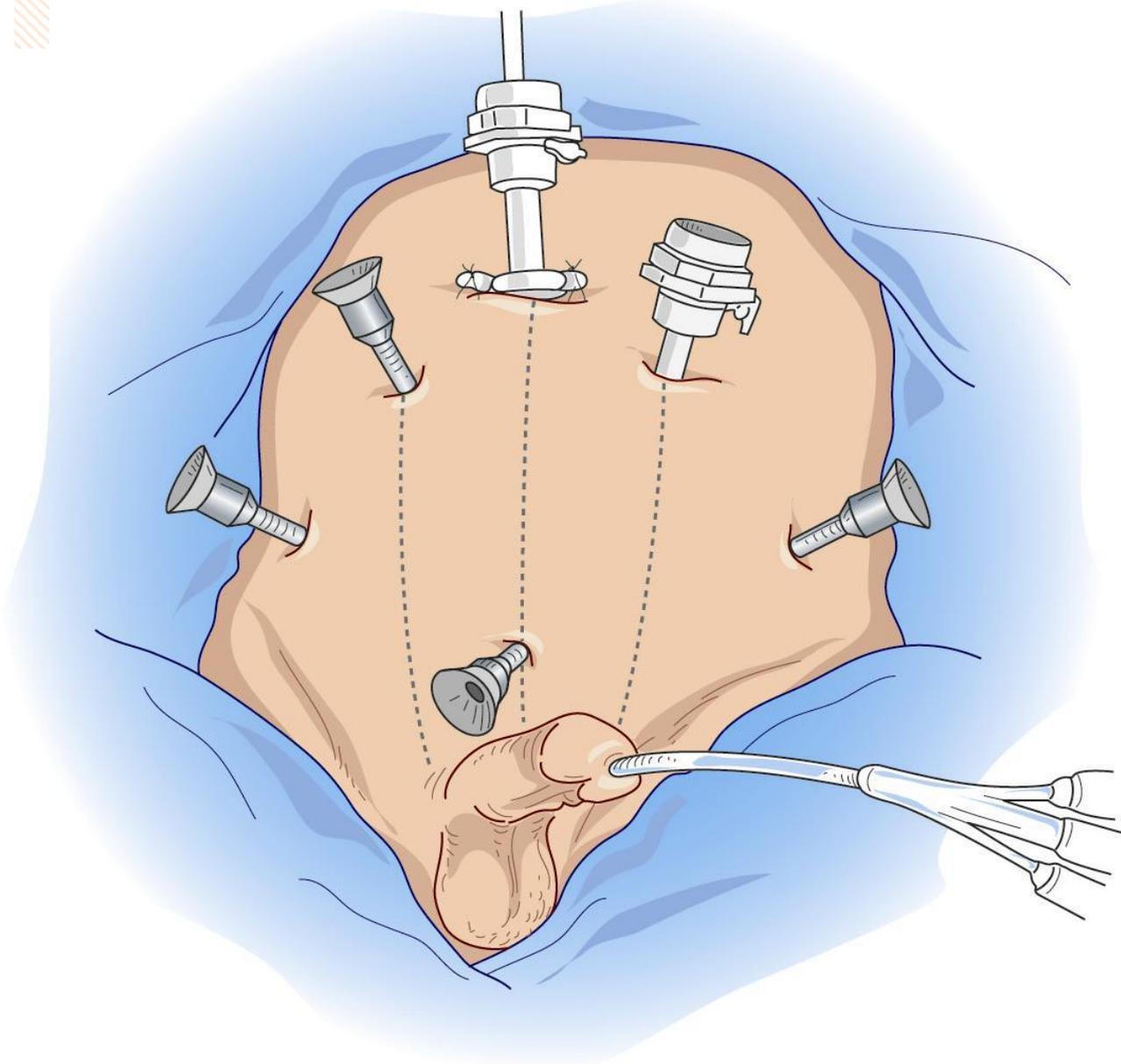
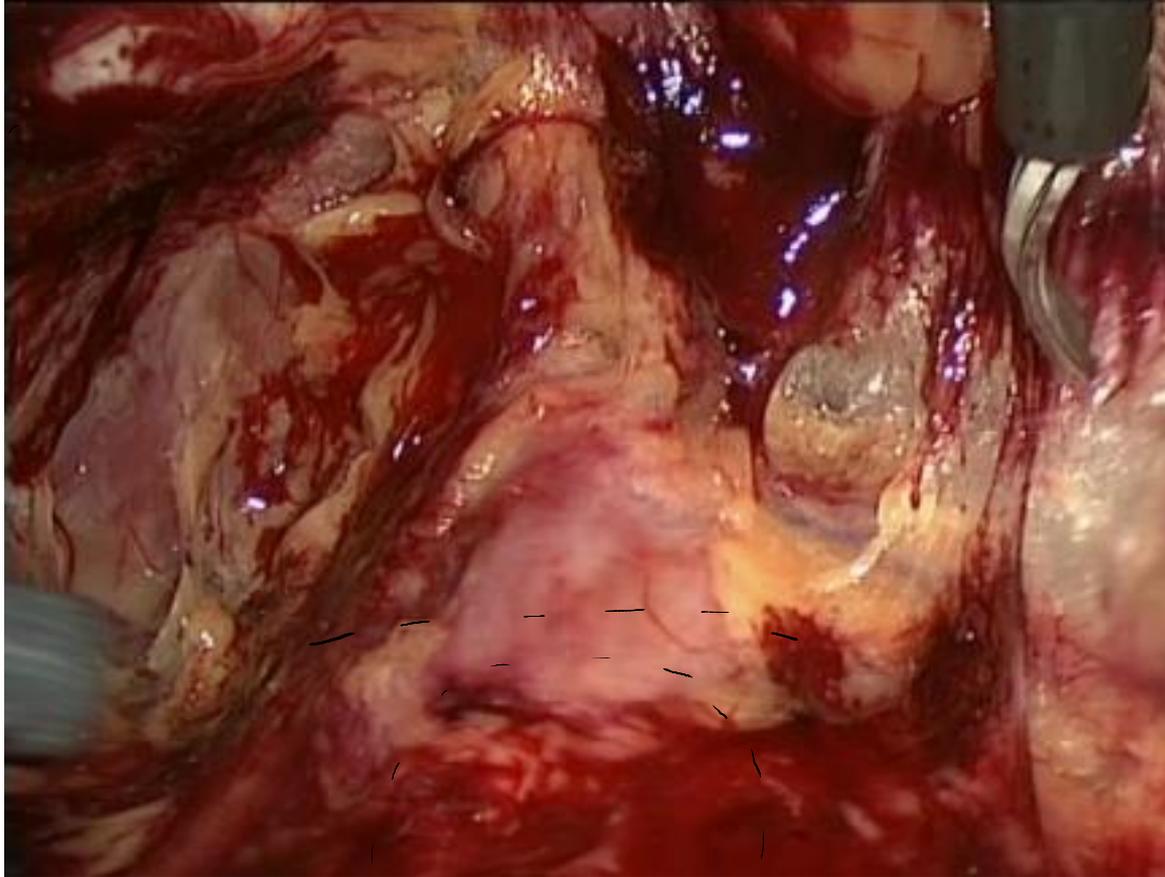


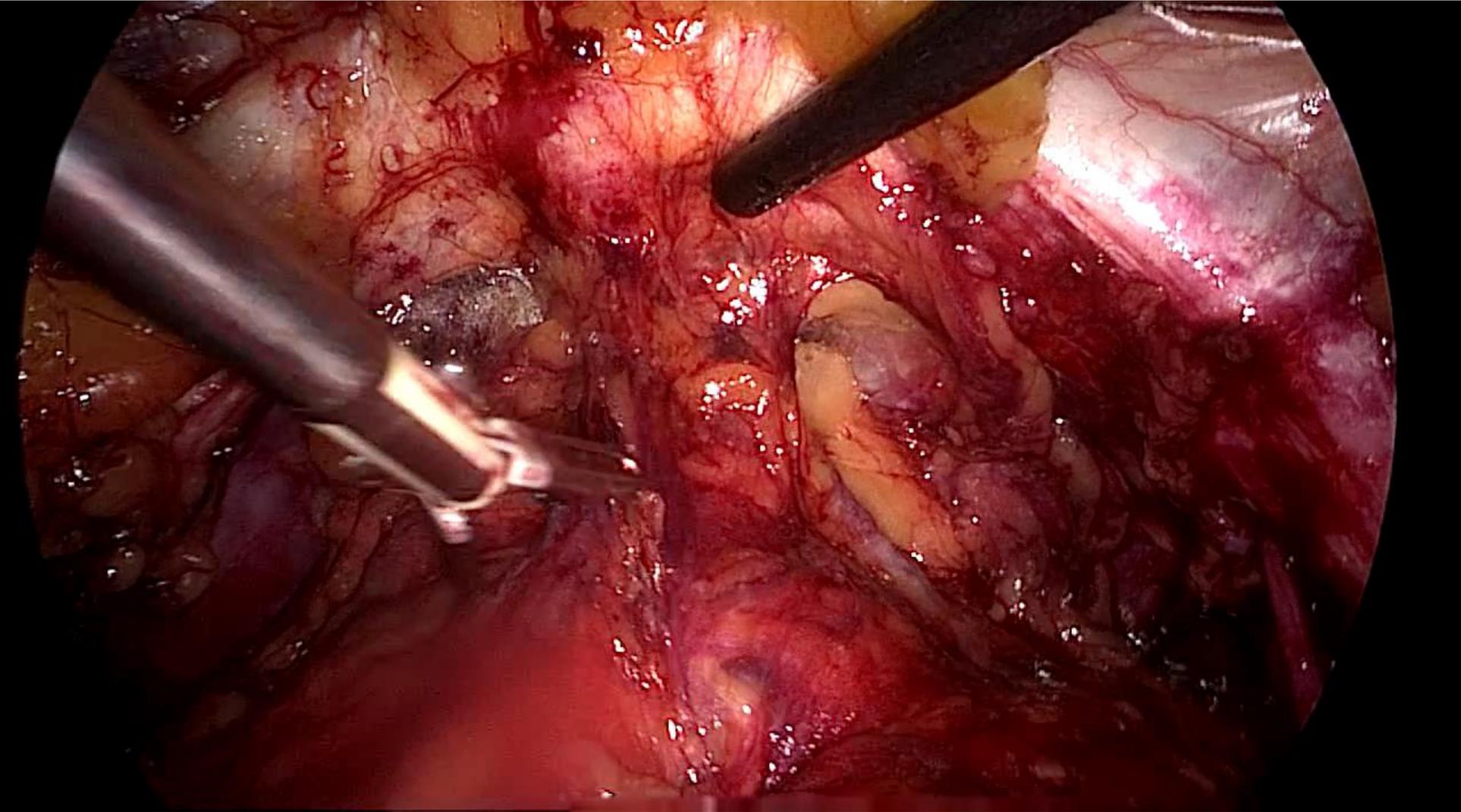
Figure 1 b



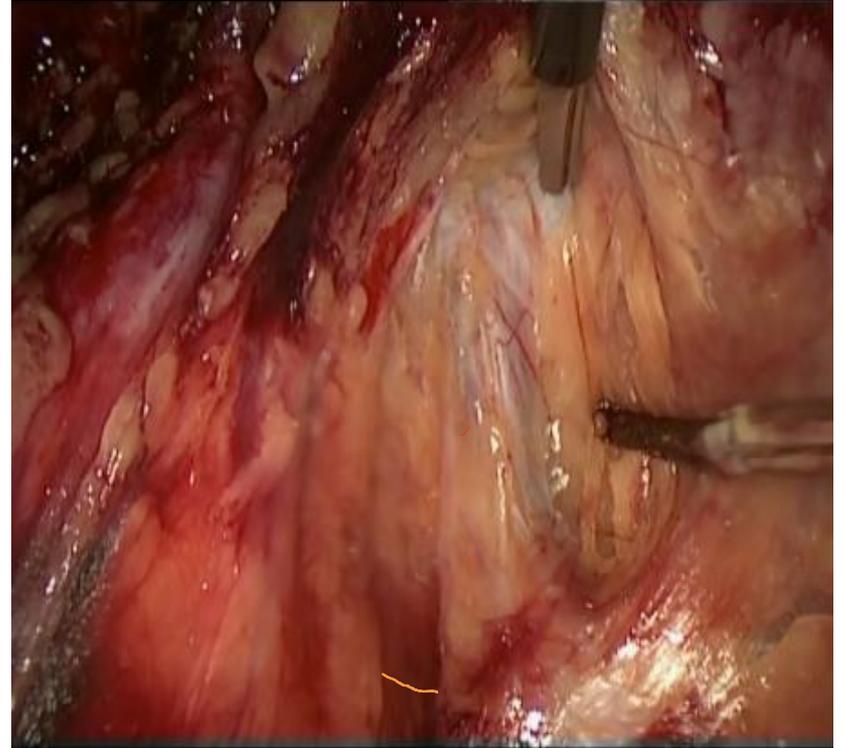
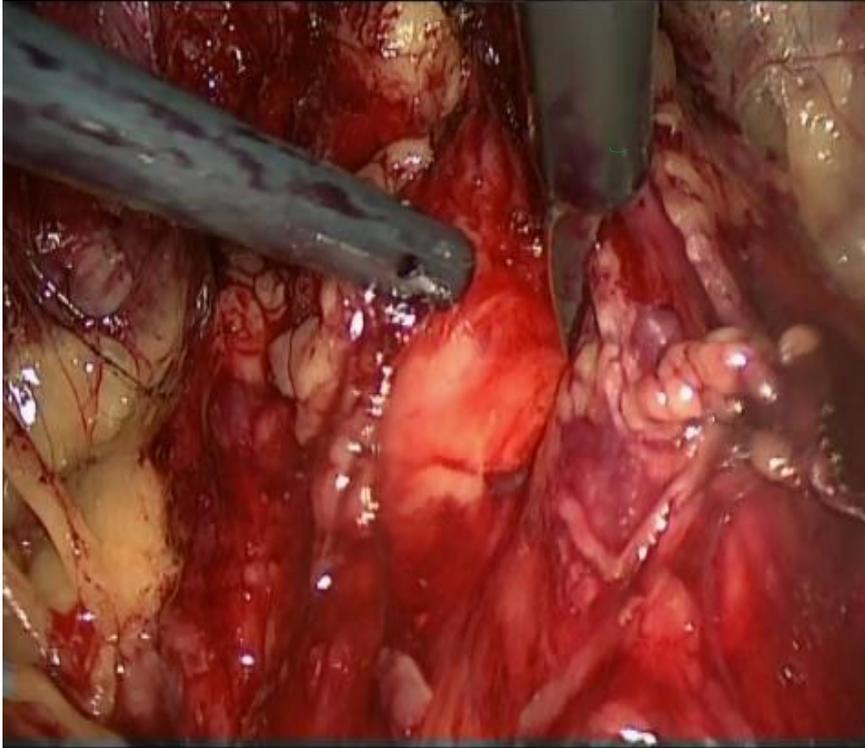
EXPOSITION SOUS PERITONEALE

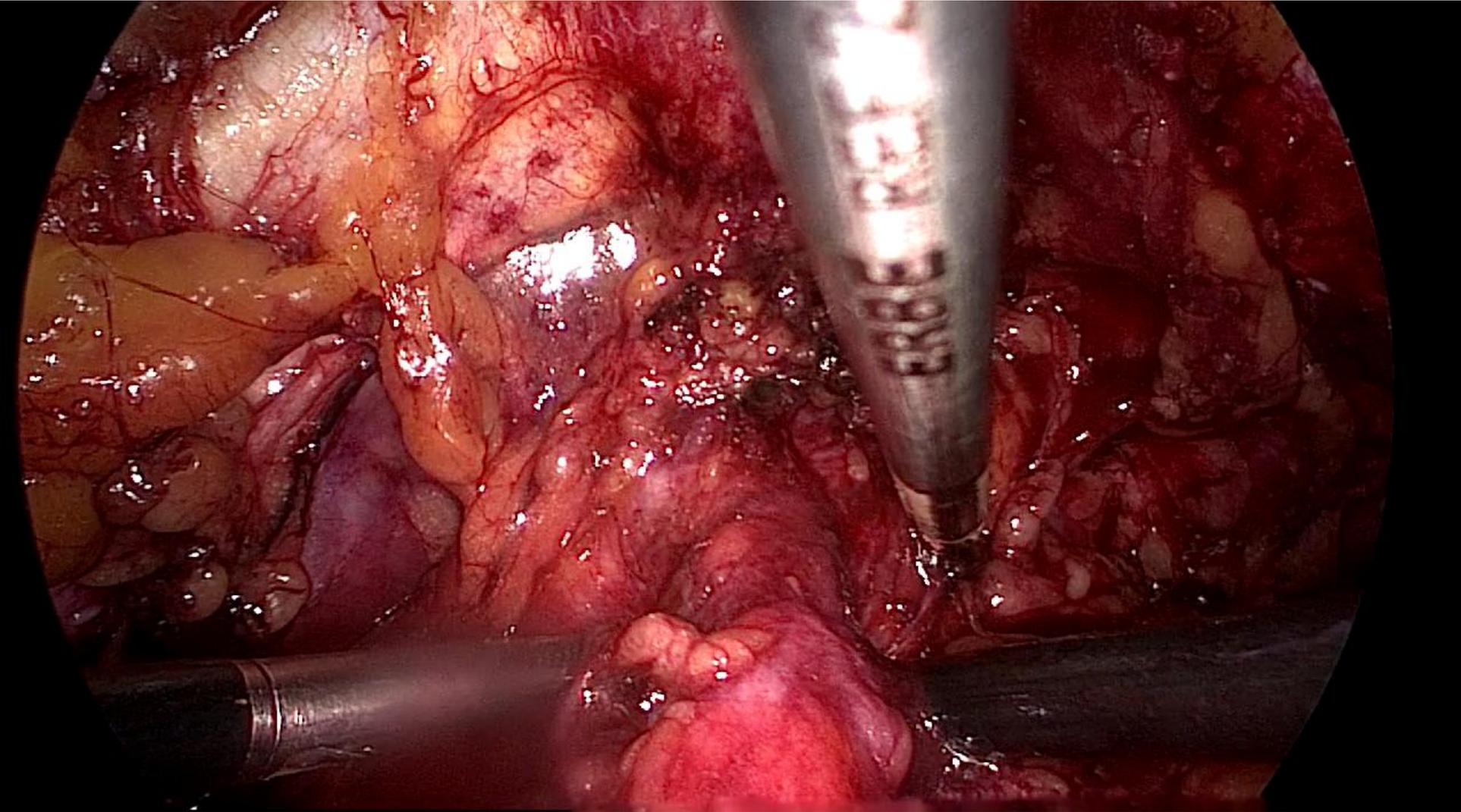
- Le péritoine est refoulé vers le haut
- Les fascias pariétaux sont refoulés
- La graisse pré prostatique contient la veine superficielle de Santorini



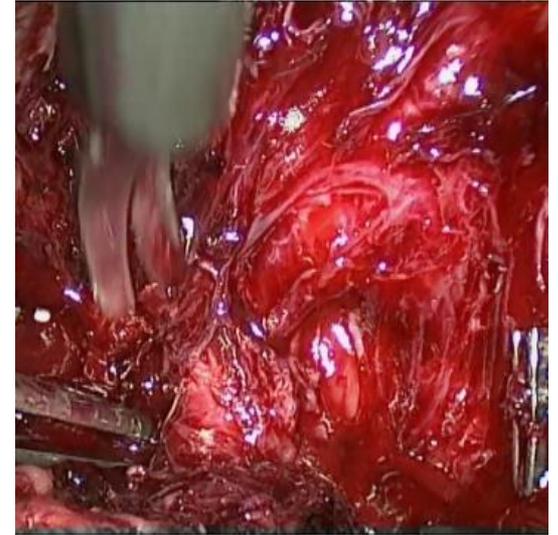
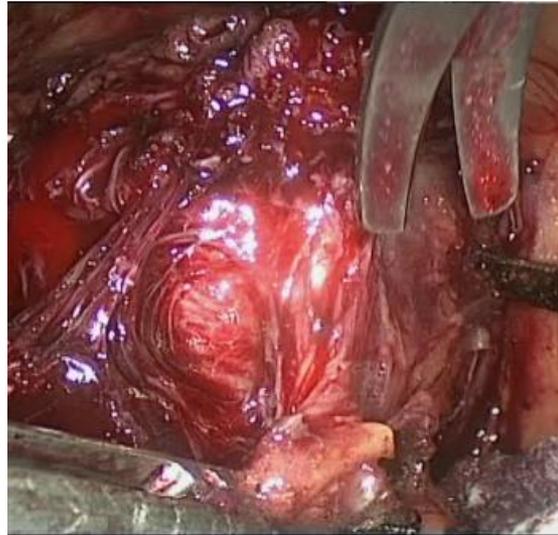
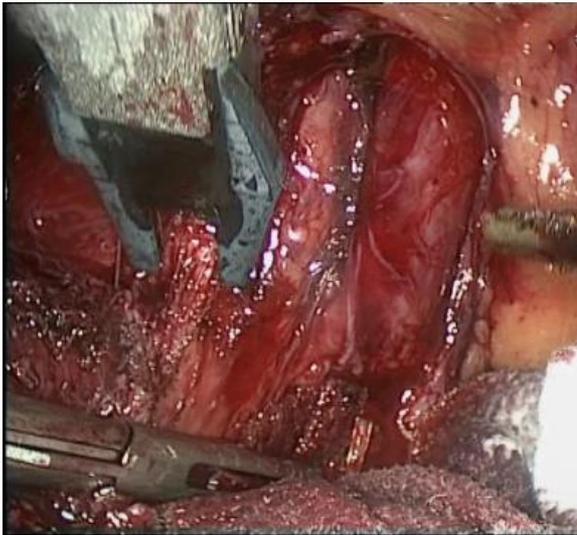
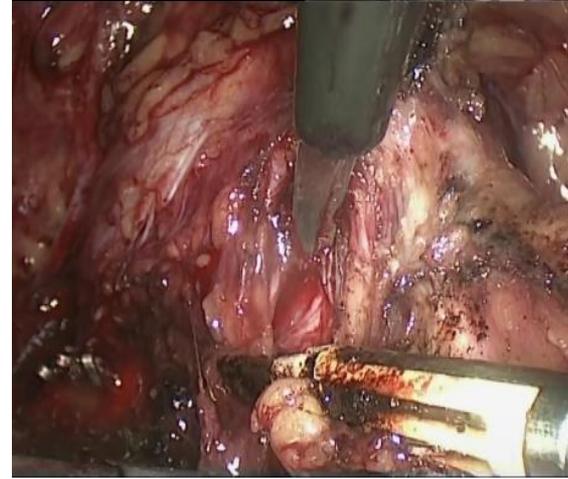
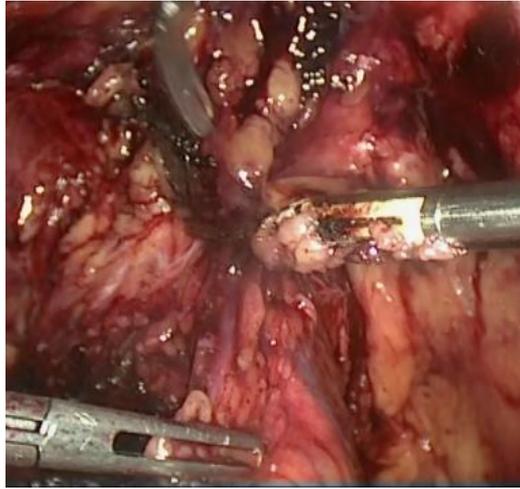


Les ligaments pubo vésicaux sont exposés, la limite du col se trouve à leur point de rencontre





Les renforts ligamentaires latéro-antérieurs du detrusor sont sectionnés et le col est rabatu vers le bas



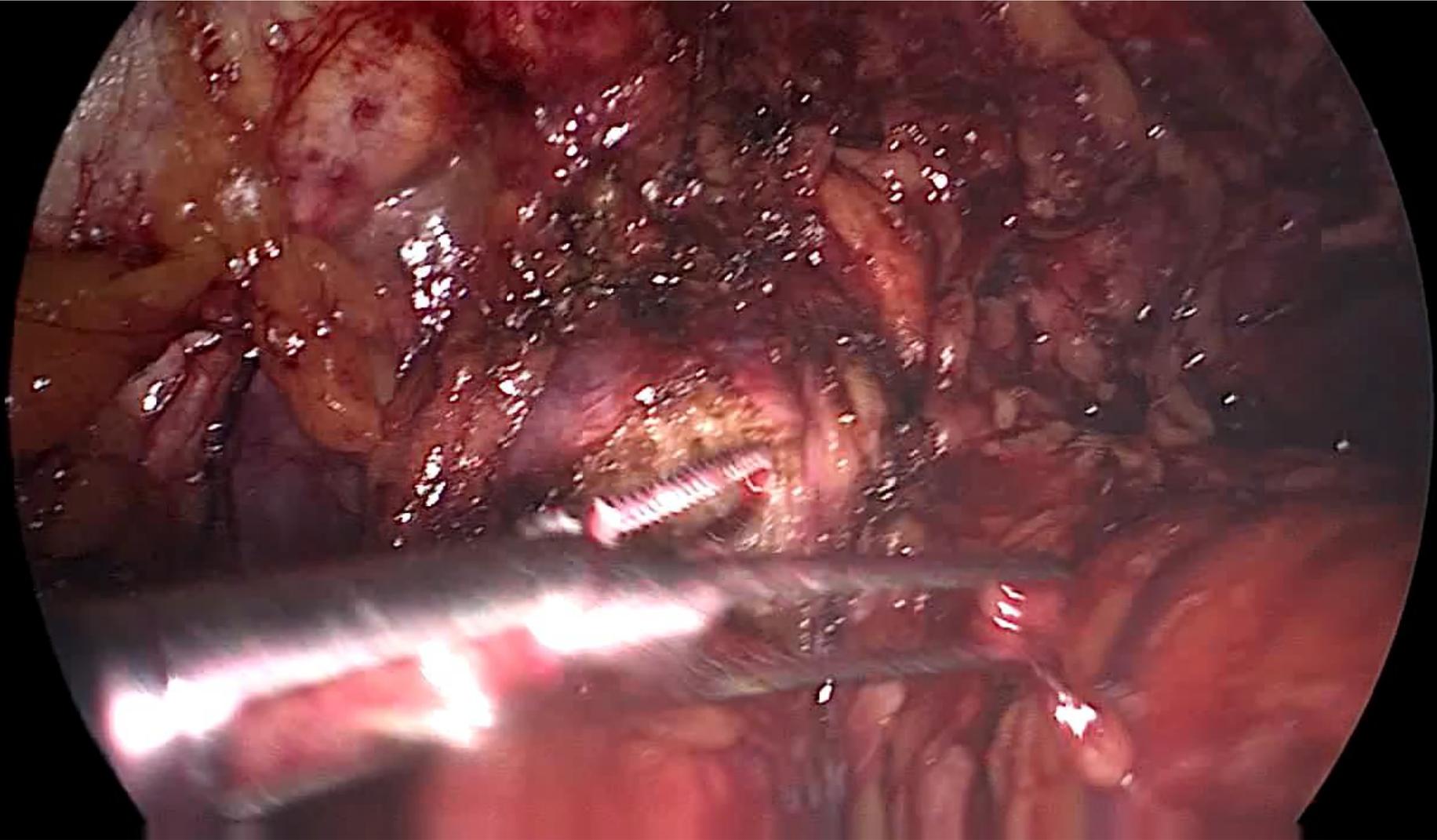
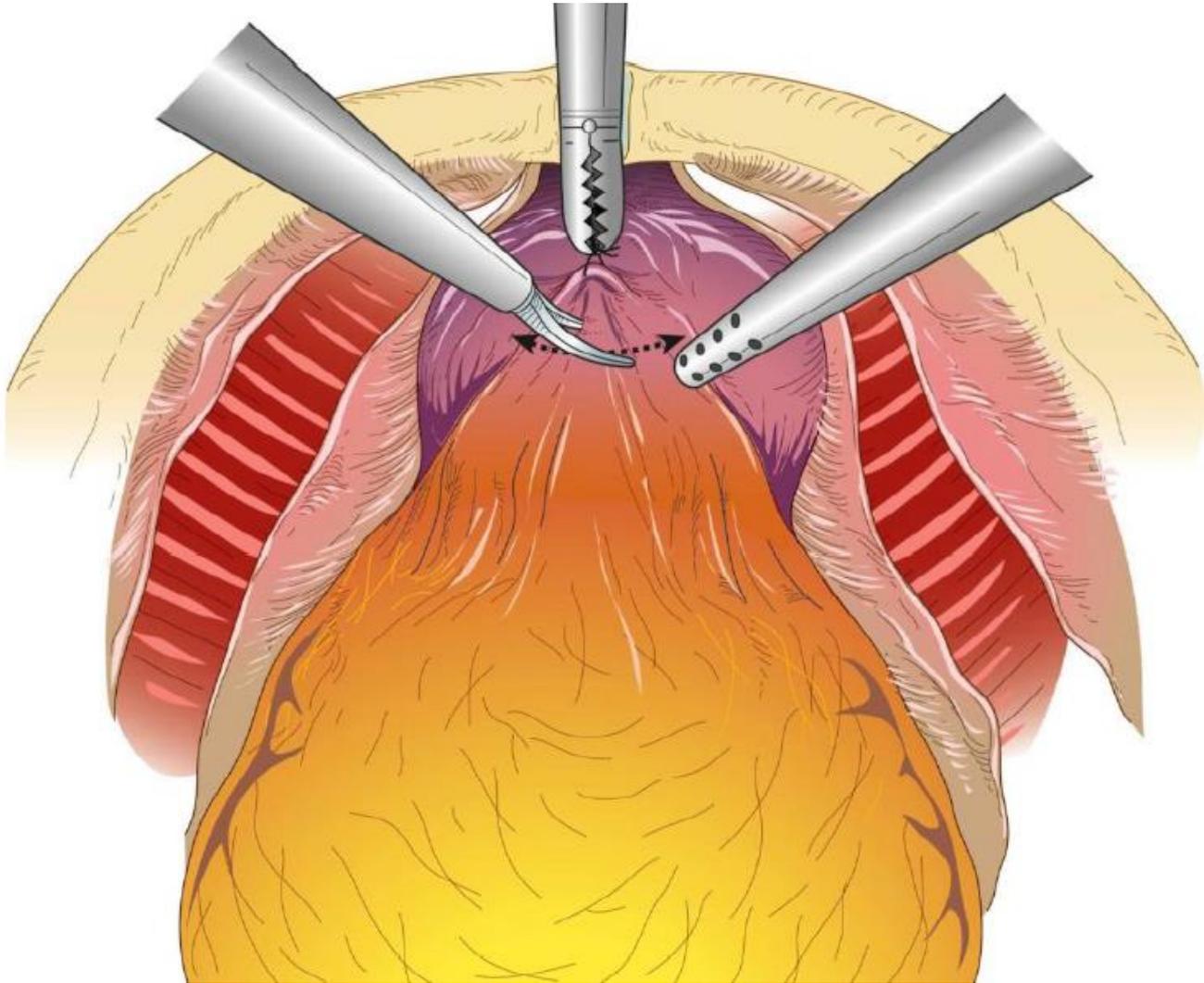
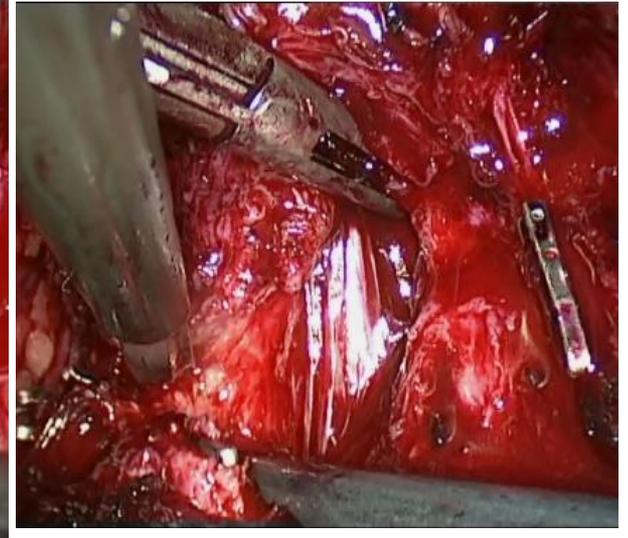
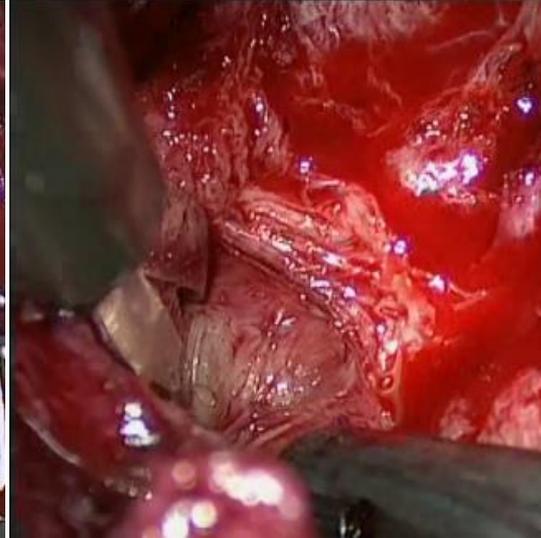
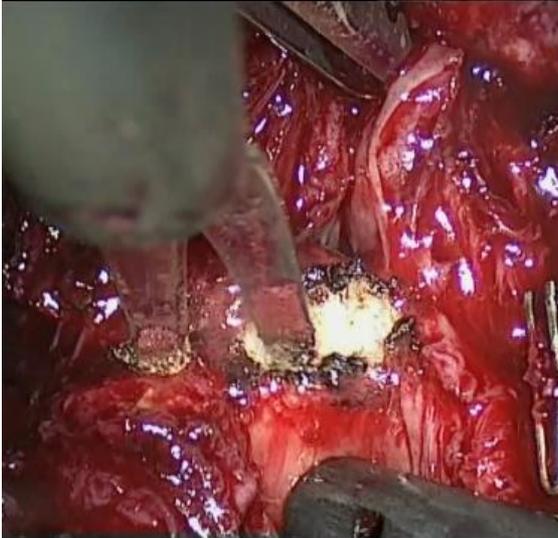
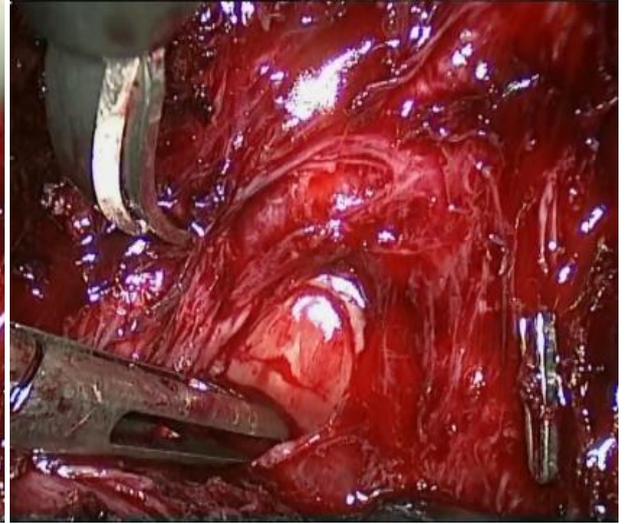
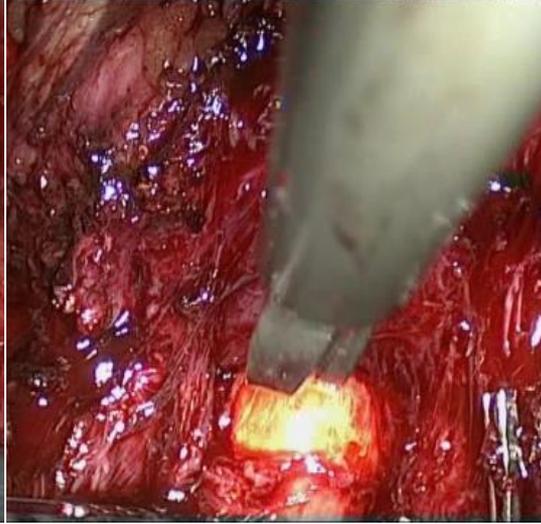
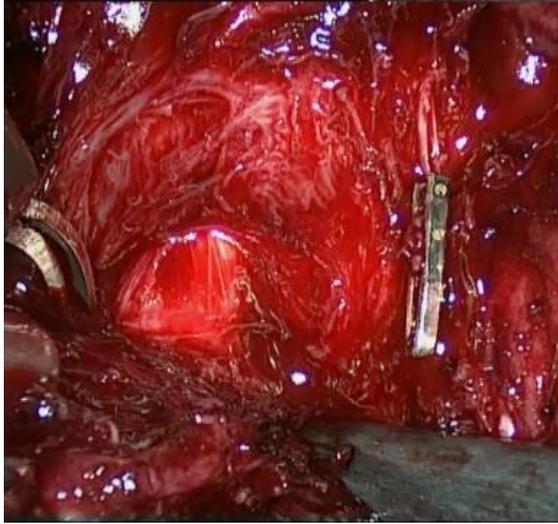


Figure 3 a



La lèvre postérieure du col est sectionnée, jusqu'à visualisation des fibres longitudinales du detrusor postérieur, qui recouvrent la loge des VS



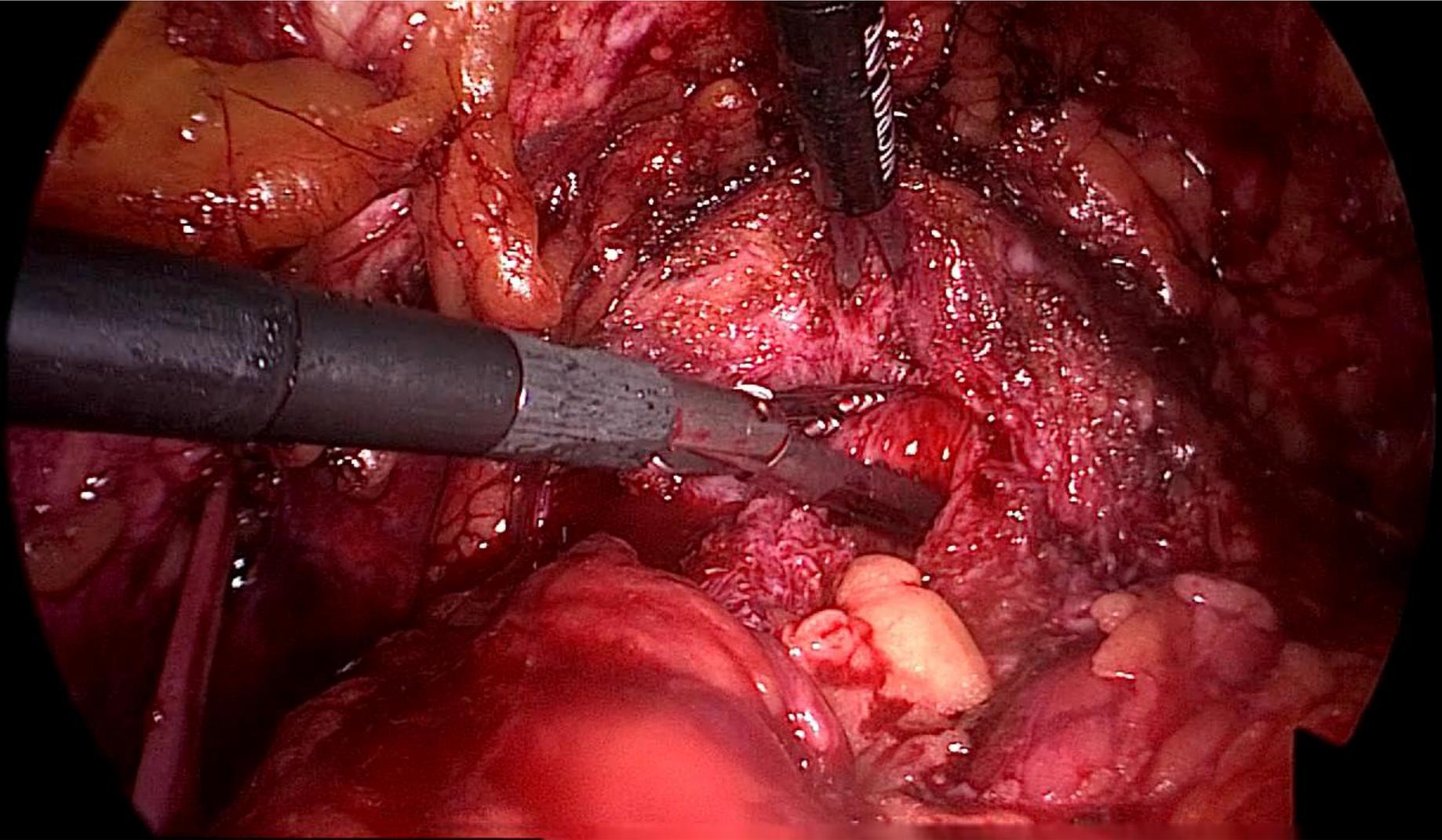


Figure 4 a

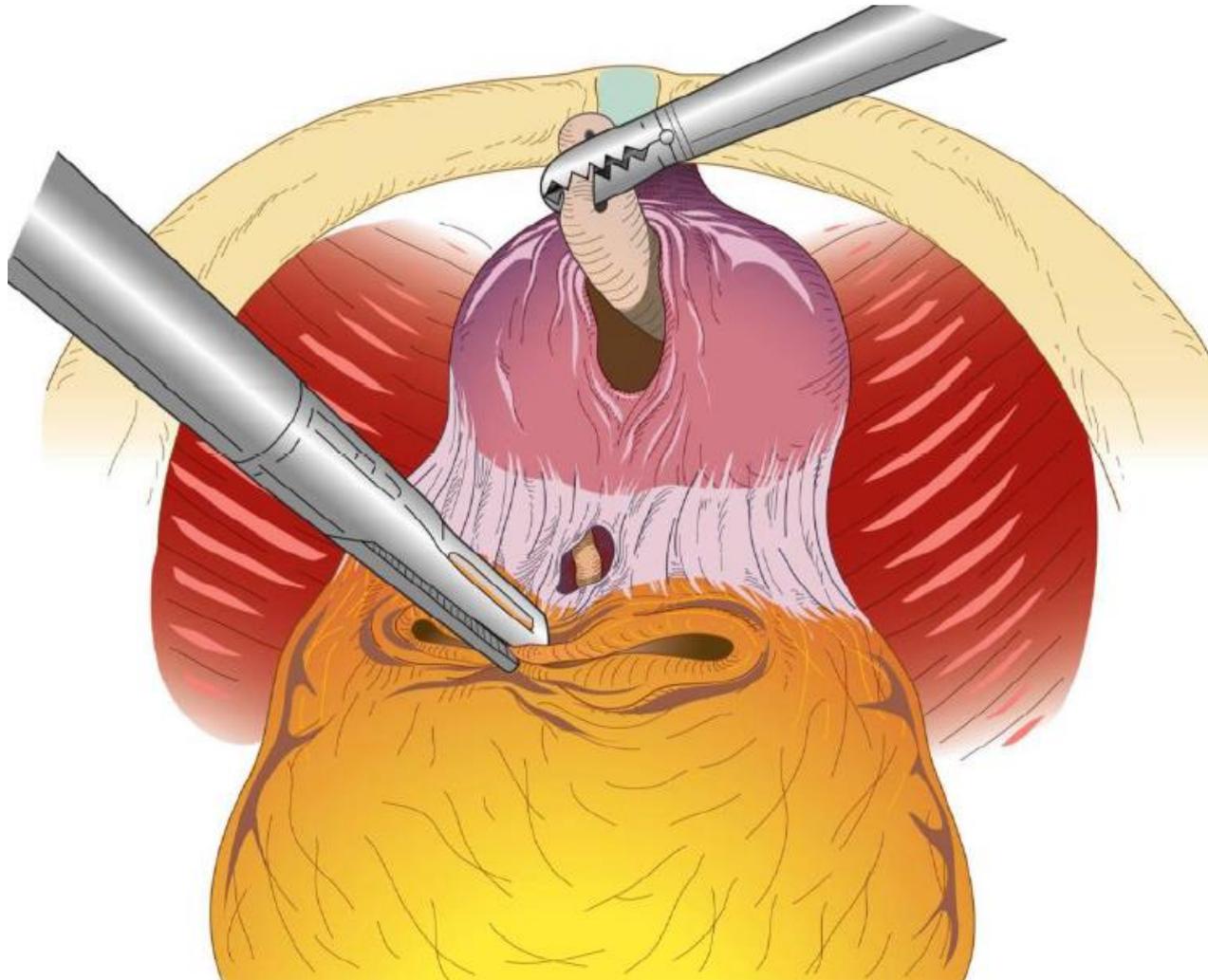
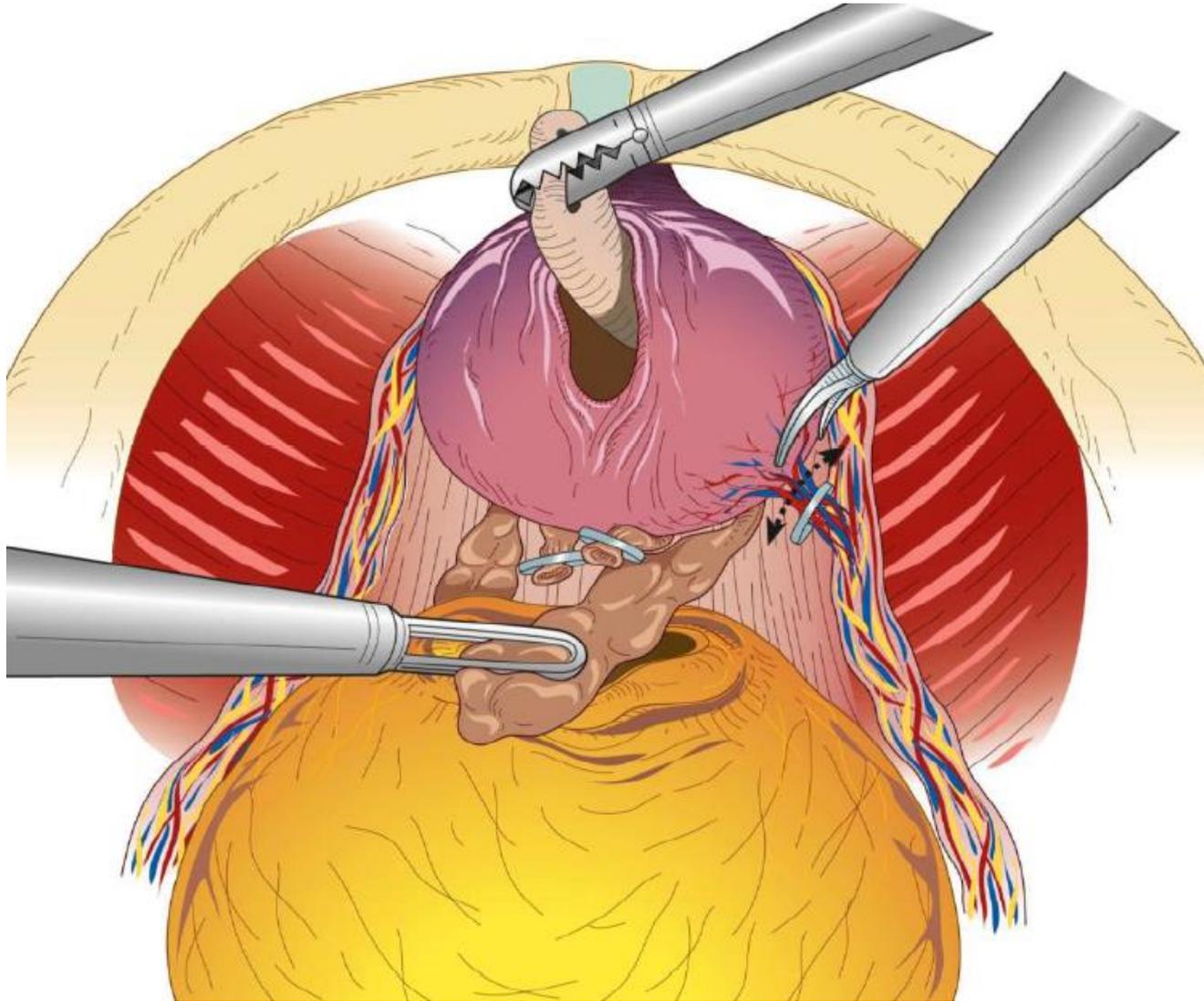
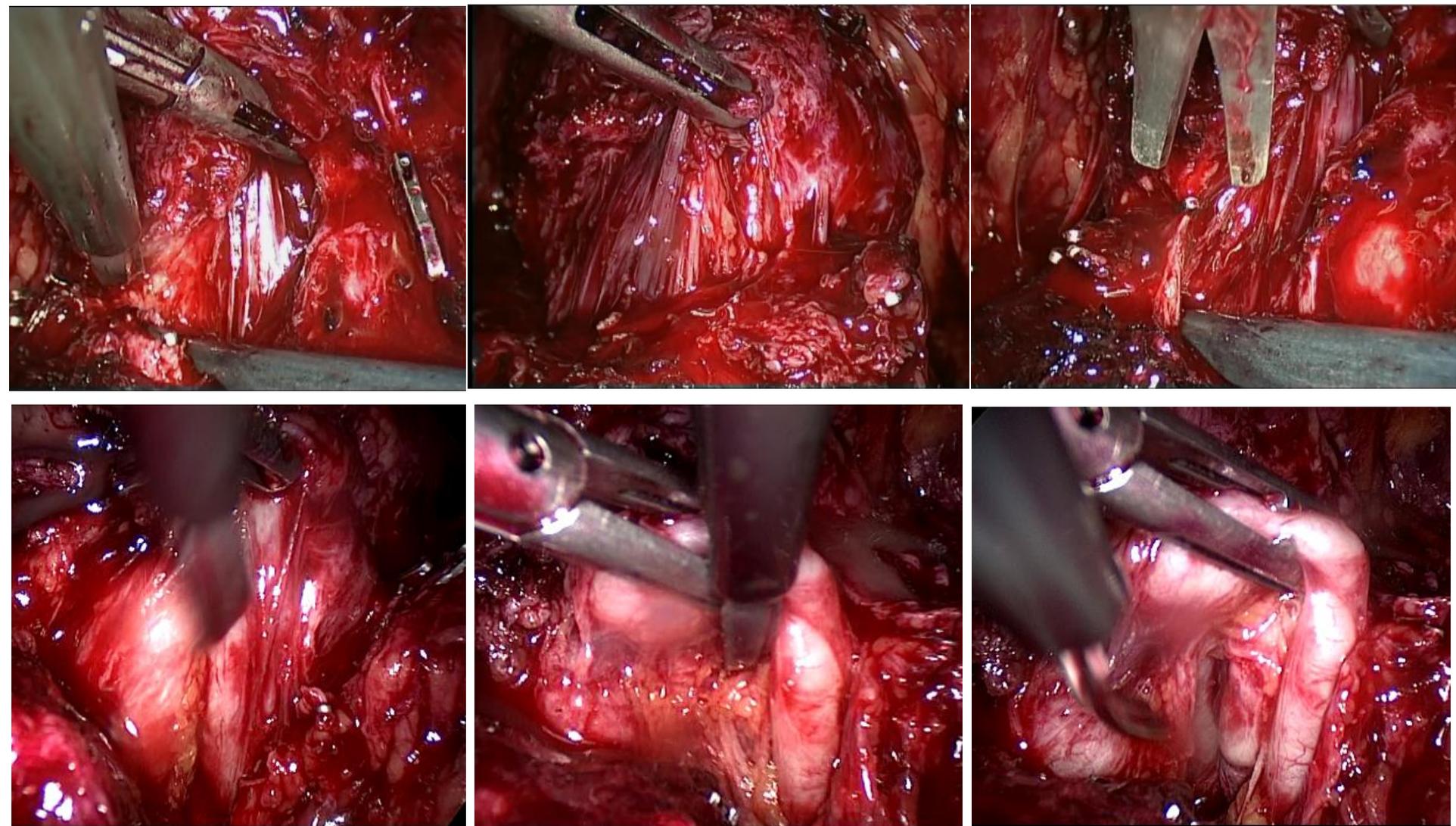
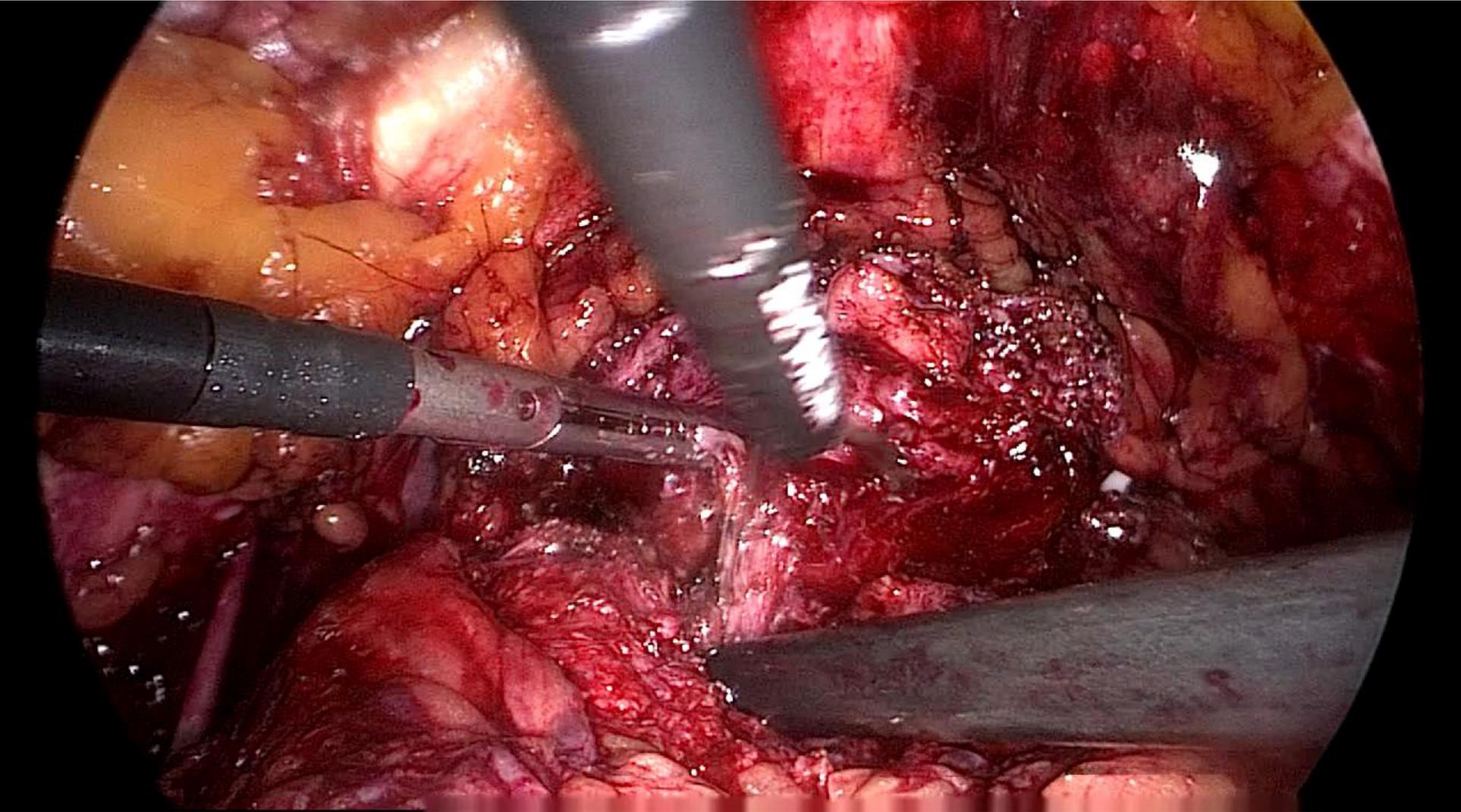


Figure 4 b



Toujours en refoulant la vessie vers le bas, les déférents et les VS sont facilement repérés, isolées, tractées, pelées....





La libération des VS donne accès à la loge rectale qui est ouverte par l'incision du fascia antérieur de Denonvilliers, et permet d'ouvrir la loge rectale

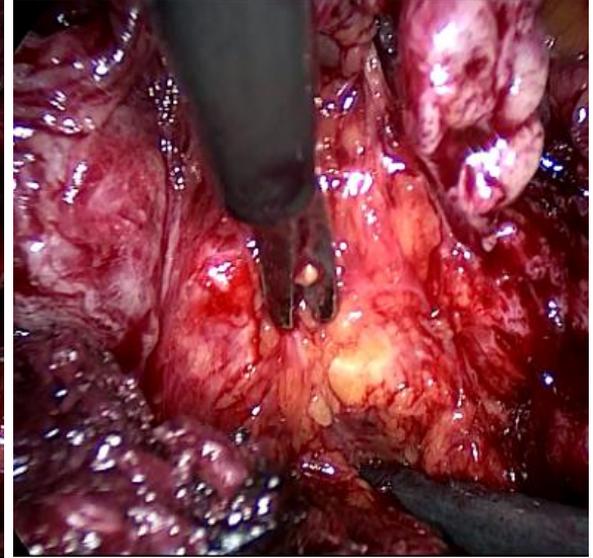
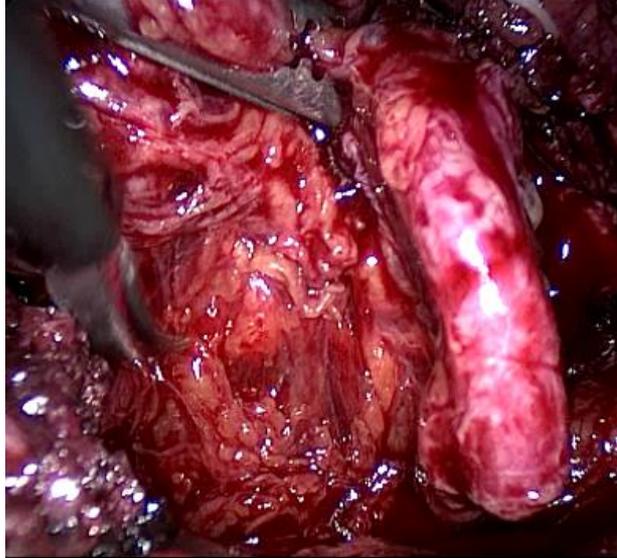
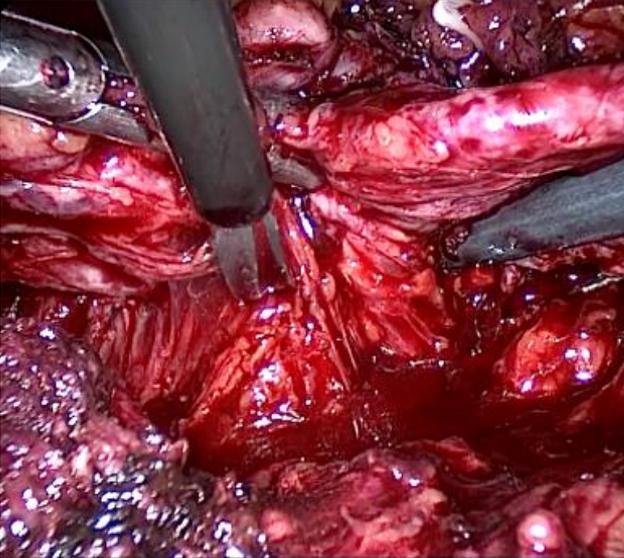
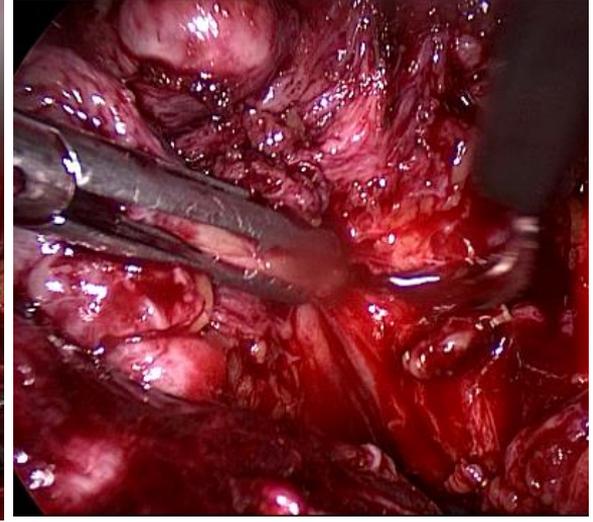
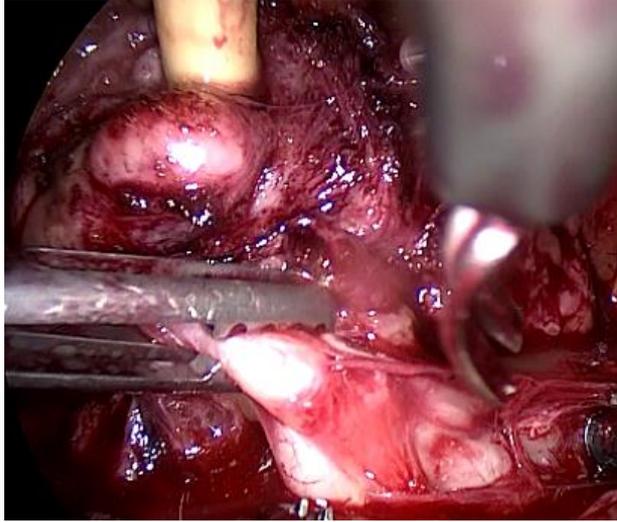
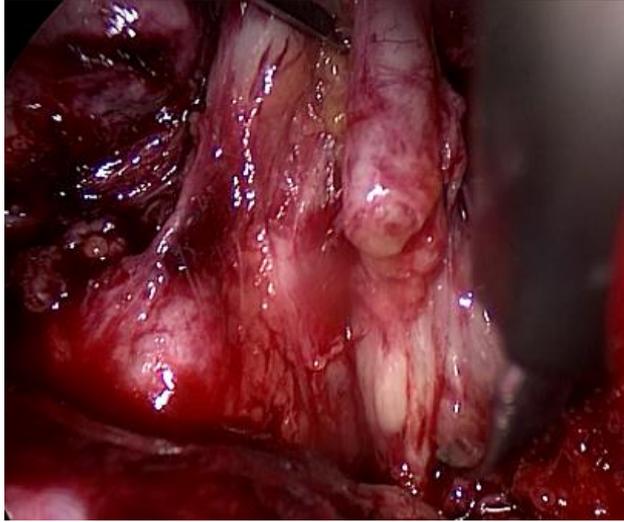
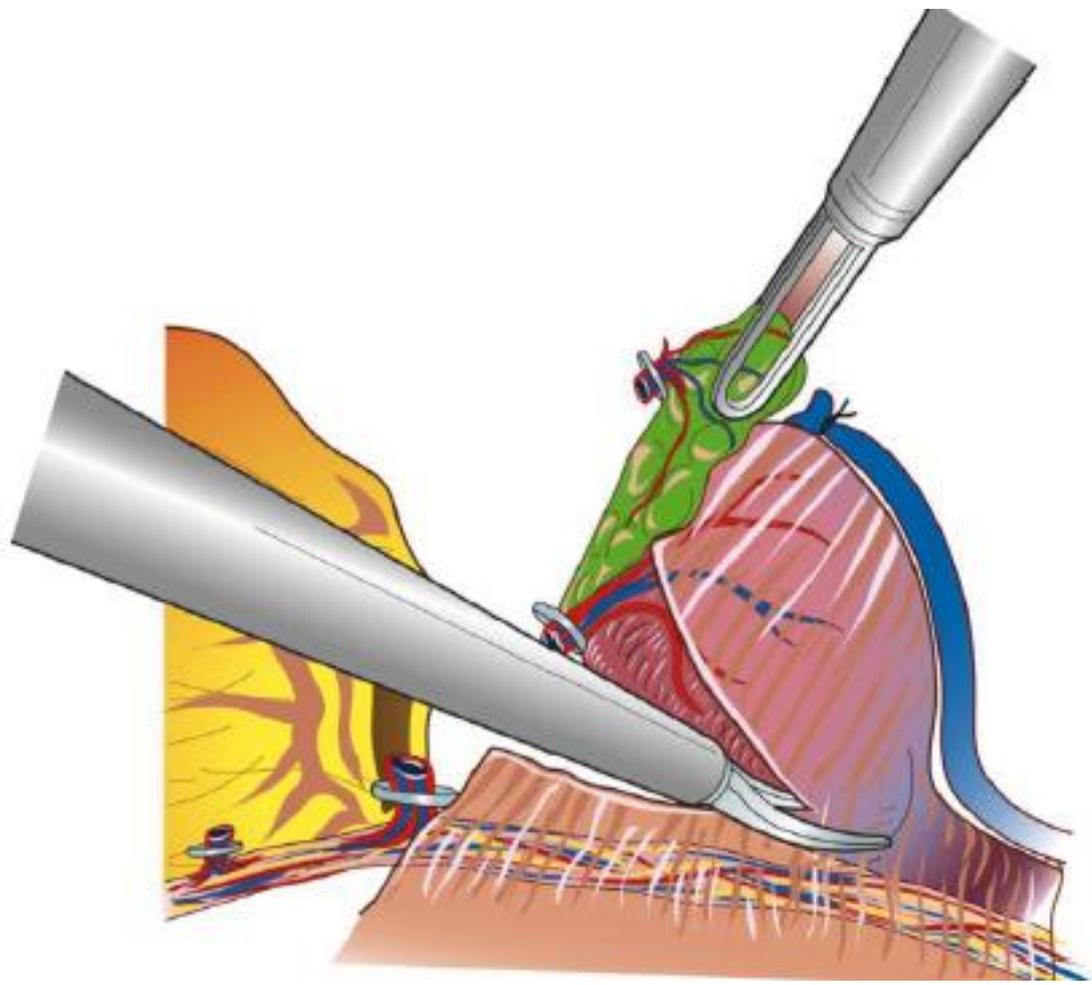
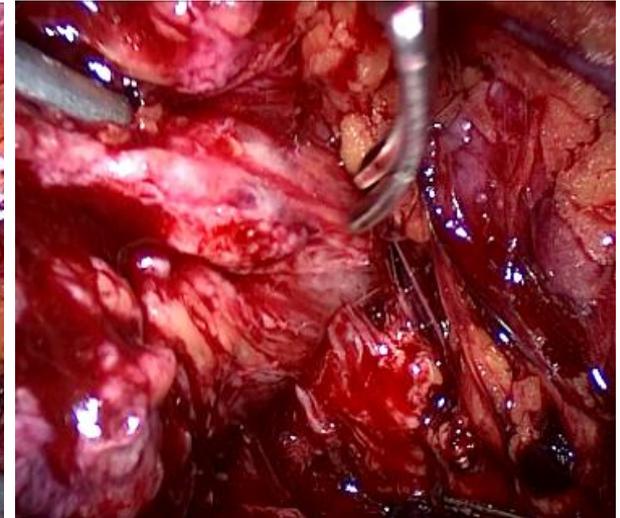
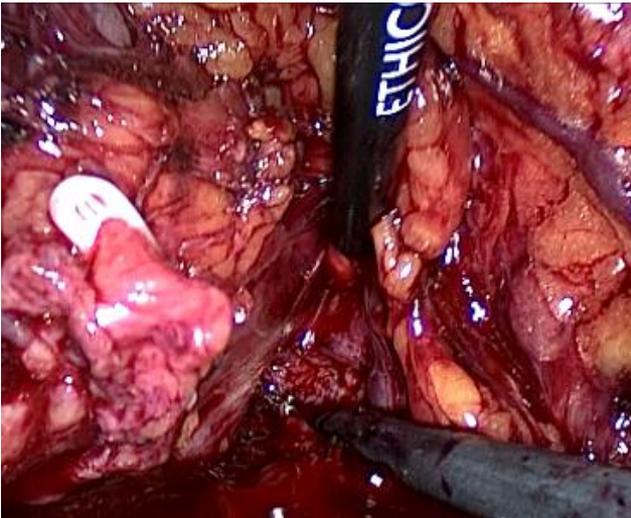
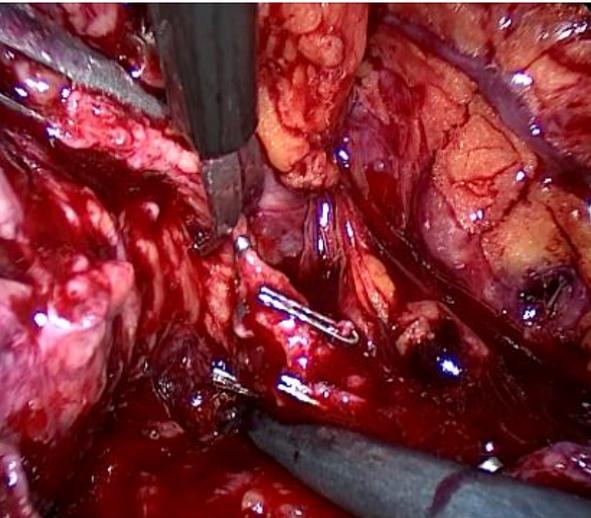
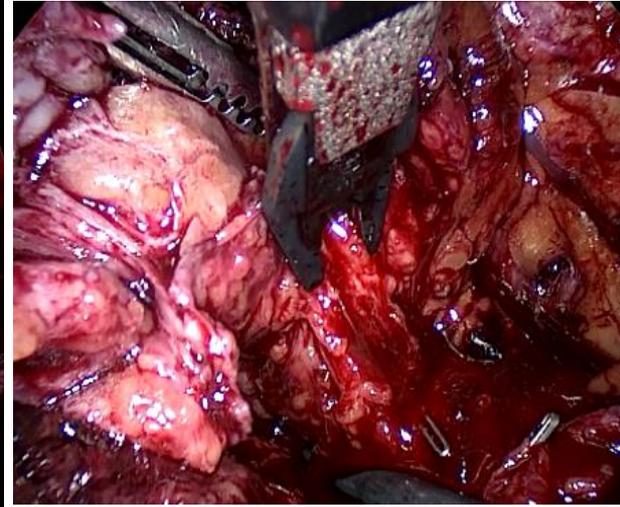
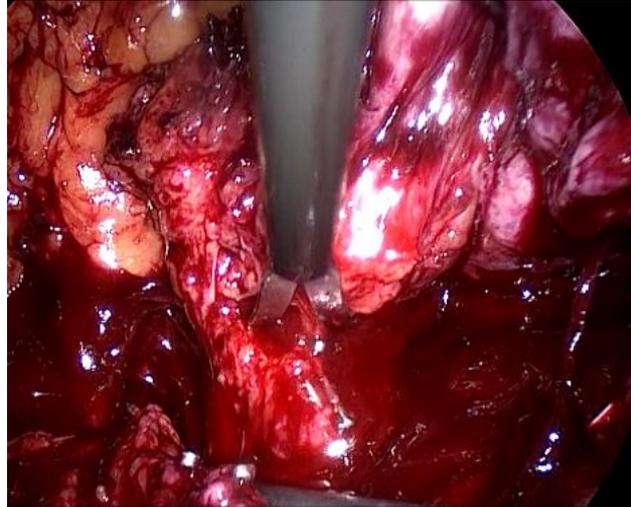
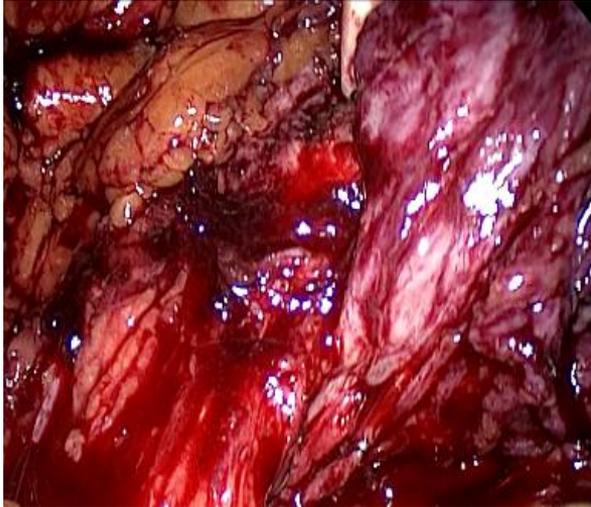
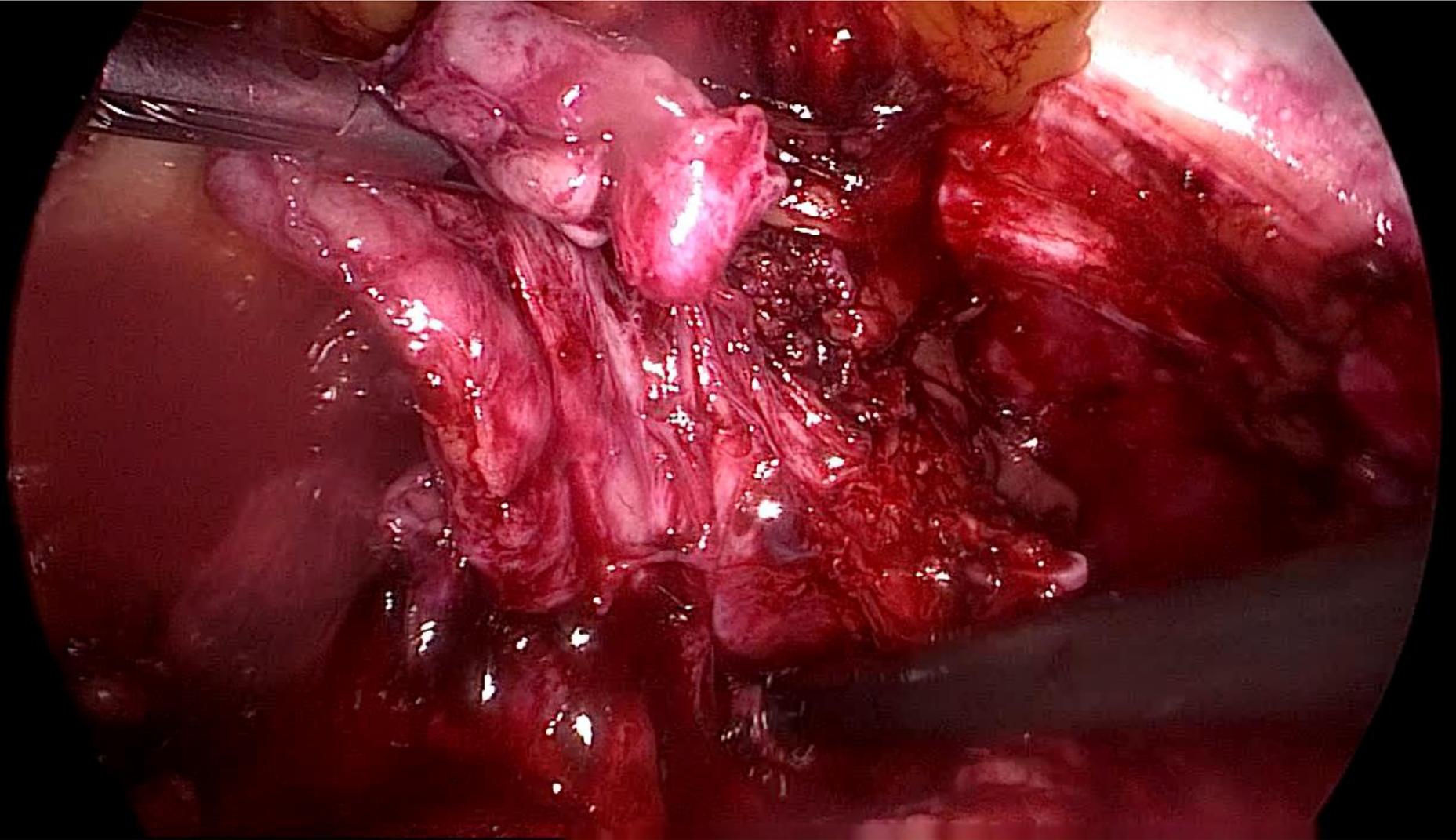


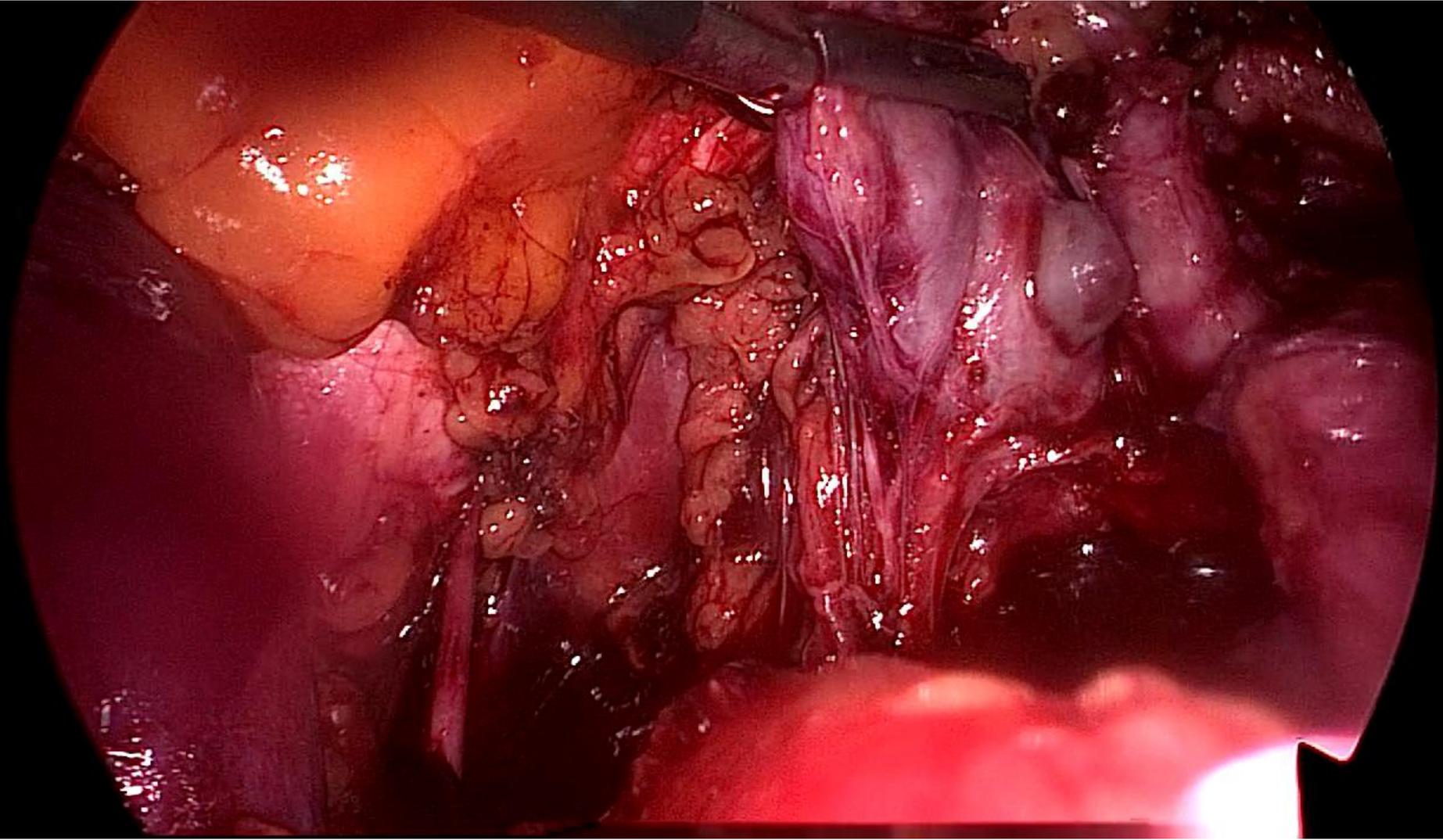
Figure 5a

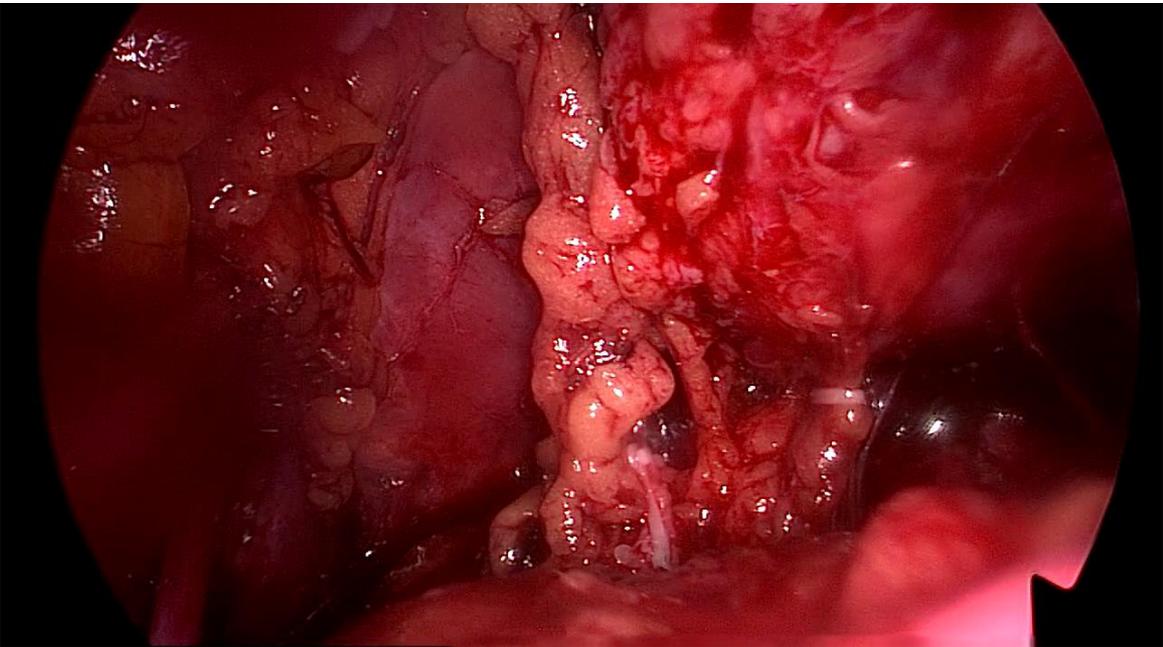
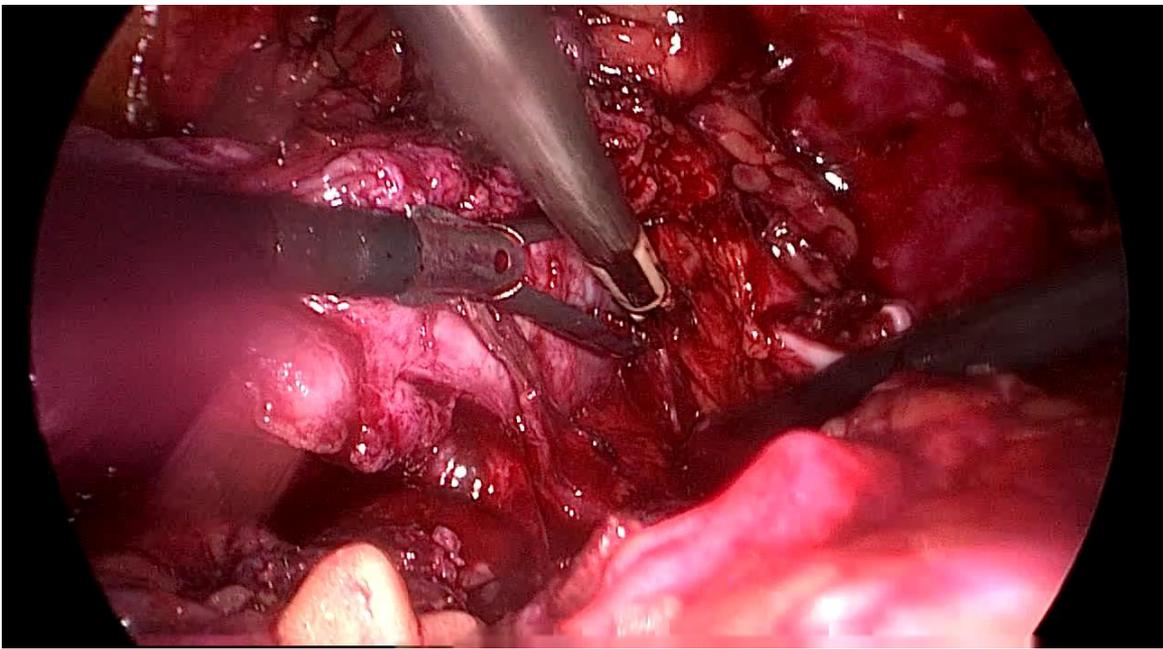


L'ouverture de la loge rectale et la tension vers le haut tend latéralement les ligaments prostato sacrés (ailerons) qui sont des ligaments perpendiculaires à la base prostatique en dedans du pédicule prostatique (pars fibrosa versus pars vasculosa)









La préparation de l'apex commence à la section des ligaments pubo vésicaux et du Santorini
Puis de la section des piliers de Myers et finalement la section de l'uretère

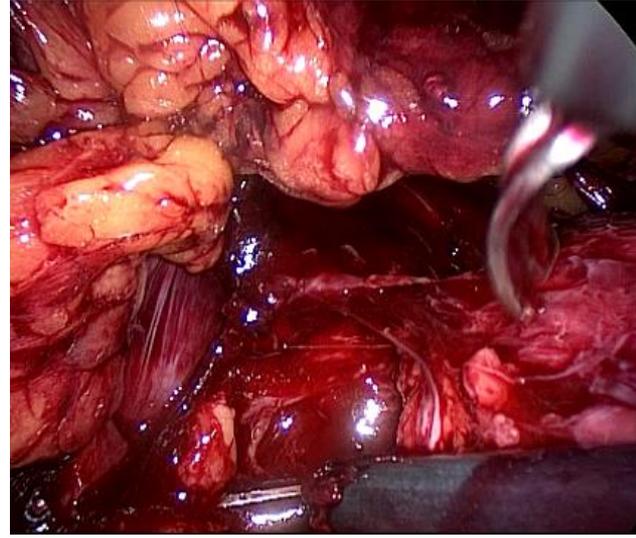
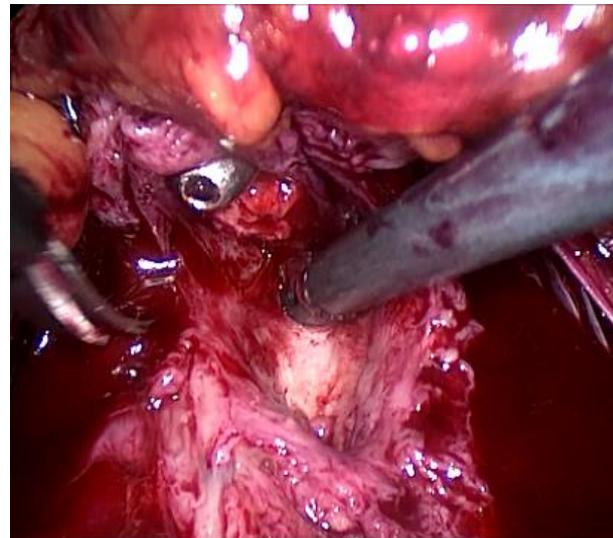
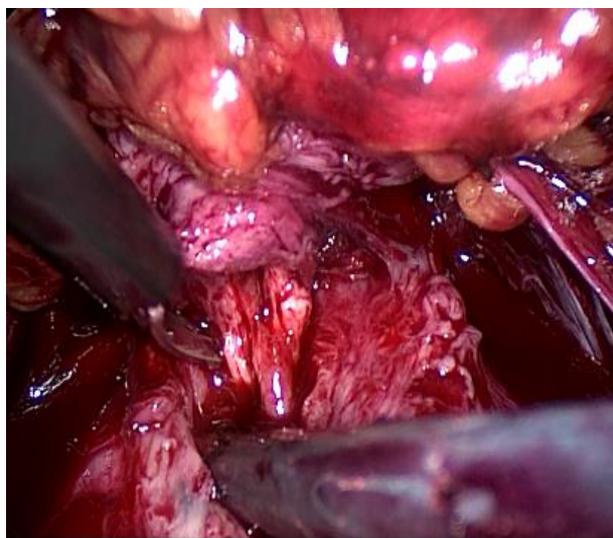
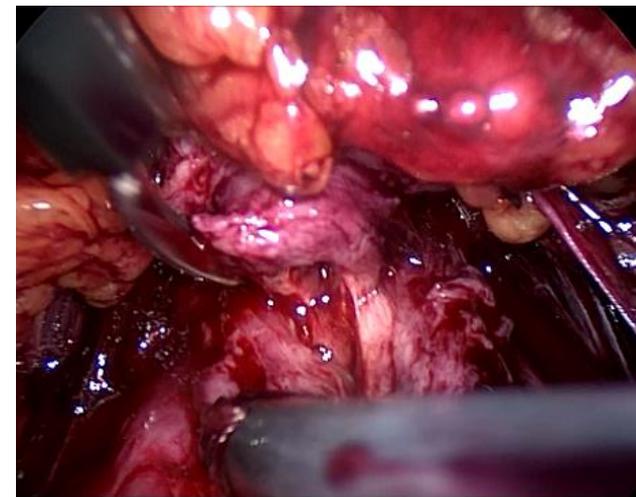
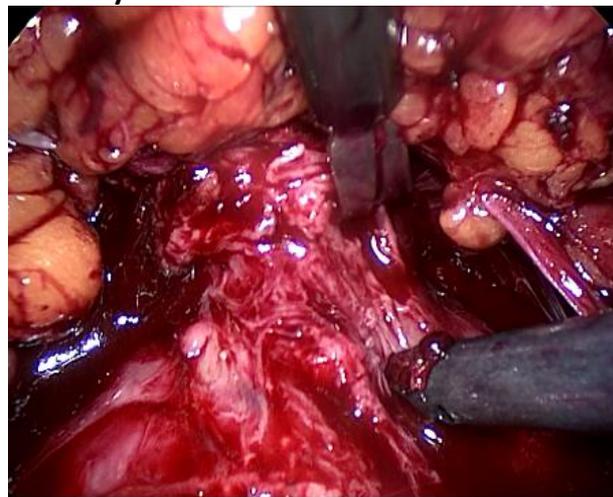
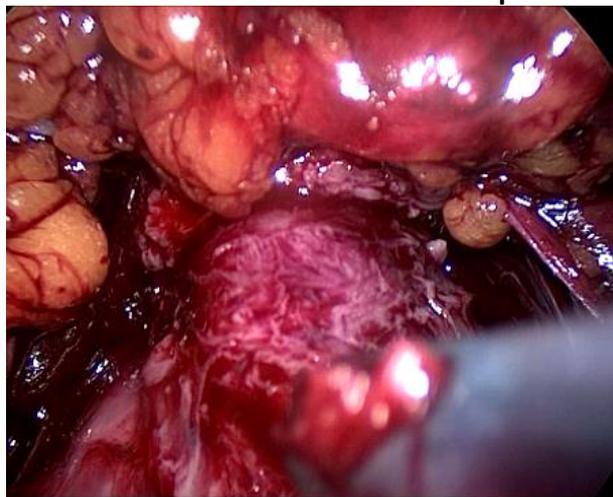
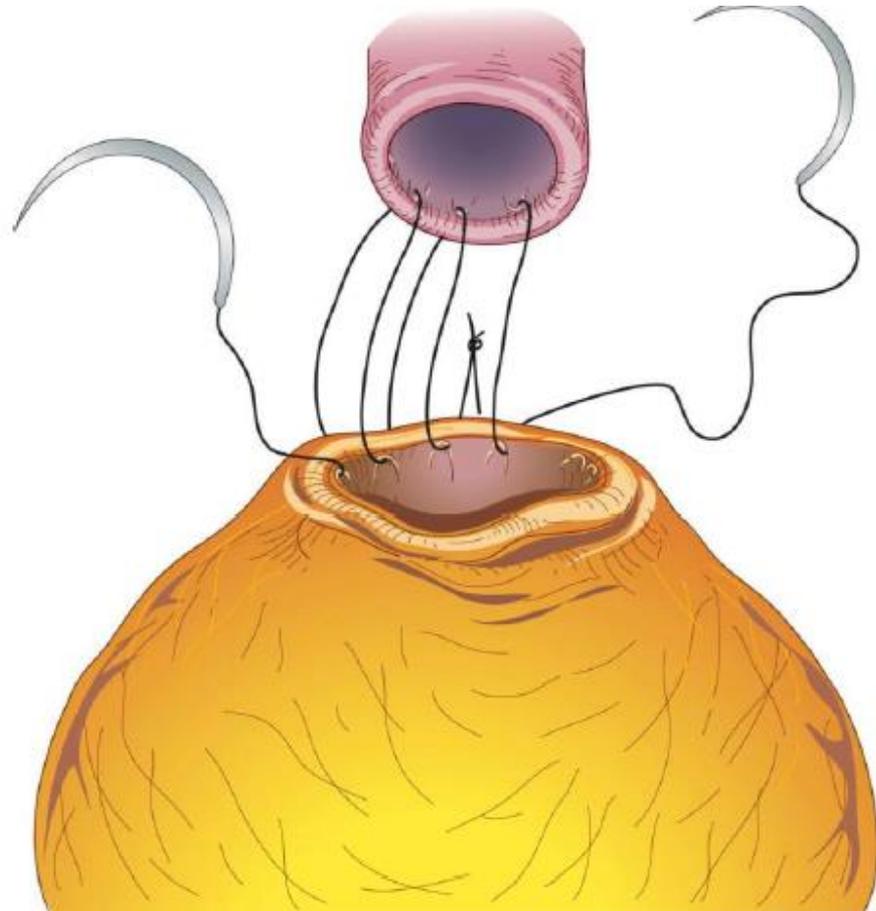
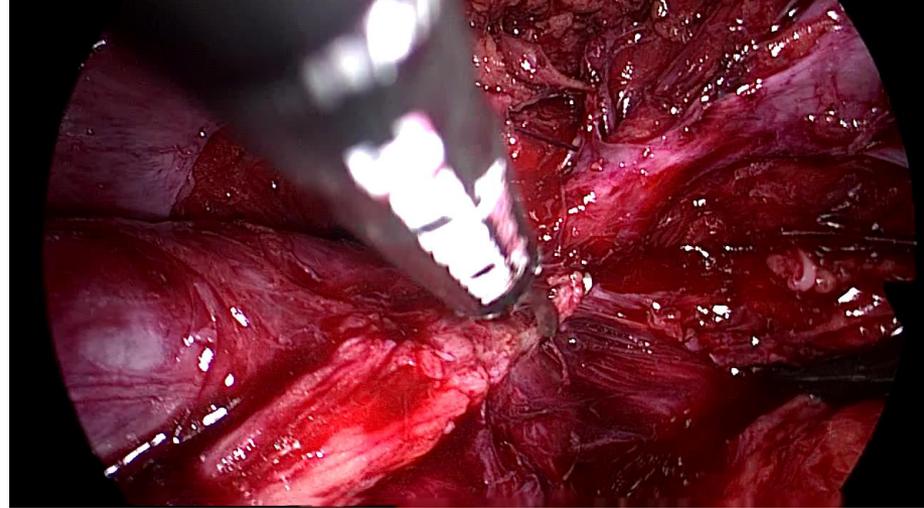
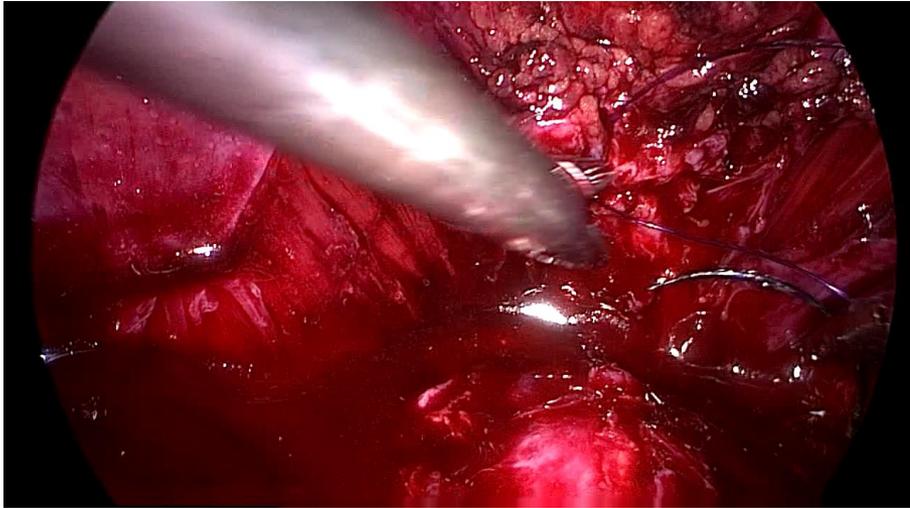
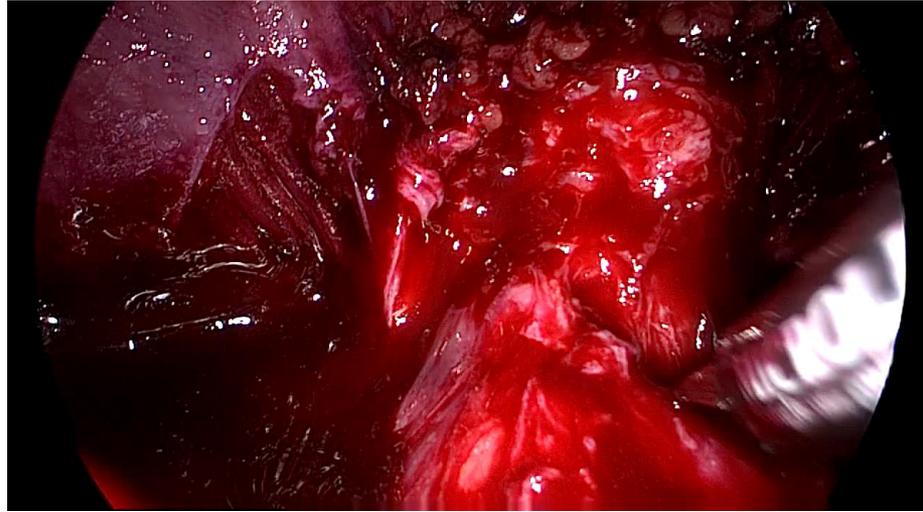
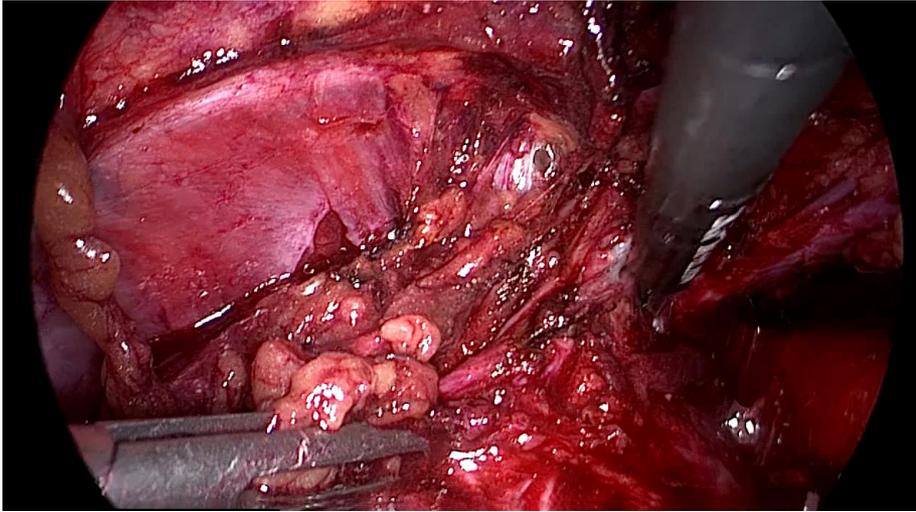
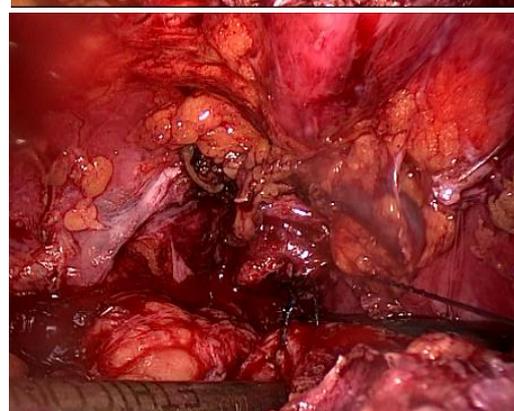
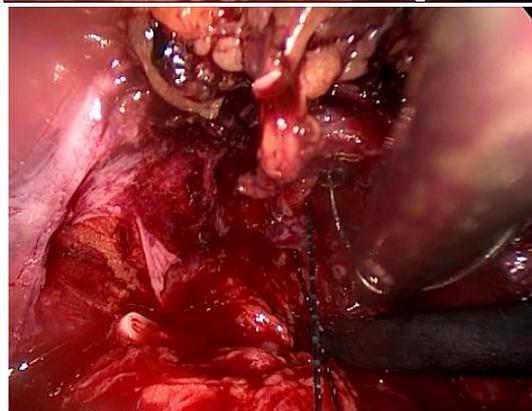
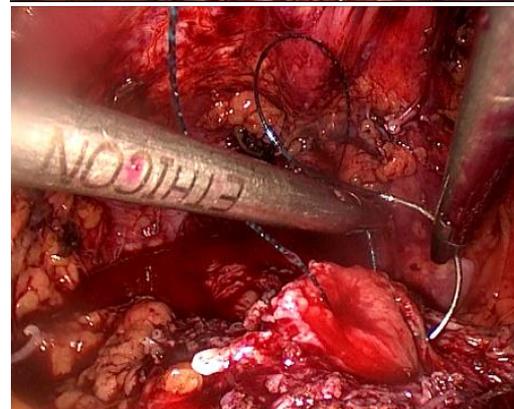
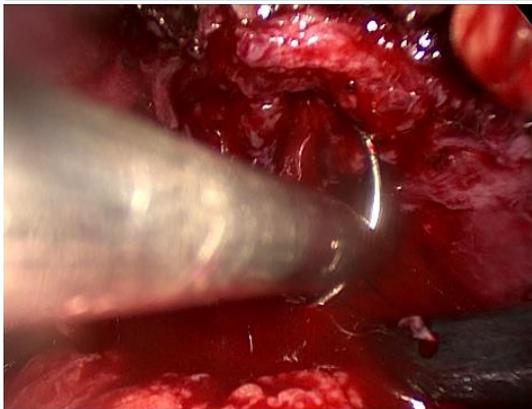
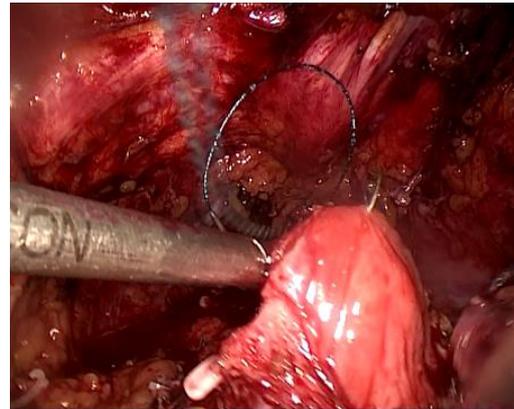
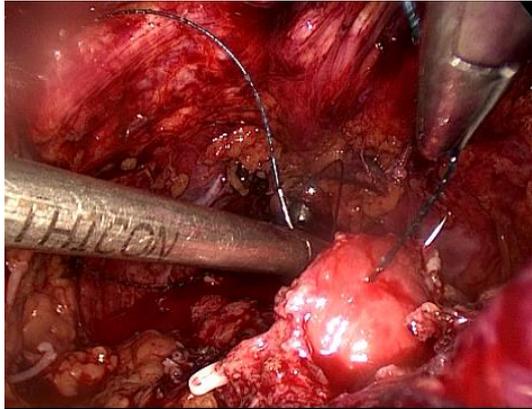


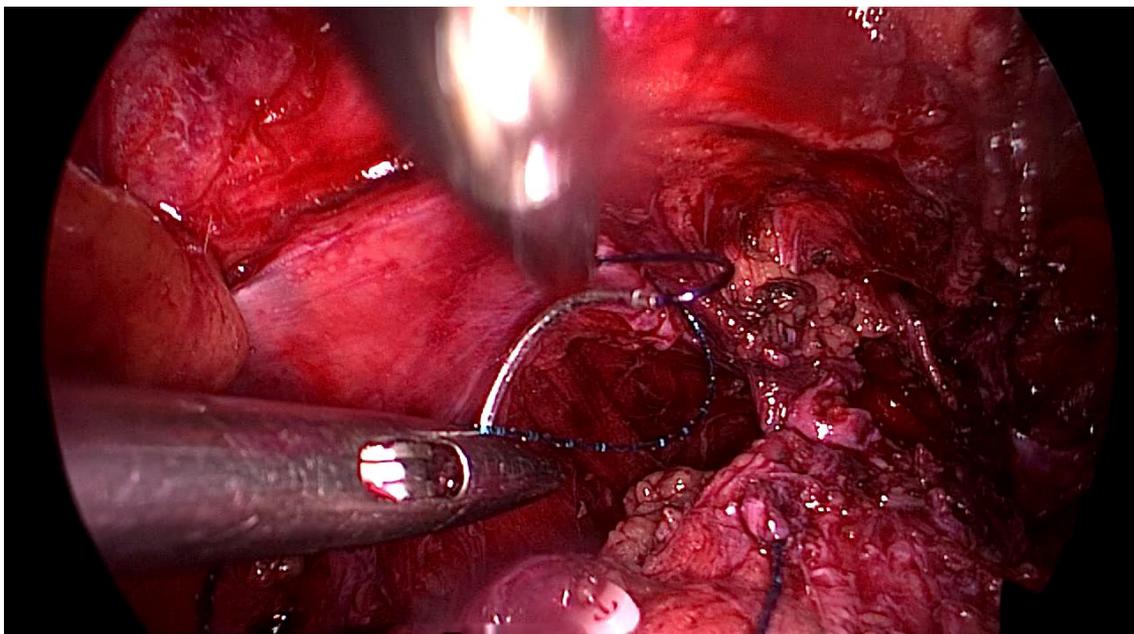
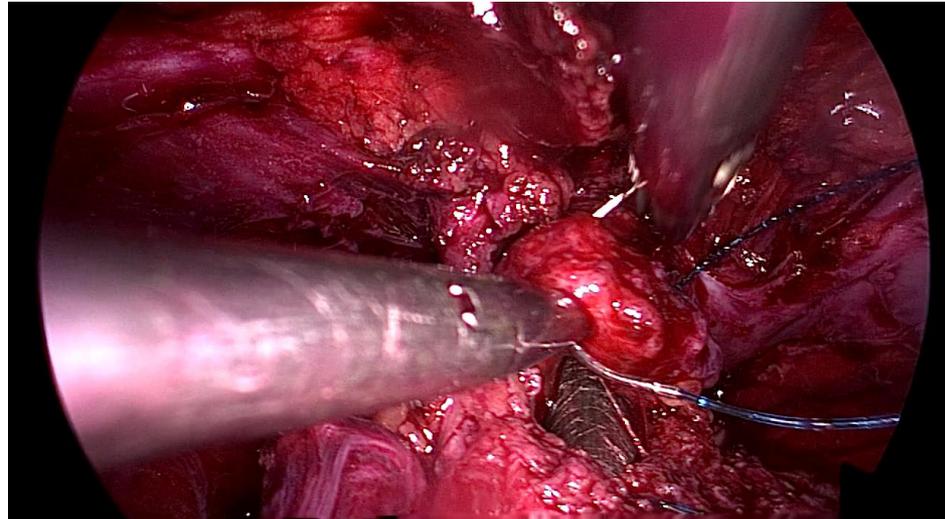
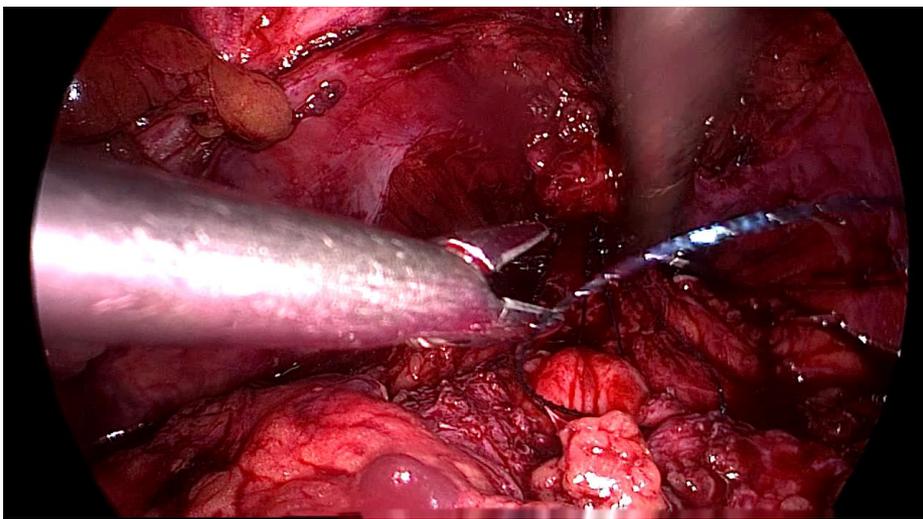
Figure 7 a





L'anastomose est facile si tout ce qui précède a été fait avec attention....





Merci....

anesthésistes

Internes

Collègues

Et Mr CLAUDE