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Bipolar en Bloc Resection – Is it the Future in Non-Muscle Invasive Bladder Cancer?

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Abstract
Bladder cancer is among the most common urological malignancies. In this context, despite of all the technological advancements, transurethral resection of bladder tumour (TURBT) continues to represent the gold-standard diagnostic and treatment in non-muscle invasive bladder tumours (NMIBTs). The surgical technique of en bloc bipolar tumour resection could be performed using the hemispherical shape plasma-button electrode and saline irrigation fluid or using the laser fiber. The malignant formation is gradually pushed up and separated from the bladder wall. The final aspect of the bladder wall reveals the clean muscular fibers of the detrusor layer, free of malignant tissue, irregularities or debris. Concerning the outcomes, the operative parameters are heterogenous in the literature, because of the different resection devices utilized. However, there are few main points where all the studies agreed, concerning the lower recurrence rates comparing with classical resection and also the good quality resection samples. In conclusion, even if the general outcomes are favourable for the en bloc resection, there is still a lack of large multicentric comparative trials which establish the right place of the method in the urological armamentarium.
Key words: bipolar resection, en bloc, non-muscle invasive bladder cancer