

Embracing technology

Antonio Finelli, MD, MSc, FRCSC

See related article on page 97

The authors in the previous article¹ have shared their initial experience with robotic-assisted laparoscopic radical prostatectomy (RALRP). Although becoming common practice in the United States, RALRP is only available at 2 centres in Canada. As described in other preliminary series, the outcomes reported by Chin and colleagues¹ were less than equivalent to contemporary results with conventional retropubic radical prostatectomy. The positive margin rate of 30% in pT2 disease is significantly higher than that of mature open, laparoscopic or RALRP series but is consistent with initial experiences in laparoscopic radical prostatectomy or RALRP. Likewise, complications were also more common and specific to the procedure, but in keeping with most original publications.

The authors are to be congratulated for reporting their early results with RALRP. The Canadian health care system poses unique challenges to the dissemination and uptake of novel surgical technology. Limited resources, which are often shared, further prolong the learning curve. Additionally, new procedures require longer operative times, impacting on wait times — a health care issue that has garnered great political interest.² However, robotics is an exciting development that marks the beginning of a new era in surgery. Engineers will continue to build on the

current platform, and the next generation of robots should provide greater advantages. As urologists, we should continue to embrace technological development, participate in its evaluation and strive to improve the surgical management of our patients.

Competing interests: None declared.

References

1. Chin JL, Luke PP, Pautler SE. Initial experience with robotic-assisted laparoscopic radical prostatectomy in the Canadian health care system. *CUAJ* 2007; 1(2):97-101.
2. Hamilton RJ, Finelli A. The impact of introducing laparoscopic radical prostatectomy on surgical wait times for prostate cancer. *Can J Urol* 2006;13(Suppl 3): 25-9.

Correspondence: Dr. A. Finelli, Division of Urology, Department of Oncology, Princess Margaret Hospital, 3-130, Toronto ON M5G 2M9
a.finelli@utoronto.ca

We welcome your comments on the journal and on specific articles.

All letters will be considered
for publication in the journal.

Send your letters to the Editor-in-Chief at
journal@cua.org

