



Robot-assisted simple prostatectomy: the evolution of a surgical technique

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ABSTRACT

Purpose: Enucleation of a large prostate is the best surgical choice for patients refractory to clinical treatment (1, 2). Since the first robot-assisted simple prostatectomy (RASP) was described (3, 4), some technical modifications (5-7) and different approaches to reach the adenoma have been proposed (8, 9). The aim of this video is to demonstrate three different techniques of RASP.

Materials and Methods: The first procedure begins with a transversal incision over the bladder neck, the second is a transvesical approach and the last one is a Retzius-sparing RASP. All techniques were performed with a vesico-urethral anastomosis.

Results: Three patients underwent RASP, each one with a different approach. Patients presented mean age of 66 ± 4.4 years, PSA baseline level of 7.8 ± 3 ng/mL, IPSS score of 17.7 ± 4.5 , maximum urine flow of 8.3 ± 1.5 mL/seg and 122.3 ± 11.2 cm³ of prostate volume. The mean operative time was 63 ± 8 minutes, estimated blood loss of 106.7 ± 11.5 mL, prostate weight of the surgical specimen of 106.3 ± 8 grams and 1 day of length of stay. No continuous bladder irrigation was required and there was no complication. The mean postoperative PSA and IPSS were 0.7 ± 0.3 ng/mL, 4.7 ± 1.5 . The maximum urine flow raised to 20 ± 4.4 mL/seg.

Conclusions: RASP with vesico-urethral anastomosis allowed minimal blood loss, short length of stay and great functional outcomes. All the three approaches allowed to perform this technique in a safe way, while showing different alternatives to reach the adenoma.

CONFLICT OF INTEREST

None declared.

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