

MINIMALLY INVASIVE SURGERY · UMIBA

Laparoscopic radical prostatectomy

Radical prostatectomy is the treatment of choice for patients diagnosed with localized prostate cancer and a life expectancy of more than 10 years.

ADVANTAGES OF THE TECHNIQUE

- we replace the incision with small punctures, which means avoiding all the possible wound complications, such as seromas, hematomas, incisional hernias, and hernias¹.
- there is a proven reduction in blood loss and a lower chance of blood transfusion².
- the dissection is more precise, with a greater chance of preserving sexual potency³ and urinary continence^{4 5}
- the urethrovesical anastomosis is watertight and done under direct vision, which allows fewer days of hospital stay and catheterization (5)
- mobility returns earlier (as with any laparoscopic procedure)
- many patients are genuinely fit for discharge on the first postoperative day
- it is far more comfortable for the patient (as with any laparoscopic procedure)

Clinical rationale

Ever since it became the treatment of choice for organ-confined prostate cancer, efforts have focused on reducing the morbidity of the procedure. Walsh's anatomical descriptions have improved the results of this surgery from both an oncological and a functional standpoint.

The development of laparoscopic radical prostatectomy was slow at first because of the complexity of the technique. At many centers where buying a robot posed no financial problem, robotic assistance quickly overcame the early difficulties of laparoscopy. Other centers chose instead to train surgeons able to perform this technique, which offers clear advantages over open surgery in trained hands.

The advantages are as follows:

At centers with laparoscopic training, the right technology, and surgeons accustomed to this practice, these differences make for a real advantage to offer the patient, one that could be surpassed only with the use of the robot.

REFERENCES

1. Stranne J, Lodding P: Inguinal hernia after radical retropubic prostatectomy: risk factors and prevention. *Nat Rev Urol*. 2011 May;8(5):267-73. Epub 2011 Apr 5.
2. Martínez Salamanca JI, Allona Almagro A. Prostatectomía radical abierta, laparoscópica o robótica ¿en busca de un nuevo gold standard? *Actas Urol Esp* 2007;31(4):316-27
3. Anastasiadis AG, Salomon L, Katz R, Hoznek A, Chopin D, Abbou CC. Radical retropubic versus laparoscopic prostatectomy: a prospective comparison of functional outcome. *Urology*. 2003;62:292-7.
4. Rassweiler J, Schulze M, Teber D, et al. Laparoscopic radical prostatectomy with the Heilbronn technique: oncological results in the first 500 patients. *J Urol* 2005;173:761-4.
5. Stolzenburg JU, Rabenalt R, DoM, et al. Endoscopic extraperitoneal radical prostatectomy: oncological and functional results after 700 procedures. *J Urol* 2005;174:1271-5.

SEE THE PROCEDURE

umiba.org/procedures/radical-prostatectomy/ →

INQUIRIES AND APPOINTMENTS

umiba.org/contact/ →