



ÜROONKOLOJİ
DERNEĞİ - 1999

Robotik Cerrahi Döneminde Radikal Prostatektomi

Dr. Sinan Sözen



Radical prostatectomy with preservation of sexual function: anatomical and pathological considerations

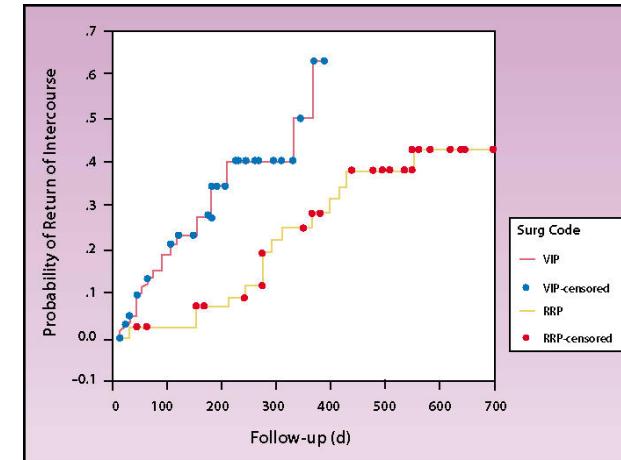
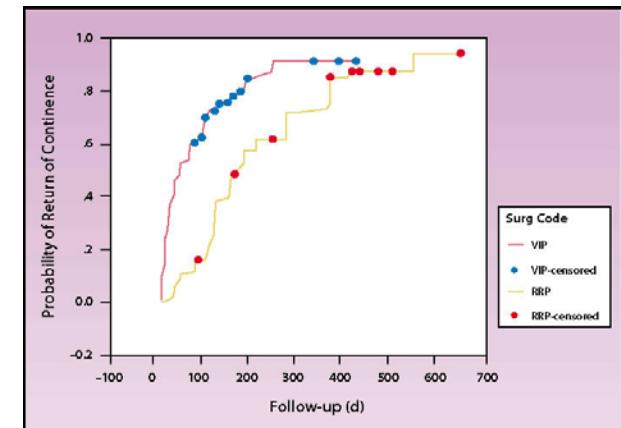
- Anatomik radikal prostatektominin tanımlandığı ve seksüel fonksiyonun korunabileceğini gösteren ilk çalışma
- Dorsal damar kompleksinin kontrolu, apikal ve lateral kapsüler diseksiyonun tarifi
- **12 hasta / %83 potens (+). Potens hastaların içinde 60 yaş üstü hasta yok**
- RRP esnasında penil vaskülerite kaybının potens açısından önemi vurgulanmamış

Management of Clinically Localized Prostate Cancer: Pathologic Processing to Robotic Prostatectomy

Robotically-assisted laparoscopic radical prostatectomy

J. Binder, W. Kramer
BJUI 2001

	RRP (n:300)	RARP (n:300)
Kan Kaybı	910cc	150cc
Transfüzyon	%67	%0
Hospitalizasyon	3.5 gün	1.2 gün
Kateterizasyon	15.8 gün	7 gün
CS (+)	%23	%5
%50 Kontinans	160 gün	44 gün
%50 Potens	440 gün	180 gün



Tek Merkez, Prospektiv, Non-Randomize

Tewari A et al Rev Urol 2003; 5 : 33-39

Robotik Radikal Prostatektomi

- Onkolojik Sonuçlar
 - pozitif cerrahi sınır, BRS
- Fonksiyonel
 - üriner kontinans ve potens
- Peroperatif
 - operasyon zamanı, kan kaybı, transfüzyon oranı, genel komplikasyon oranları

Incidence of positive SMs according to stage, Gleason score and PSA: results from SEER database

Salazar M. J Urol 2011;185(4 Suppl):e65(abs.154)

- » SEER (2004-2007), Retrospektif analiz: 28,461 RP hastası
- » N=5,538 RP - CS (+) (19.5%)

pT2	% positive SMs according to Gleason score			
PSA level	≤6	3 + 4	4 + 3	>7
<4.0 ng/ml	7.9	14.1	15.1	16.6
4-9.9 ng/ml	12.6	19.4	19.4	20.2
≥10 ng/ml	12.1	24.7	26.7	28.4

pT3a	% positive SMs according to Gleason score			
PSA level	≤6	3 + 4	4 + 3	>7
<4.0 ng/ml	28.2	28.9	34.5	36.1
4-9.9 ng/ml	37.7	38.7	38.7	44.7
≥10 ng/ml	34.4	44.9	53.1	62.5

- » Incidence of positive SMs increases with PSA value ($P<0.001$) and Gleason score ($P<0.001$)

Yüksek PSA değerleri ve yüksek Gleason skoru pT2 ve pT3a hastalarda CS(+) daha sıkıtır...

Solitary apical positive surgical margins ≤3mm and outcome after RP

Burger M. Eur Urol Suppl 2011;10(2):284-5(abs.906)

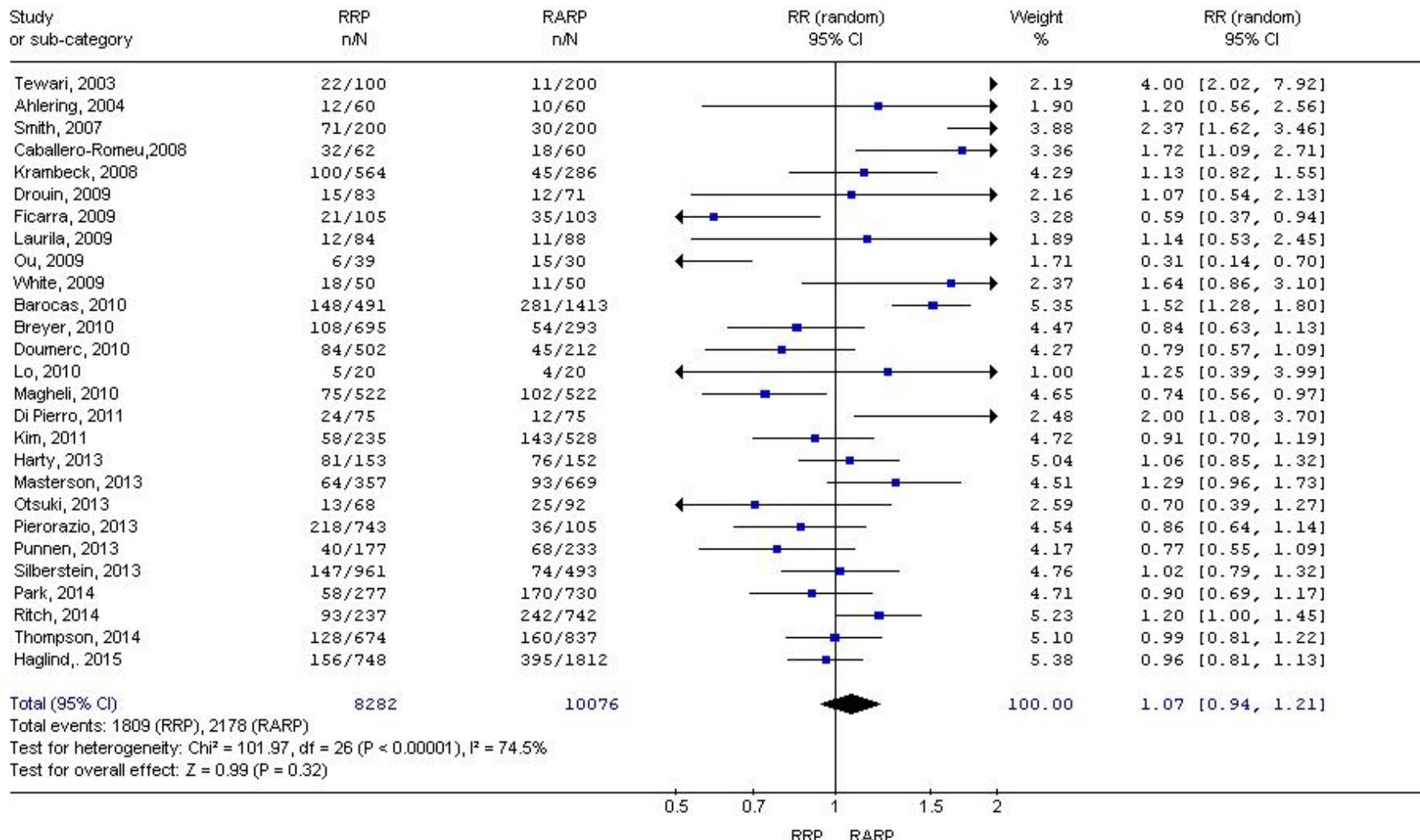
- » N=1,036 pT2-3a,pN0MO PCa RP
- » Ort. Takip: 60 ay
- » %26 CS(+)
- » Soliter CS(+)liklerin %64'ü apekste

	Negative surgical margins	Positive surgical margins	HR
Biochemical failure-free survival (%)	80	59	2.1 $P<0.001$

Biyokimyasal rekürrensiz sağkalım CS (+) grupda düşüktür

PCS: RARP vs RRP (2015)

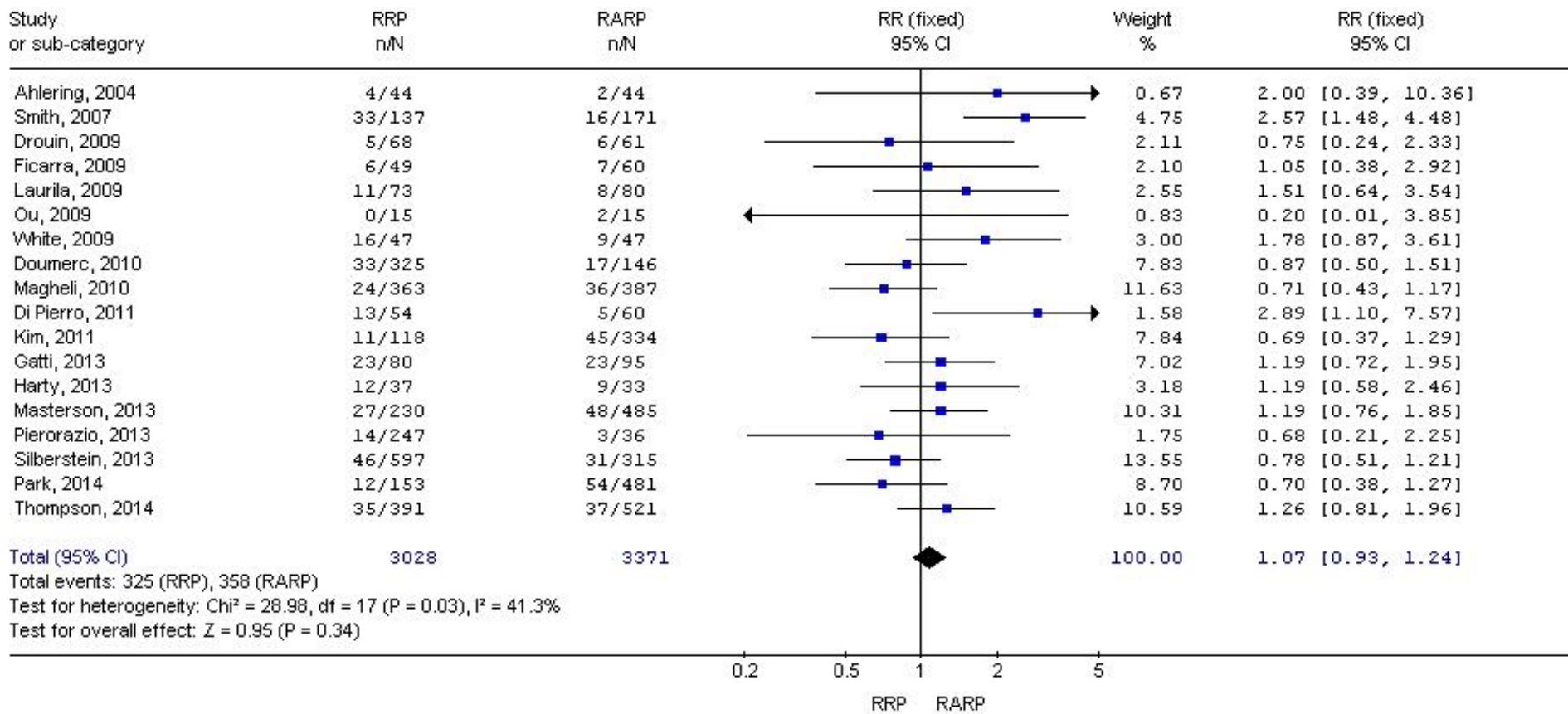
Review: Radical prostatectomy: comparisons of different approaches
 Comparison: 07 Positive surgical margin rate
 Outcome: 03 Positive surgical margin rate: RRP vs. RARP



PCS: RARP vs RRP (2015)

pT2 PCa

Review: Radical prostatectomy: comparisons of different approaches
 Comparison: 07 Positive surgical margin rate
 Outcome: 08 Positive surgical margin rate in pT2 cancer: RRP vs. RARP



PCS RARP vs RRP: LAPPRO trial

Urinary Incontinence and Erectile Dysfunction After Robotic Versus Open Radical Prostatectomy: A Prospective, Controlled, Nonrandomised Trial
Eur Urol, 2015

	RRP n/N (%)	RARP n/N (%)	Adj RR	Adj OR
PCS	156/748 (21)	395/1812 (22)	1.06	1.09

BRS: RARP (2015)

Author	Institution	Cases	Study design	Follow-up (mo)	Definition of BCR	BCR rate (%)	CSS rate (%)
Liss, 2012	University of California-Irvine, Orange, Ca, US	430	Prospective case series	64	PSA >0.2 ng/ml	5-yr: BCR 95%	-
Sooriakumaran, 2015	Karolinska University Hospital, Stockholm, Sweden	944	Prospective case series	75.6	PSA >0.2 ng/ml	5-yr BCR:87% 7-yr BCR:84% 9-yr BCR:83%	98%
Ficarra, 2013	O.L.V. Clinic , Aalst, Belgium	183	Prospective case series	81.3	PSA >0.2 ng/ml	3-yr BCR:96% 5-yr BCR:90% 7-yr BCR:88%	-
Kim, 2013	Yonsei University College of Medicine, Seoul, Korea	166	Prospective case series	60	PSA >0.2 ng/ml	3-yr BCR:86% 5-yr BCR:81%	-
Ploussard, 2013	Hospital Henri Mondor, Creteil, Paris, France	792	Prospective case series	19	PSA >0.2 ng/ml	Recurrence at follow-up 9%	-
Billia, 2014	King's College London, London, UK	175	Prospective case series	85	PSA >0.2 ng/ml	5-yr: BCR 95%	5-yr CSS: 98%
Dariane, 2014	Pitie'-Salpetriere hospital, Paris, France	424	Prospective case series	36	PSA >0.2 ng/ml	5-yr: BCR 86.6%	-
Diaz, 2015	Vattikuti Urology Institute, Henry Ford Hospital, Detroit, MI, USA	483	Prospective case series	121	PSA >0.2 ng/m	10-yr: BCR 73%	10-yr CSS 98.8%

BRS: %89 / 5 yıl

BRS: RARP vs RRP (2015)

Auuthor	Institution	Study design	Cases	Follow-up (mo)	Definition of BCR	BCR-free survival estimate (%)	Biochemical recurrence at follow
Gatti, 2013	University of Brescia, Italy	Retrospective analysis of prospective series	117 RRP 123 RARP	12	PSA ≥0.2 ng/ml	-	7% + 5% persistent PSA following surgery vs 3% + 5% persistent PSA following surgery
Otsuki, 2013	Nagakubo Hospital, Japan	Retrospective series	68 RRP 92 RARP	Not reported	Not reported	-	19% vs 12%
Masterson, 213	Indiana University Medical Center, Indianapolis, IN, USA	Retrospective series	357 RRP 669 RARP	Not reported	Not reported	2 yr: 87% vs 87% 5-yr: 71% vs 73%	-
Punnen, 2013	UCSF, San Francisco, CA, USA	Retrospective series	177 RRP* 33 RARP*	27	PSA ≥0.2 ng/ml	2 yr: 79% vs 84% 4-yr : 66% vs 68%	-
Silberstein, 2013	MSKCC, New York, NY, USA	Prospective series	961 RRP 493 RARP	1 0.7	PSA ≥0.2 ng/ml	-	2-yr: 4.1% vs 3.3%
Ritch, 2014	Vanderbilt University Medical Center, Nashville, TN, US	Retrospective series	237 RRP 742 RARP	63 43	PSA ≥0.2 ng/ml	5-yr: 53 vs 63%	-

BRS: RRP= RARP

Intermediate-term cancer control outcomes in prostate cancer patients treated with robotic-assisted laparoscopic radical prostatectomy: a multi-institutional analysis

Firas Abdollah¹ · Deepansh Dalela¹ · Akshay Sood¹ · Jesse Sammon¹ · Wooju Jeong¹ · Burkhard Beyer² · Nicola Fossati³ · Craig G. Rogers¹ · Mireya Diaz-Insua¹ · James Peabody¹ · Alexander Haese² · Francesco Montorsi³ · Markus Graefen² · Alberto Briganti³ · Mani Menon¹

5670 PCa RARP / 3 tertiyer merkez

(Martini, Vattikuti, San Raffaele)

%43 Orta Risk

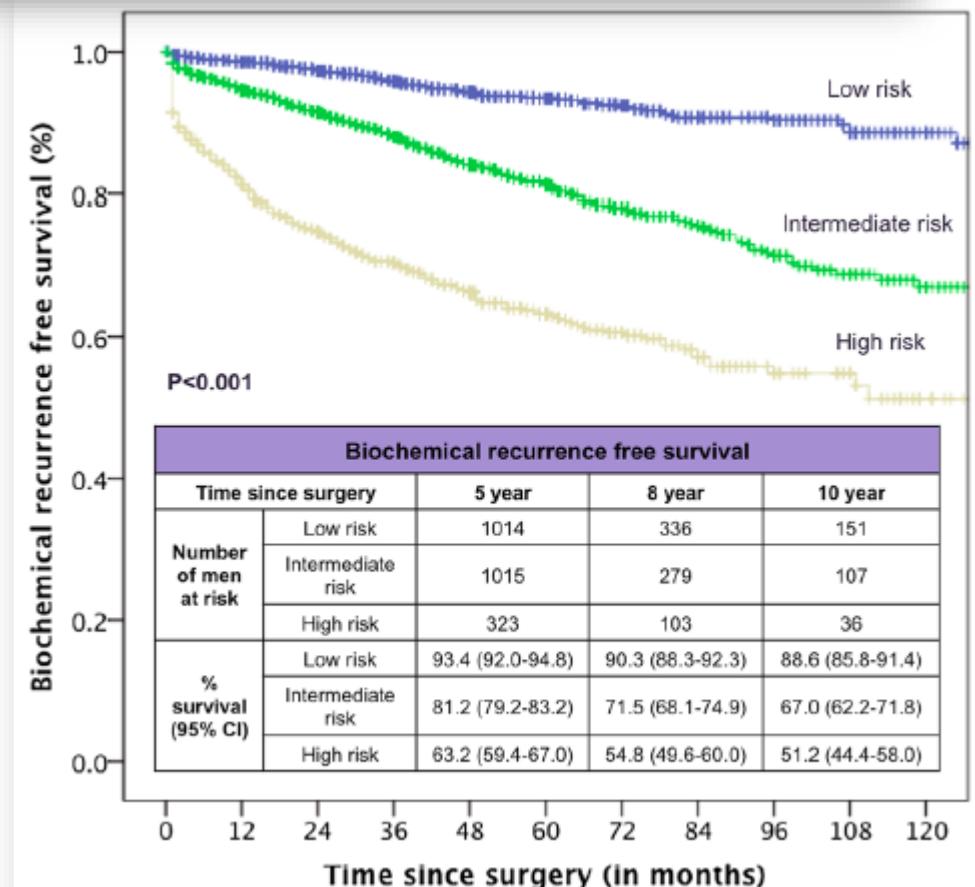
% 15 Yüksek Risk

% 1.7 Adj. Tdv.

Preop. PSA ve GS

Postop. PCS, GS, pTN... BRS için
bağımsız değişken

Cancer control outcomes of RARP appear comparable to those reported for open and laparoscopic RP in previous literature, despite low overall rate of adjuvant treatment

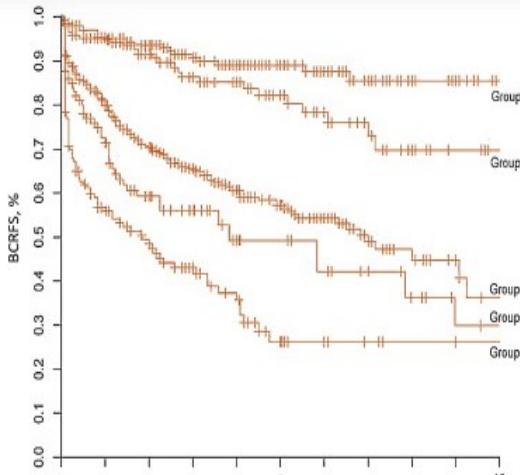


Abdollah F et al W j Urol, 2016

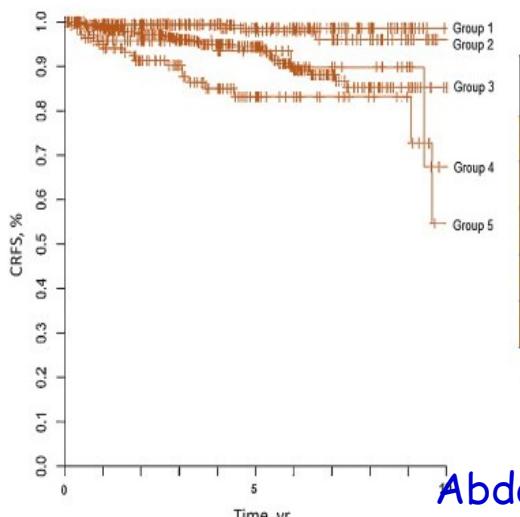
Long-term Cancer Control Outcomes in Patients with Clinically High-risk Prostate Cancer Treated with Robot-assisted Radical Prostatectomy: Results from a Multi-institutional Study of 1100 Patients

Firas Abdollah ^{a,†,*}, Akshay Sood ^{a,†}, Jesse D. Sammon ^a, Linda Hsu ^a, Burkhard Beyer ^b, Marco Moschini ^c, Giorgio Gandaglia ^c, Craig G. Rogers ^a, Alexander Haese ^b, Francesco Montorsi ^c, Markus Graefen ^b, Alberto Briganti ^c, Mani Menon ^a

(B) BCRFS: Stratified according to novel risk groups



(B) CR-free survival: Stratified according to novel risk-groups



1100 PCa RARP / 3 tersiyer merkez
(Martini, Vattikuti, San Raffaele)

Kurtarma Tdv. Gereksinimi/10 yıl

Grup 1: %9.8

Grup 2: %16

Grup 3: %42

Grup 4: %47

Grup 5: %64

Robotik Radikal Prostatektomi

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Üriner inkontinans: RARP

MODİFİKASYON	YIL	GRUP	SONUÇ
Periüretral süspansiyon	2009	Patel	RYLRP esnasında süspansiyon sütürü atılması 3/ay kontinans oranlarını artırmaktadır.
RYLRP esnasında Retzius koruyucu yaklaşım	2013	Galfano	RYLRP esnasında uygulanan tamamen intrafasyal olan bu teknik 1 yıl sonunda yüksek kontinans oranları sağlamıştır (%96). Konvansiyonel RYLRP teknikleriyle karşılaşılması için daha fazla çalışmaya ihtiyaç vardır.
Üretrovezikal (ÜV)anastomozda Çapalı sütür kullanımı	2011	Sammon	ÜV anastomoz esnasında V-lock sütür kullanımı fonksiyonel sonuçlarda değişiklik meydana getirmeksiz anastomoz süresinde anlamlı bir düşüşe sebep olmuştur.
Suprapubik kateter kullanımı	2009	Krane	Üretral katetere ilişkili rahatsızlık hissinde anlamlı düşüş ve anti - kolinerjik kullanımında azalma saptanmıştır.
	2012	Orikasa	Suprapubik kateter konan hastalarda günlük aktivitelere dönüş daha erken olmuş ve yaşam kalitesinde artış gözlenmiştir.
	2014	Prasad	Suprapubik ve üretral kateter konan hastalarda ağrı ve diğer kateter ilişkili rahatsızlıklar bakımından fark saptanmamıştır.

Uriner inkontinans: RARP (2015)

Authors	Cases	Study Design	Continence Definition	Data collection	Urinary continence rates (%)			
					3-mo	6-mo	12-mo	24-36* mo
Kim 2012	452	Prospective case series	0 pad	EPIC questionnaire	80%	-	-	-
Yip, 2012	235	Retrospective case series	0 pad	Not reported	42%	61%	72%	-
Ko 2013	1,299	Prospective case series	0 pad, no leak	EPIC questionnaire	86%	-	-	-
Ficarra, 2013	183	Prospective case series	0 pad	Not reported	At follow-up (81 mo): 80%			
Ploussard 2013	792	Prospective case series	0 pad	Unspecified questionnaire	56%	77%	85%	97%
Sammons, 2013	1270	Prospective case series	0 pad	Not reported	17% at catheter removal			
Sejima, 2013	100	Prospective case series	0 pad	Not reported	60%	69%	81%	100%
Berg, 2014	232	Prospective case series	0 pad	Not reported	29%	62%	80%	83%
Overall					57%	74%	81%	94%

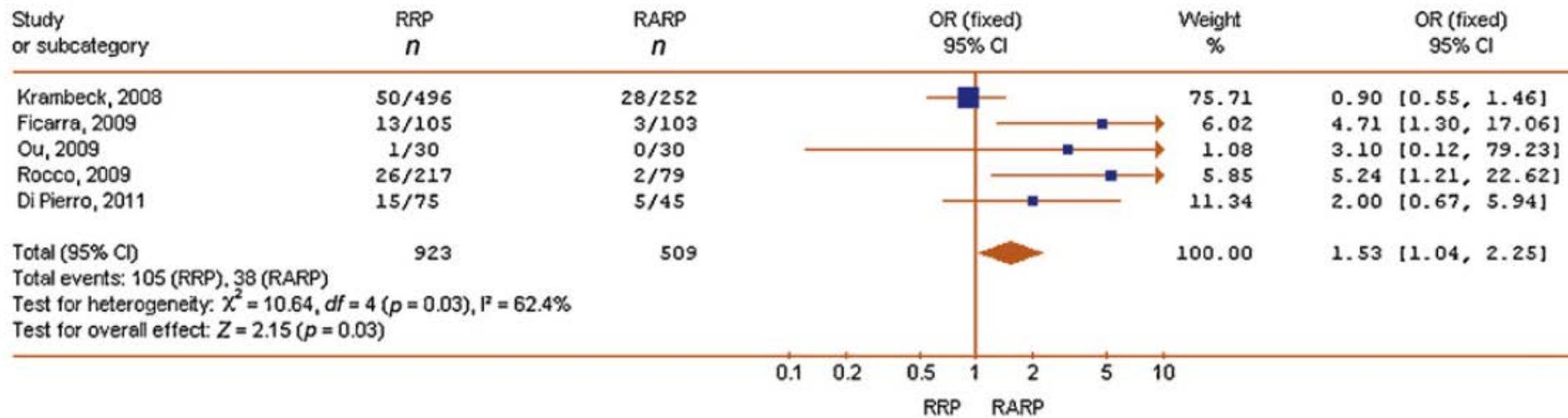
0 Ped

Üriner İnkontinans: RARP (2015)

Authors	Cases	Study Design	Continence Definition	Data collection	Urinary continence rates (%)		
					3-mo	6-mo	12-mo
Bouchier-Hayes 2012	125	Prospective case series	0 – 1 pad	Not reported	83%	93%	-
Gondo 2012	199	Retrospective case series	0 – 1 pad	Not reported	64%*	-	-
Ficarra 2013	183	Prospective case series	0 – 1 pad	Not reported	At follow-up (81 mo): 91%		
Hashimoto, 2013	200	Retrospective case series	0 – 1 pad	Not reported	65%	89%	95%
Rogers, 2013	69 (D'amico high risk, >70 yrs)	Prospective case series	0 – 1 pad	Not reported	At follow-up (37.7 mo): 81%		
Galfano 2014	200	Prospective case series	0 – 1 pad	Institutional Questionnaire	-	-	96%
Overall					72%	90%	95%

0-1 Ped

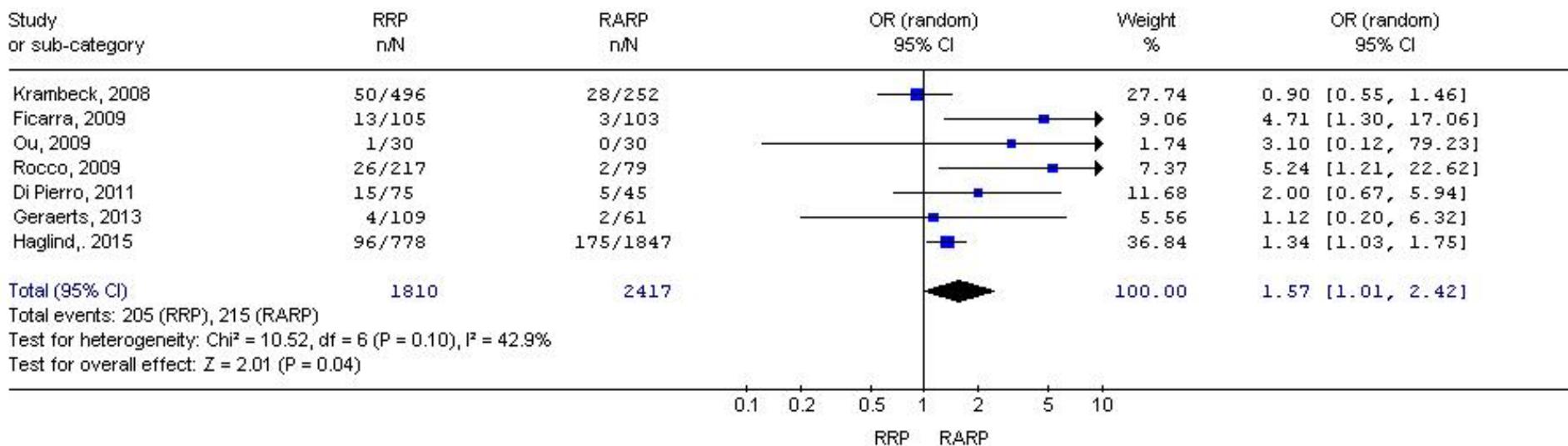
Üriner İnkontinans: RARP vs RRP(2012)



Absolute risk of UI after RRP = 11.3%
Absolute risk of UI after RARP = 7.5%
Absolute risk reduction was 3.8%

Üriner İnkontinans: RARP vs RRP (2015)

Review: Radical prostatectomy: comparisons of different approaches
Comparison: 06 Continence rate
Outcome: 07 12-month continence rate: RRP vs. RARP



RARP vs RRP: LAPPRO trial

Table 1b – Urinary incontinence measured by various definitions as reported by patients 12 mo after surgery

Definition of urinary incontinence	Open surgery, n (%)	Robot-assisted surgery, n (%)	Adjusted A, OR (95% CI) *	Adjusted B, OR (95% CI) †	Adjusted C, OR (95% CI) ‡
Change of pad § at least once per 24 h (primary end point)	144 (20)	366 (21)	1.21 (0.96–1.54)	1.24 (0.96–1.60)	1.31 (1.01–1.70)
Not pad free § and not leakage free	399 (56)	978 (57)	1.14 (0.94–1.37)	1.18 (0.96–1.44)	1.20 (0.98–1.47)
Urinary leakage daytime	252 (35)	606 (35)	1.13 (0.93–1.38)	1.16 (0.94–1.44)	1.19 (0.96–1.48)
Any urinary leakage daytime	367 (51)	902 (52)	1.14 (0.95–1.38)	1.16 (0.95–1.42)	1.19 (0.97–1.45)
Do you have urinary leakage?	117 (17)	310 (18)	1.28 (0.99–1.65)	1.32 (1.00–1.73)	1.38 (1.05–1.83)
Urinary discomfort	261 (37)	592 (35)	0.96 (0.79–1.17)	0.95 (0.77–1.17)	0.98 (0.79–1.21)

RARP: %21.3 inkontinans /12 ay
 RRP: %20.2 inkontinans /12 ay

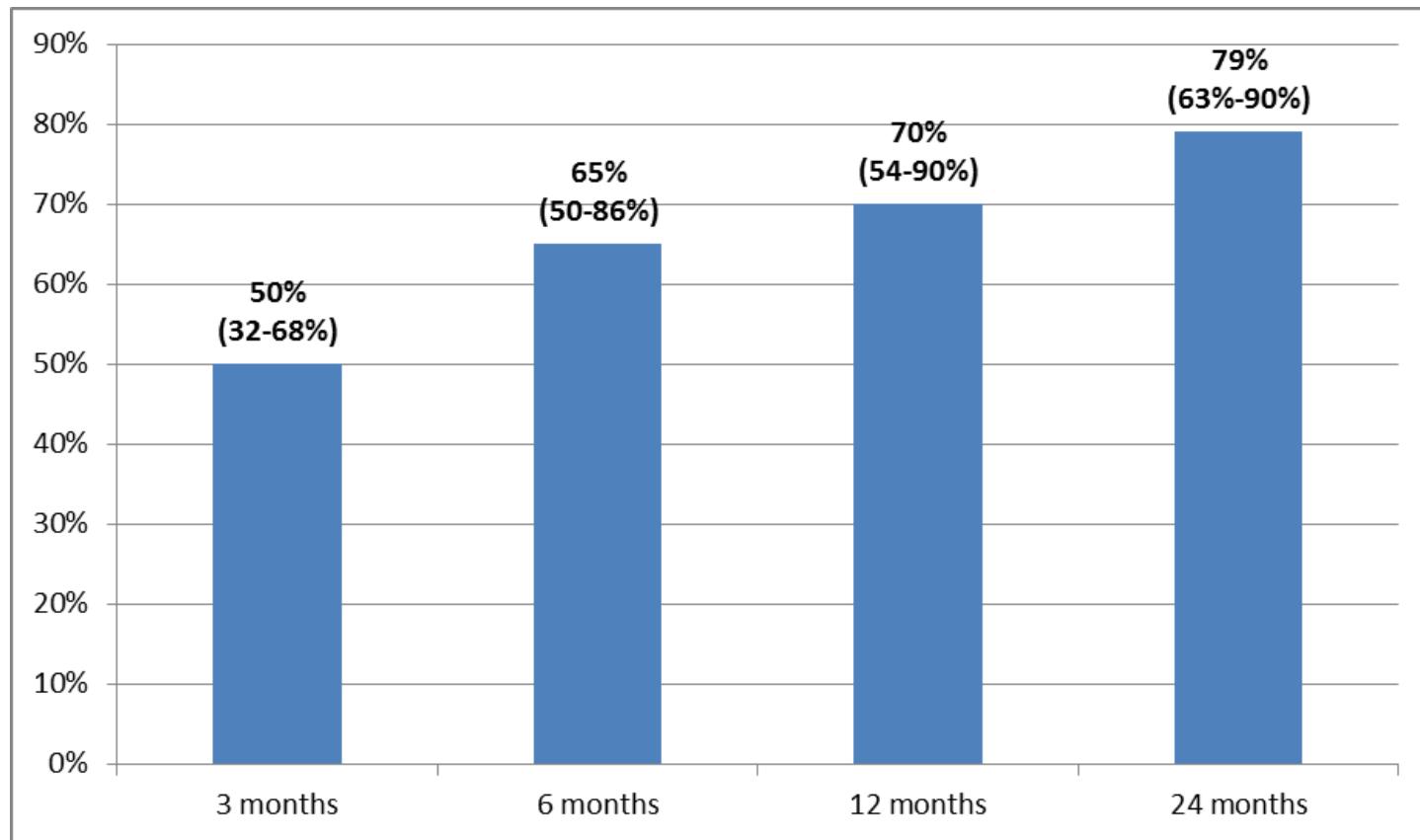
Haglind E, et al. Eur Urol. 2015; 68: 216-25

Potens: RARP

MODİFİKASYON	YIL	GRUP	SONUÇ
“Veil of Aphrodite” sinir koruyucu teknigi	2007 2009	Menon	Sinir koruyucu “Veil” tekniği uygulanan hastalarda potens oranlarında anlamlı bir iyileşme görüldü
Atermal Diseksiyon	2006	Ahlering	Termal hasarın önlenmesi seksUEL fonksiyonun daha erken geri dönüşüne neden olmaktadır
Karşı traksiyonsuz diseksiyon	2011	Kowalczyk	Nörovasküler demet diseksiyonu esnasında karşı traksiyonun önlenmesi erektil fonksiyonun erken geri dönüşüne sebep olmaktadır

Potens: RARP (2012)

11 farklı çalışma: 3491 hasta

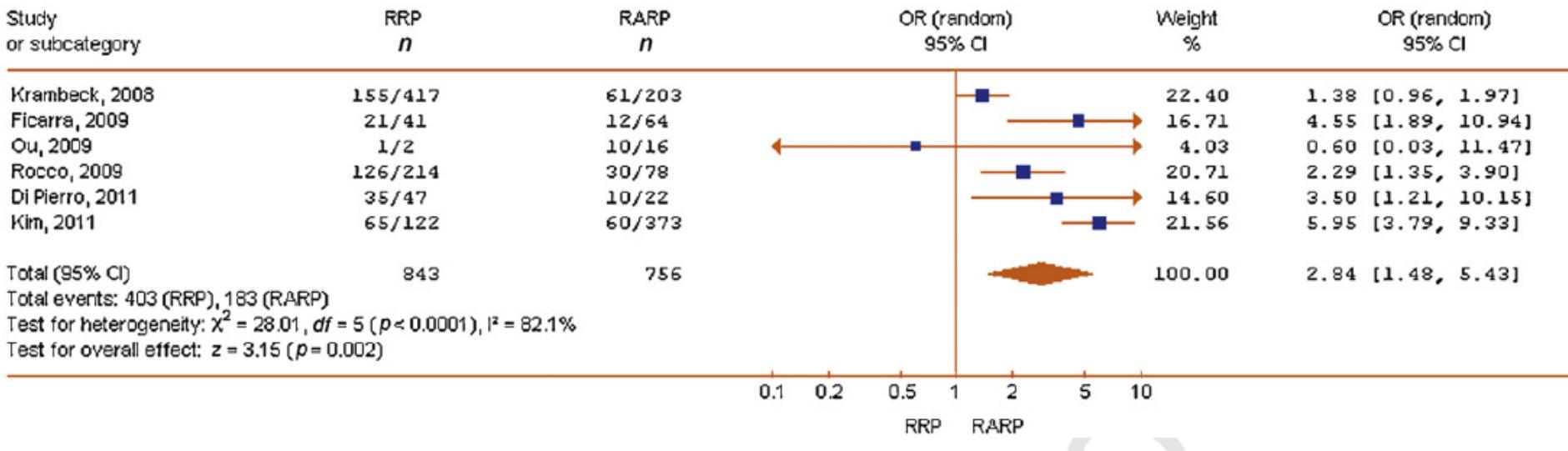


Modified from Ficarra V et al Eur Urol 2012; 62: 418-430

Potens: RARP (2015)

Authors	Cases	Surgical Aspects	Study Design	Potency Definition	Data collection	Potency rate			
						3-mo	6-mo	12-mo	24-36* mo
Bouchier-Hayes 2012	125	Surgical Aspects (NVBs dissection)	Prospective case series	ESI	Not reported	35%	-	71%	-
Yip, 2012	235	-	Retrospective case series	ESI >50%	Not reported	-	-	37%	-
Ficarra 2013	110	-	Prospective case series	SHIM > 17	Q	At follow-up (81 mo): 47% without PDE5I At follow-up (81 mo): 80% with or without PDE5I			
Ploussard, 2013	792	Bilateral NS (68%)	Prospective case series	ESI	IIEF-5	17%	-	-	61%
Rogers, 2013	69 (D'amicco high risk, >70 yrs)	21 who had a SHIM score greater than 21 preop.	Prospective case series	ESI	SHIM	At follow-up (37.7%): 33% of those with preop. SHIM >21			
Berg, 2014	232	37% bilateral NS 31% unilateral NS	Prospective case series	ESI	SHIM	-	-	78%	84%
Galfano 2014	200	72% bilateral intrafascial NS	Prospective case series	SHIM > 17	Q	-	-	52%	-
Woo, 2014	483	86% bilateral NS	Prospective case series	ESI >50%	SHIM	11%	30%	61%	-

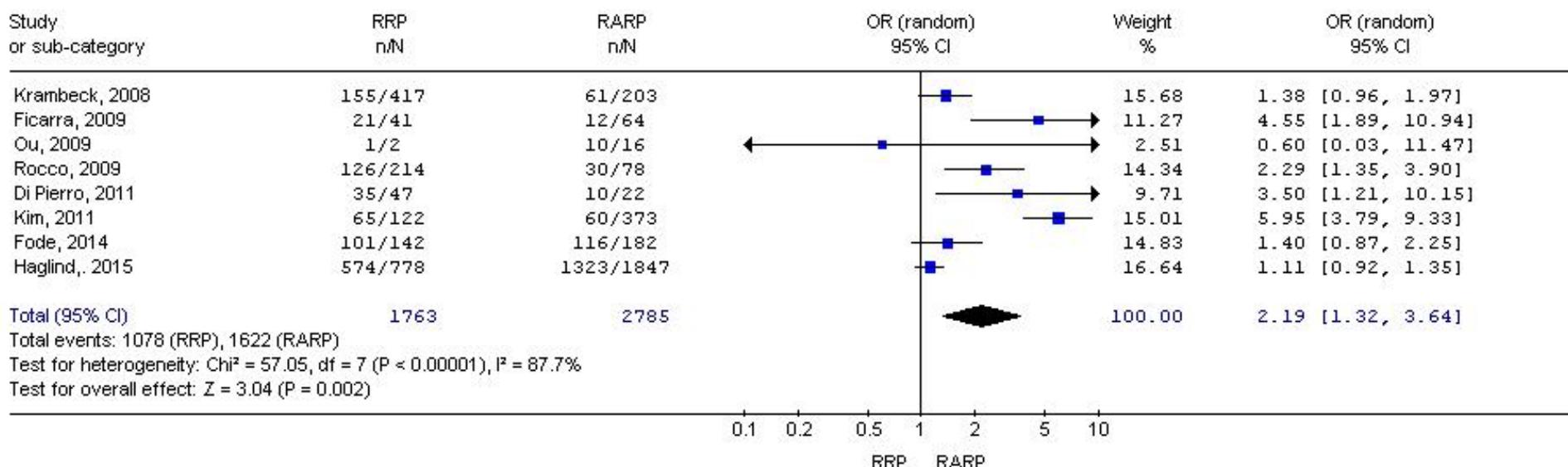
Potens: RARP vs RRP (2012)



Absolute risk of ED after RRP = 47.8%
Absolute risk of ED after RARP = 24.2%
Absolute risk reduction was 23.6%

Potens: RARP vs RRP (2015)

Review: Radical prostatectomy: comparisons of different approaches
 Comparison: 11 Potency rate
 Outcome: 01 12-mo potency rate: RRP vs RARP



RARP vs RRP: LAPPRO trial

Table 2 – Erectile dysfunction compared between open and robot-assisted laparoscopic surgery using various definitions and as reported by patients 12 mo after surgery

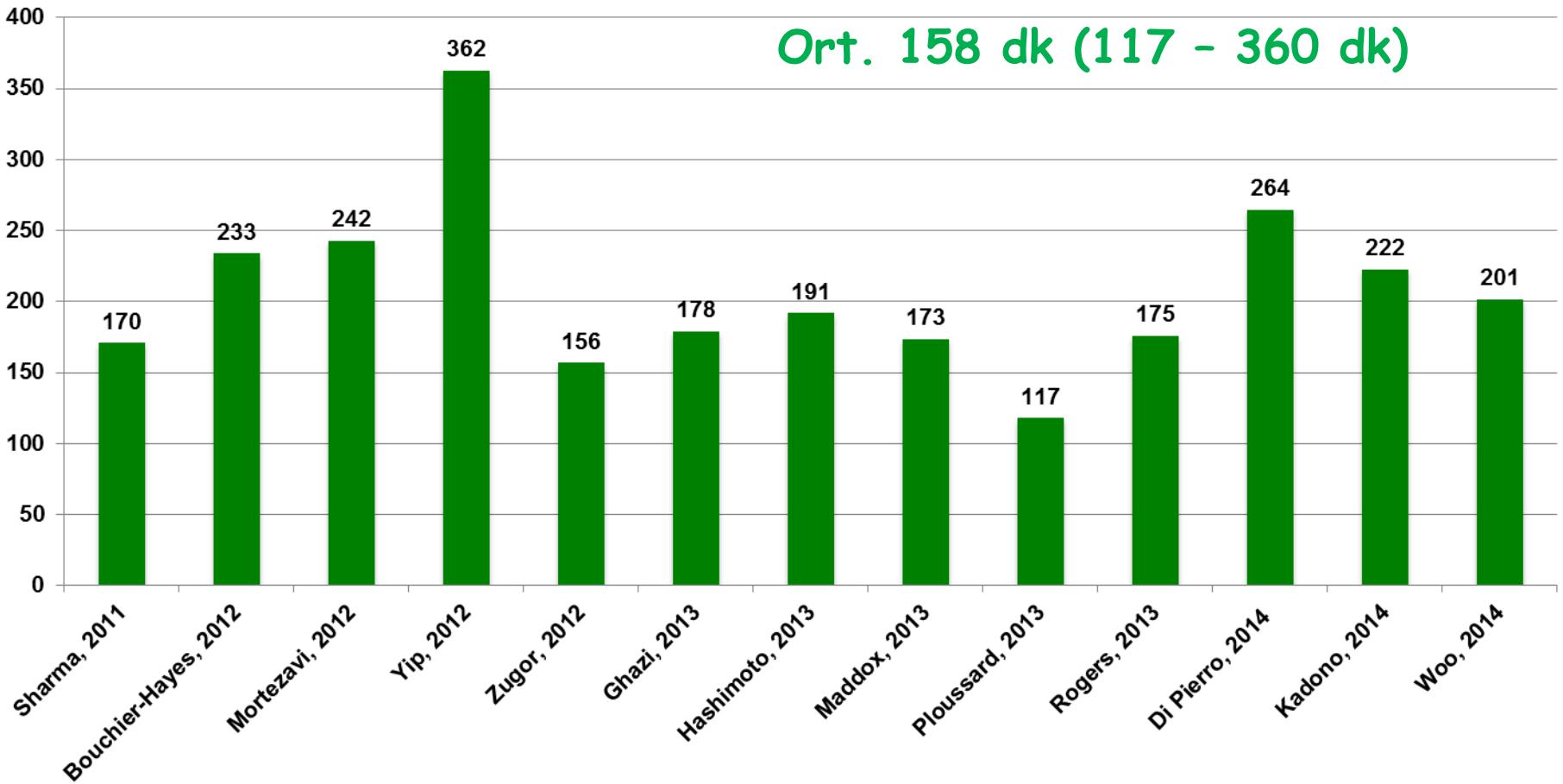
Definition of erectile dysfunction	Open surgery, n (%)	Robot-assisted surgery, n (%)	Adjusted A, OR (95% CI) ^{**}	Adjusted B, OR (95% CI) [†]	Adjusted C, OR (95% CI) [‡]
IIEF score [§]	531 (75)	1200 (70)	0.80 (0.64–1.00)	0.79 (0.63–1.00)	0.73 (0.58–0.93)
IIEF-5 score [#] at 12 mo \leq 16	570 (81)	1311 (78)	0.86 (0.68–1.09)	0.75 (0.58–0.96)	0.75 (0.58–0.97)
IIEF-5 score [#] at 12 mo \leq 21	654 (93)	1508 (90)	0.71 (0.50–0.99)	0.61 (0.42–0.88)	0.61 (0.42–0.88)
Penile stiffness less than half of the time	574 (81)	1323 (77)	0.81 (0.64–1.03)	0.75 (0.59–0.96)	0.75 (0.58–0.97)
No spontaneous morning erection	664 (93)	1522 (89)	0.59 (0.42–0.82)	0.52 (0.36–0.76)	0.50 (0.35–0.74)
Erectile dysfunction, combined variable ⁺	561 (79)	1282 (75)	0.80 (0.64–1.00)	0.74 (0.59–0.95)	0.75 (0.58–0.96)

RARP: %70.4 ED / 12 months
 RRP: %74.7 ED / 12 months

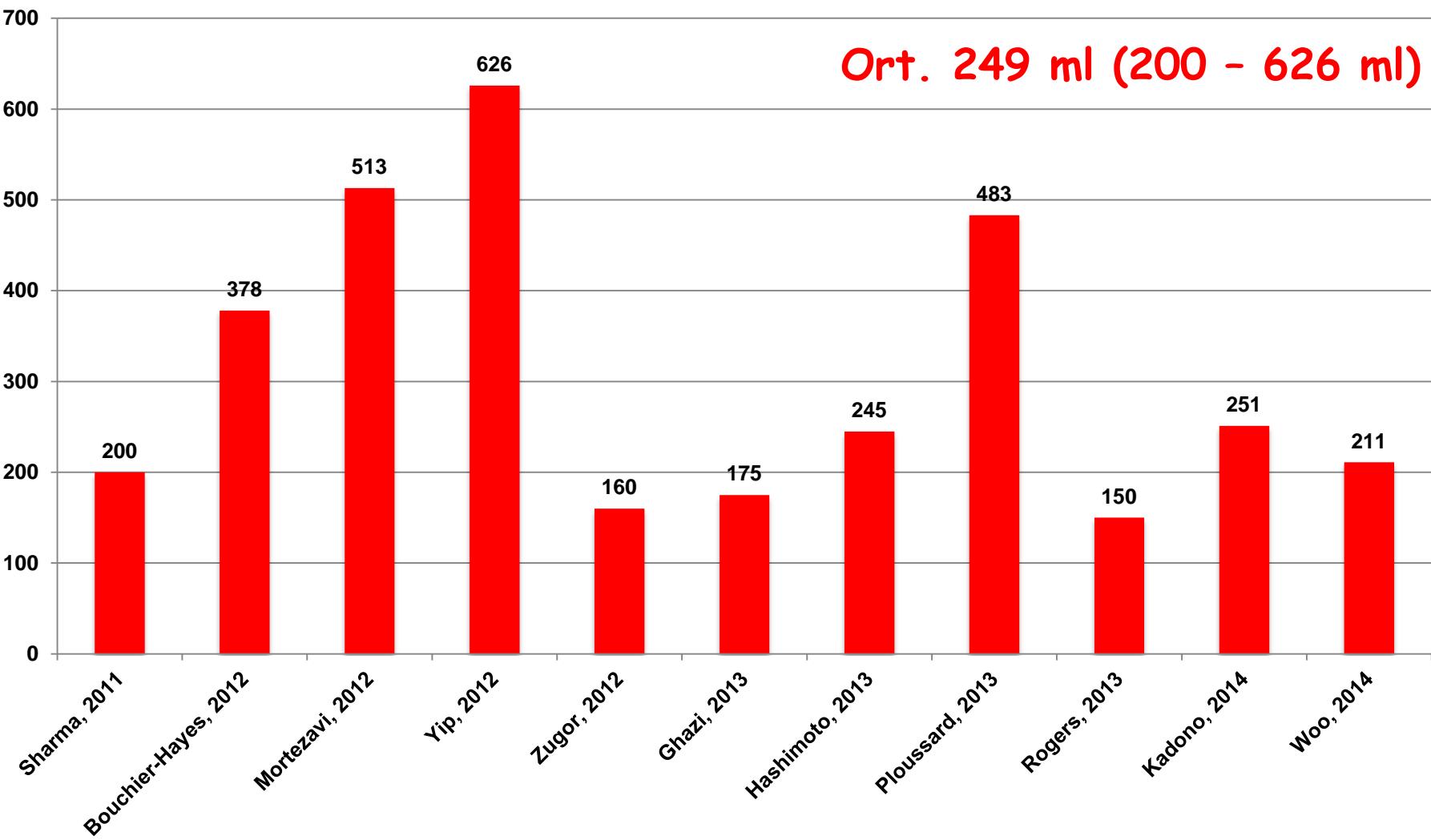
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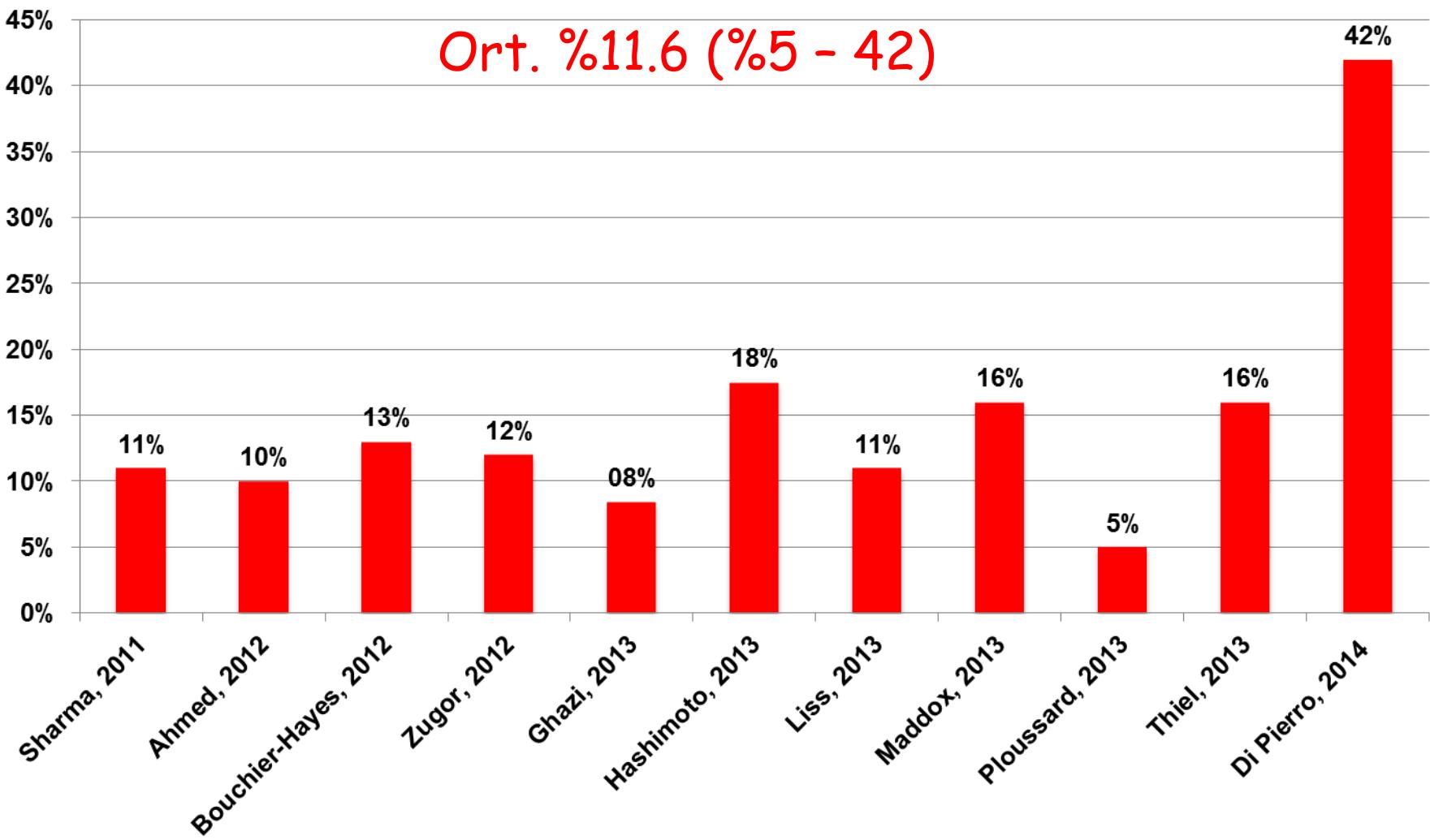
Operasyon zamani RARP (2015)



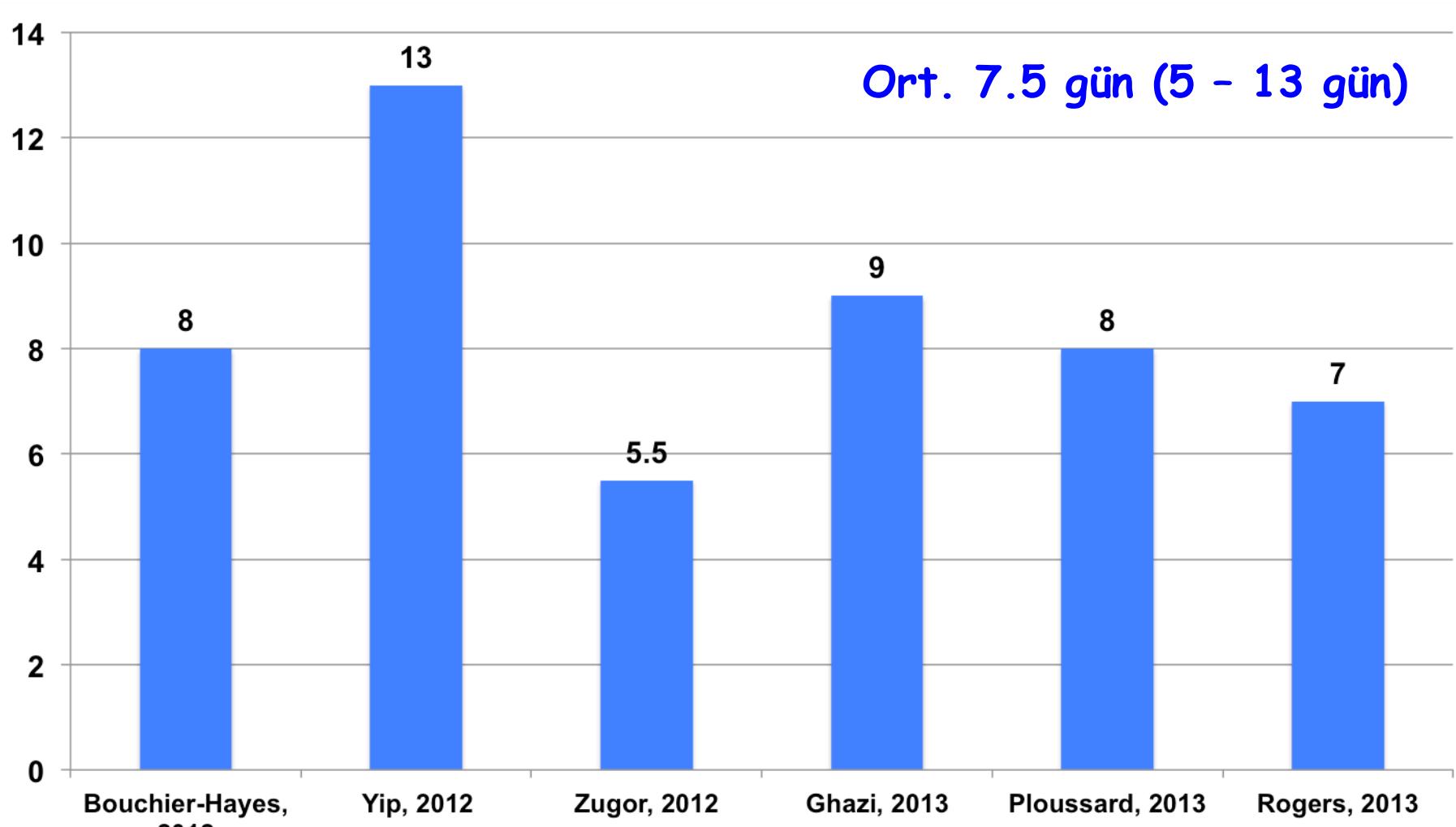
Kan Kaybı: RARP (2015)



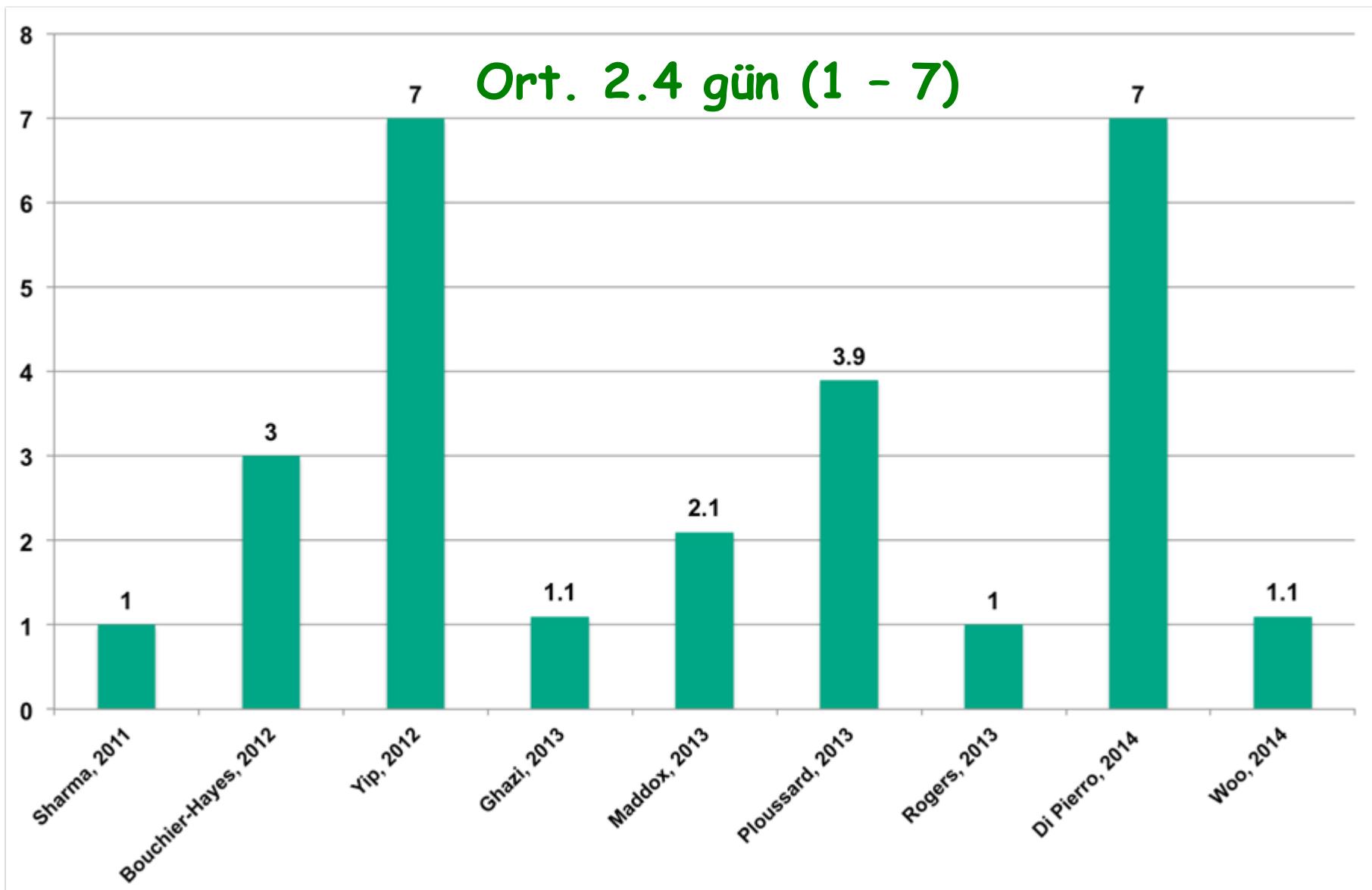
Genel Komplikasyon: RARP (2015)



Kateterizasyon Süresi: RARP (2015)

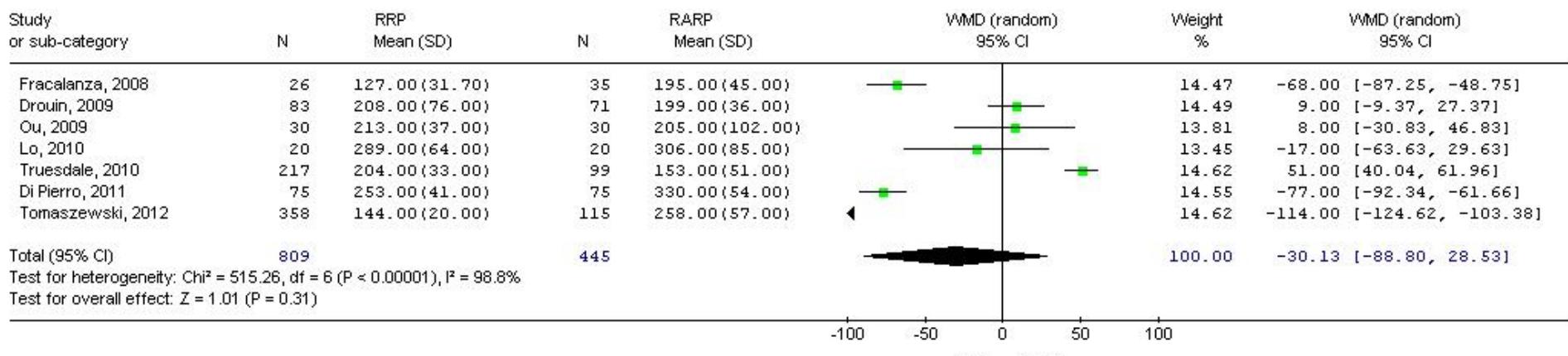


Hospitalizasyon: RARP (2015)



Operasyon Zamani: RARP vs RRP (2015)

Review: Radical prostatectomy: comparisons of different approaches
 Comparison: 01 Operative time (min.)
 Outcome: 03 Operative time:RRP vs. RARP

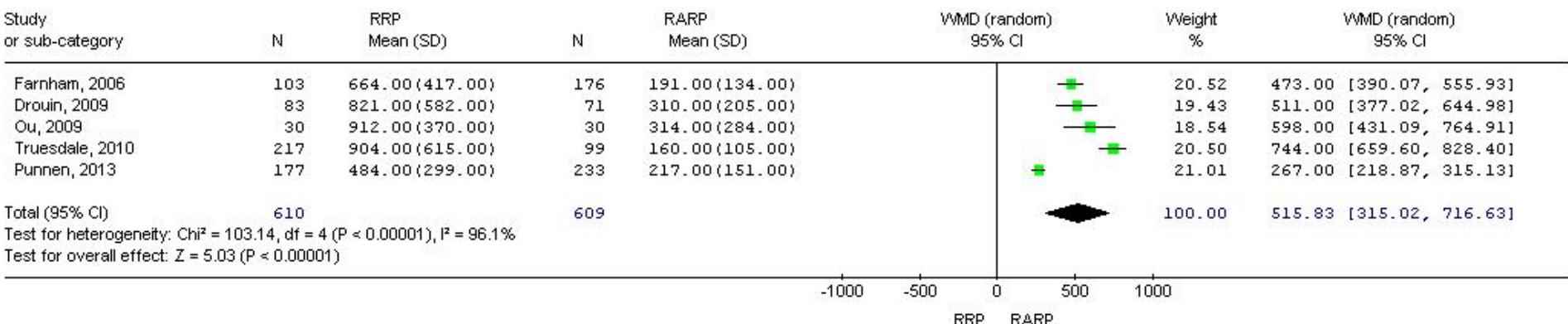


Test for heterogeneity: $\chi^2 = 515.26$, df = 6 ($P < 0.00001$), $I^2 = 98.8\%$

Test for overall effect: $Z = 1.01$ ($P = 0.31$)

Kan Kaybi: RARP vs RRP (2015)

Review: Radical prostatectomy: comparisons of different approaches
 Comparison: 02 Blood loss
 Outcome: 03 Blood loss: RRP vs. RARP

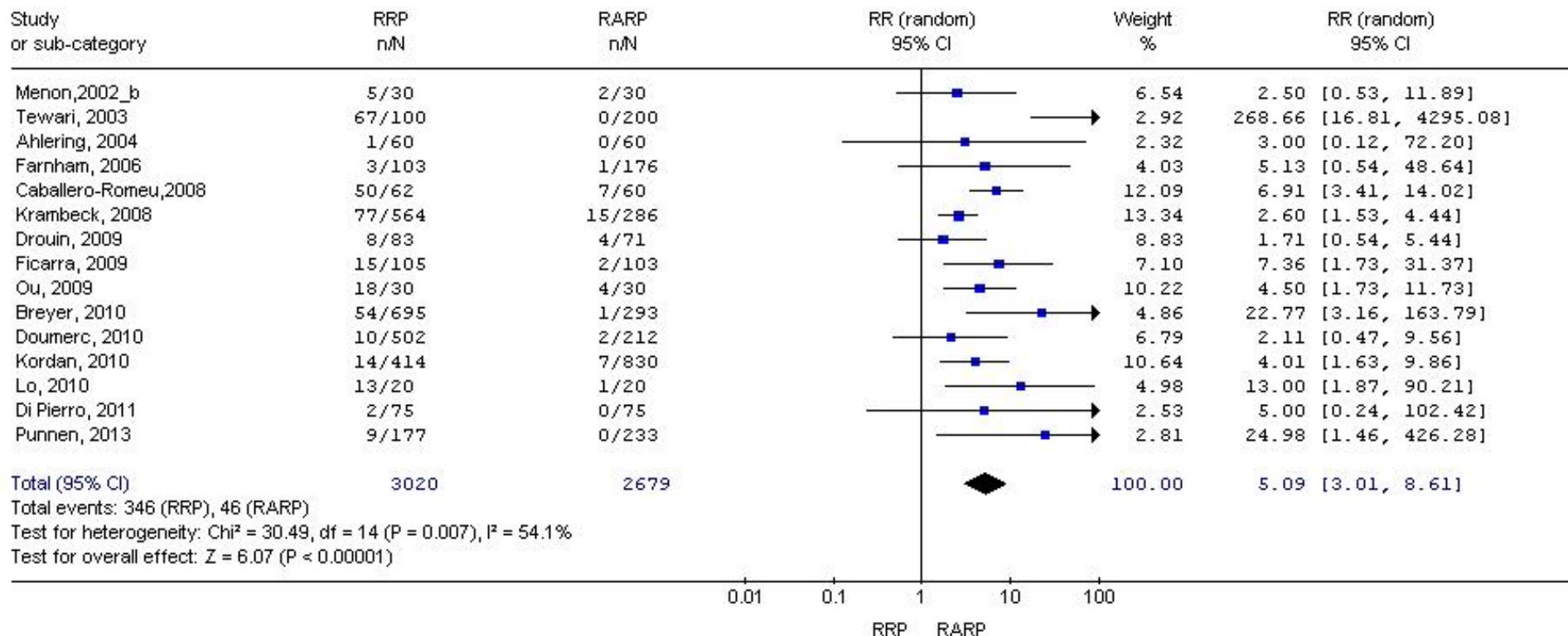


Test for heterogeneity: $\chi^2 = 103.14$, df = 4 ($P < 0.00001$), $I^2 = 96.1\%$

Test for overall effect: $Z = 5.03$ ($P < 0.00001$)

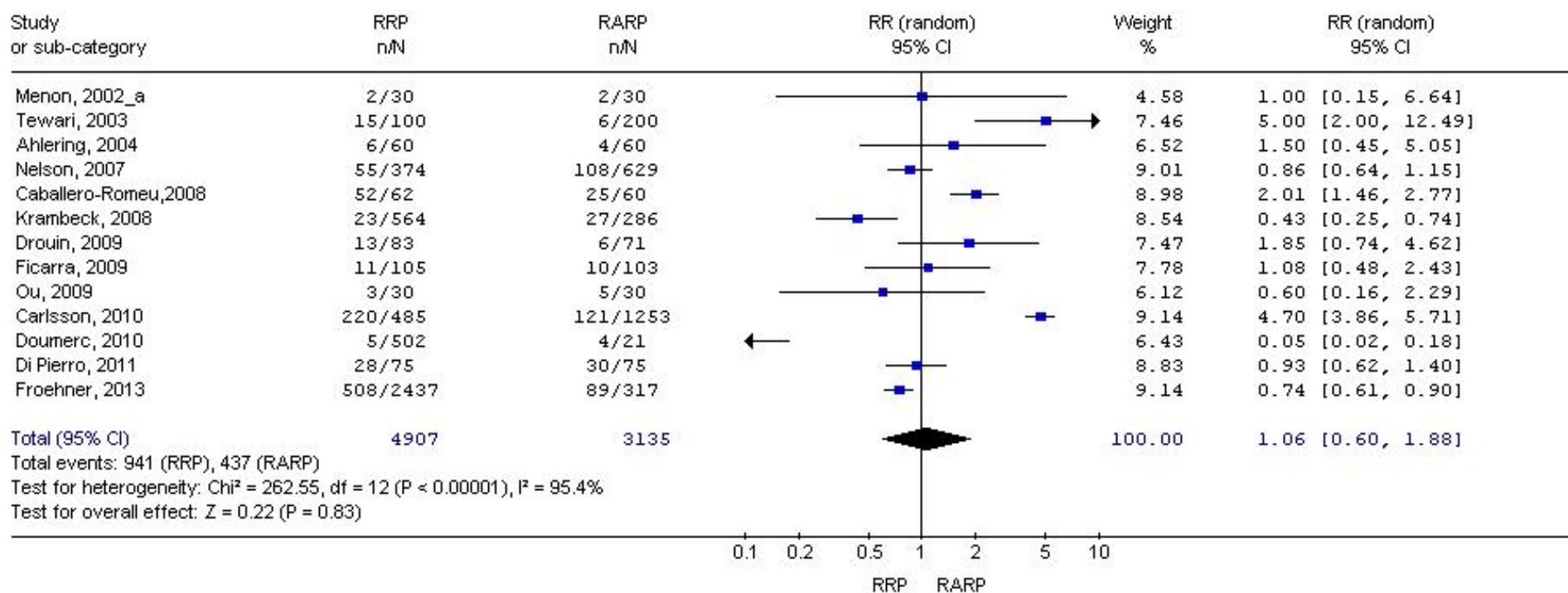
Transfüzyon: RARP vs RRP (2015)

Review: Radical prostatectomy: comparisons of different approaches
 Comparison: 03 Transfusion rate
 Outcome: 03 Transfusion rate: RRP vs. RARP



Genel Komplikasyon: RARP vs RRP (2015)

Review: Radical prostatectomy: comparisons of different approaches
 Comparison: 04 Complication rate
 Outcome: 03 Overall complication rate: RRP vs. RARP



BCR-free survival: RARP vs open Radical Prostatectomy



Variable		HR	2.5 %	97.5 %	p
Surgical Approach	ORP	1 (Ref.)			
	RALP	1.06	0.83	1.34	0.6
	≤ 6	1 (Ref.)			
Pathological Gleason score	7a	5.64	1.78	17.9	0.003
	7b	13.9	4.32	45.2	< 0.001
	≥ 8	30.4	9.1	101.01	< 0.001
pT-stage	pT2	1 (Ref.)			
	pT3a	2.22	1.66	2.96	< 0.001
	≥ pT3b	2.14	1.44	3.2	< 0.001
Surgical margin status	R0	1 (Ref.)			
	R1	1.31	0.94	1.84	0.1
	Rx	1.4	0.77	2.52	0.3
pN-status	N0	1 (Ref.)			
	N1	2.67	1.87	3.81	< 0.001
	Nx	0.65	0.38	1.1	0.1
PSA (ng/ml)		1.01	1.01	1.02	< 0.001

	No. Of pads/24h	Overall	ORP	RALP	p value
1-week UC n = 1434	0	372 (25.9)	179 (27.8)	193 (24.4)	0.3
	1 safety	-	-	-	
	1-2	712 (49.7)	316 (49.1)	396 (50.1)	
	≥ 3	350 (24.4)	149 (23.1)	201 (25.4)	
3-months UC* n = 828	0	393 (47.5)	180 (47.2)	213 (47.7)	0.9
	1 safety	276 (33.3)	125 (32.8)	151 (33.8)	
	1-2	106 (12.8)	50 (13.1)	56 (12.5)	
	≥ 3	53 (6.4)	26 (6.8)	27 (6)	
1-year UC* n = 704	0	497 (70.6)	245 (69.8)	252 (71.4)	0.6
	1 safety	139 (19.7)	71 (20.2)	68 (19.3)	
	1-2	53 (7.5)	25 (7.1)	28 (7.9)	
	≥ 3	15 (2.1)	10 (2.8)	5 (1.4)	

* Patients with RT
within 3 months
excluded

* Patients with RT
within 12 months
excluded

Varibale	OR	2.5 %	97.5 %	<i>p value</i>
Surgical approach	ORP	1 (Ref.)		
	RALP	1.51	1.01	2.27
Age (years)		0.96	0.93	0.99
Prostate volumen (ml)		0.99	0.98	1.00
BMI (kg/m2)		0.97	0.91	1.04
	pT2	1 (Ref.)		
pT-stage	pT3a	0.56	0.29	1.08
	≥ pT3b	0.47	0.12	1.5

0.045
0.004

0.2

0.4

0.09

0.2

* Exclusion of patients with receipt of radiotherapy and/or ADT within 12 months after RP

Robot-assisted laparoscopic prostatectomy versus open radical retropubic prostatectomy: early outcomes from a randomised controlled phase 3 study

	RRP (n:163)	RARP (n:163)	p
Üriner Fonk. Skor	83	82	p: 0.48
Seksüel Fonk. Skor	35	38	P: 0.18
PCS	%10	%15	p: 0.21
Postop. Komp.	%9	%4	p: 0.052
Intraop. Komp.	%8	%2	p: ?

Ağrı: 24 saat/1 hafta RALP lehine, 6. haftadan sonra fark yok

These two techniques yield similar functional outcomes at 12 weeks. Longer term follow-up is needed. In the interim, we encourage patients to choose an experienced surgeon they trust and with whom they have rapport, rather than a specific surgical approach.

Minimally invasive radical prostatectomy: results

Vincenzo Ficarra¹, Alexandre Mottrie², Giacomo Novara³, Filiberto Zattoni³

- RARP vs RRP: Cerrahi sınır pozitiflikleri benzer oranlarda [level 2 GR B].
- RARP vs RRP: Biyokimyasal rekürrenssiz sağkalım eşit [level 3 GR B].
- Metastazsız sağkalım ve kanser spesifik sağkalım açısından veriler kesin sonuç vermek için yetersiz...

Minimally invasive radical prostatectomy: results

Vincenzo Ficarra¹, Alexandre Mottrie², Giacomo Novara³, Filiberto Zattoni³

- Kontinans: Operasyon sonrası 12. ayda RARP lehine [level 2-3 GR B]. (??)
- Potens: RARP lehine [level 2-3 GR B].

Minimally invasive radical prostatectomy: results

Vincenzo Ficarra¹, Alexandre Mottrie², Giacomo Novara³, Filiberto Zattoni³

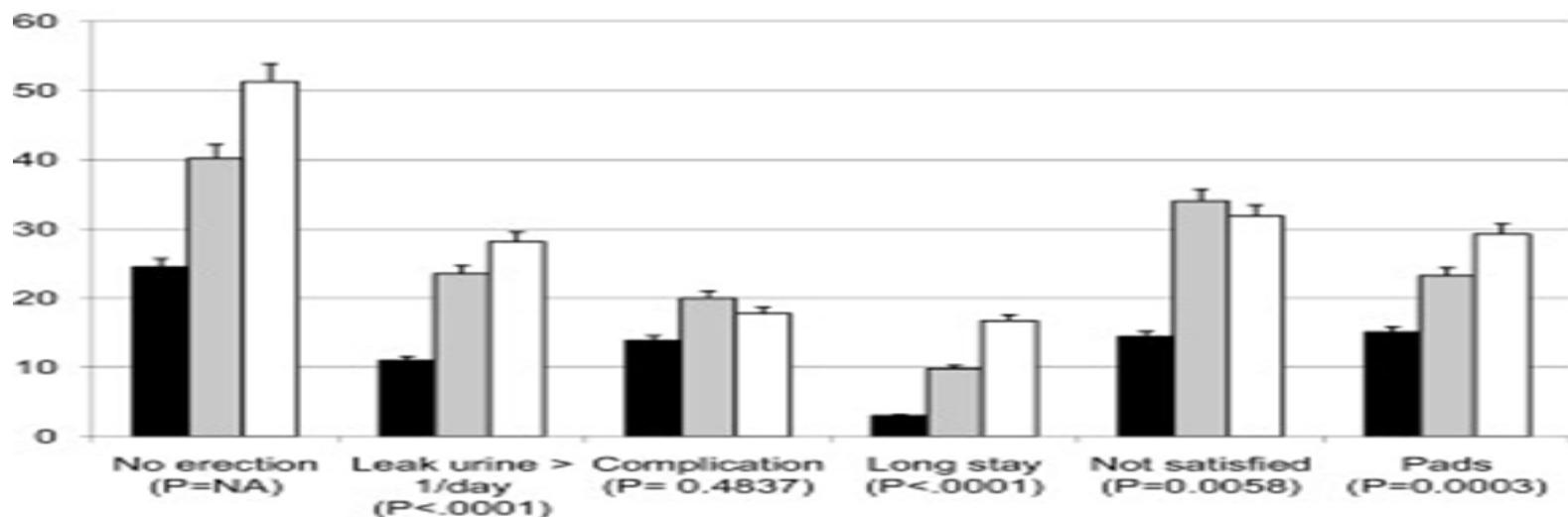
- Kan Kaybı:
 - RARP vs RRP: RARP lehine
 - RARP = LRP
- Transfüzyon Oranı:
 - RARP < RRP ve LRP
- Komplikasyon:
 - RARP=RRP=LRP

Challenging cases and level of surgeon experience

Level of surgeon experience	Challenging cases
Experienced*	Obese patients (BMI >30) Large prostate (prostate volume >70 g) Previous TURP or other procedure for BPH Large median lobe High-risk patients requiring extended pelvic lymph node dissection Patients with previous pelvic surgery
Very experienced*	Salvage robot-assisted radical prostatectomy after radiation therapies, cryotherapy, or high-intensity focused ultrasound

BMI = body mass index; TURP = transurethral resection of the prostate; BPH = benign prostatic hyperplasia.
* The Pasadena Consensus Panel did not reach any consensus about the definition of experienced surgeon (number of procedures needed in an acceptable period of time). Data from the literature classifies surgeons as high volume (≥ 40 procedures per year) or low volume (< 40 procedures per year) [4].

Montorsi F. et al. Eur Urol 2012; 62: 368-381



Hartz A. et al. J Urol 2013; 189: 1295-1301

SONUÇ

RARP: Öğrenme eğrisi Açık ve Lap'a göre daha hızlı...

RARP: Cerrahları nispeten standardize ediyor, santralizasyon sağlıyor (hasta yararına), apeks ve NVB diseksiyonu daha rahat, mesane boynu açısından aynı şeyi söylemek zor 😊

RARP: Cerrah açısından daha konforlu

RRP: Mutlaka büyütme ve kafa lambası kullanılmalı. Op. hızlı yapılıyorsa preop. ve perop. sıvı kısıtlaması kanamayı minimize etmek için faydalı. Anestezi süresi kısa.

RARP(n:100) vs RRP (n:100)

Hosp. (ort. 3 gün), Dren süresi (1-2 gün), Kateterizasyon (ort.10-12 gün), Kan Trans. (0): Fark Yok

Anestezi Süresi: RRP lehine

CS(+): Düşük - Orta Risk grubunda (~ %10-15)

Kontinans (0-1 ped): ~ %95 / 1 yıl

Social Media in Urology: opportunities, applications, appropriate use and new horizons.

SoMe represents a vibrant area of opportunities for the communication of knowledge in health care and so their potential applications today are unquestionable; however, its development in the urological community is still in its infancy. At present the benefits include communication between associations, urologists, residents, other health care professionals and patients. **Further efforts are focusing on standardizing the language used through SoMe and finding out how we can objectively quantify the impact of the information published in SoMe.**

