Robotic Prostatectomy Outcomes in a 12-Month Fellowship Program

Introduction and Objective: Robotic-assisted laparoscopic prostatectomy (RALP) is a minimally invasive technique that has become increasingly popular in Australia.
Materials and Methods: A retrospective analysis of prospectively collected data was performed on 47 patients who underwent RALP by a trainee surgeon in a 12-month robotic fellowship program at the Royal Adelaide Hospital. The trainee was independent surgeon in 13 cases, primary surgeon in 17 cases and secondary surgeon in 17 cases.
Results: Pre-operatively, 22% were low risk, 39% intermediate and 39% high risk (D'Amico risk group stratification). The average theatre time was 206.8 minutes, console time 168.4 minutes and estimated blood loss 350 mL, with no transfusions required. The average length of stay was 26.06 hours and catheter duration 7 days. Complications occurred in 9 patients. A total of 11% had T3b disease, 52% T3a, 33% T2c and 4% T2a. The positive margins rate was 24.1% for T3 disease, and 17.6% for T2. Half of these margins were <1mm and considered of little significance. The average length of follow-up was 88 days (range 8 to 272 days). Continence was assessed in 29 patients, 90% used 0-1 pad, and 10% required >1 pad over 24 hours. Discussion: These outcomes are favourable compared to early RALP series published in the literature.
Conclusions: RALP is a safe and oncologically sound procedure with clear benefits for the surgeon and patient. A robotic fellowship program in a high volume centre with one or more experienced robotic surgeons should be mandatory for trainees intending to perform robotic surgery in the future.