

PE17 Perioperative results of 256 robot-assisted radical prostatectomies (RARP) performed by single, ERUS Fellowship-trained, surgeon in high volume center in Poland

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Introduction & Objectives: Introduction of robots was hypothesized to facilitate foundation of high volume centers. Here we report the perioperative results of 256 patients operated during 9 months after creating Poland's first high volume robotic prostate center. We focused on perioperative and safety results. All patients were operated by single, ERUS Fellowship-trained surgeon.

Materials & Methods: 256 consecutive men were operated by single surgeon using previously described SMART (Salwa Modified Advanced Robotic Technique) Prostatectomy. Team members were subjects to intensive training with console surgeon (it consisted of e-learning, bedside assistance, lectures on technical and non-technical skills, laboratory training) and operation standards were set according to main surgeon's experience and good clinical practice. All surgeries were performed from September 2018 to May 2019. All data was collected prospectively and the emphasis was to monitor the safety (complications) and efficacy (console time, blood loss) of the surgeries.

Results: 256 cases of RARP were performed. Patients demographics are shown in table 1. Mean console time was 163.8 minutes, estimated blood loss was 205,4 ml, Mean catheterization time was 3.1 days. There were no intraoperative complications. In postoperative stationary stay we observed 2 (0,78%) major and 29 minor (i.e. urinary retention, gastro-intestinal symptoms and uncomplicated urinary infection) complications.

Table 1.

Age (years)	63.8
BMI	26.8
Mean iPSA-Value (ng/ml)	13.2
Prior abdominal/pelvic surgery (%)	44.1
Estimated blood loss (ml)	205.4
Average console time (min)	163.8
Major complications (%)	0.78%
Minor complications (%)	11.3%

Conclusions: During 9 months after creating of Poland's first high volume prostate center we were able to perform 256 robot assisted radical prostatectomies in a safe and efficient manner. These data suggest that utilising of an experienced robotic surgeon and engaged and dedicated surgical team can lead to advantageous efficacy and safety results of patients even in newly created robotic center. Our data suggest that intensive training followed by regular and extensive practice can lead to shortening of learning curve and rapid reaching of favourable results for our patients. Moreover performing surgeries in a standardised, strictly defined manner improves safety of the procedure. On the other side due to single surgeon

– setting a significant influence of individual factors (i. e. previous large experience from high volume center in Germany, dexterity, drive) needs to be taken into account.