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## Introduction & Objectives:

Pelvic lymph node dissection (PLND) can cause lymphoceles. Lymphocele formation following PLND can reach up to 60% and can be symptomatic in 0.4 to 16% of patients. The aim of the study was to identify factors that are significantly associated with drainage of lymphocele.

## Materials & Methods:

We retrospectively analysed all men that underwent RALP between April 2010 to November 2018 from prospectively collected IRB approved database. All patients who developed lymphoceles were grouped into two groups for comparison, the ones who were drained and those not drained. Chi square test was used to perform univariate analysis for categorical variables and student t test for continuous variables. Odds ratio calculated using logistic multiple regression analysis. A p value of less than 0.05 was considered significant.

## Results:

The size of the lymphocele, the number of nodes retrieved, BMI and D'Amico Class 3 were significant factor that led to the drainage of lymphocele. The patients with size of the lymphocele larger than 10 cm had a odds ratio of 47.5, for the ones between 5-10 had an odds ratio of 10.7. The odds ratio of drainage in patients with BMI above 30 was 2.1. The odds of drainage were 8.8 were taken.

## Conclusions:

After PLND ultrasound could be effective in early identification of patients who could potentially need drainage. Prophylactic drainage should be offered to patients who have more than 10 lymph nodes removed with a lymphocele size more than 10 cm in size and BMI above 30.