

PE34 Does the interval from biopsy to surgery influence outcomes in robot assisted radical prostatectomy?

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Introduction & Objectives: Since the advent of the robotic approach, more radical prostatectomies are performed robotically in most high volume centres across the world. A 4 to 6 week waiting period is traditionally advised between prostate biopsy and surgery. The potential advantages are to reduce inflammation after biopsy and to resolve haematomas, resulting in better identification of tissue planes, better nerve sparing, less bleeding and less complications. This concept is derived from open surgical experience and its application in today's robotic era is often questioned as robotic approach has better magnification, better 3D vision and better ergonomics to facilitate more precise dissection. To study the impact of postbiopsy waiting period on early surgical outcomes, we retrospectively analysed patients who underwent robot assisted radical prostatectomy-RARP-at our institution. The objective was to know whether this period reduced complications and provided better outcomes in RARP.

Materials & Methods: From 2016 to 2019, a total of 126 patients who underwent RARP and who could be evaluated for all designated outcomes were studied. All patients underwent surgery by a single surgeon. Patients were divided into 2 groups-Group 1 had patients with a biopsy to surgery interval of less than 4 weeks, 78 patients and Group 2 had patients with a biopsy to surgery interval of more than 4 weeks-48 patients. Demographic, clinical, operative and outcome data was analysed including age, PSA, BMI, prostate volume, preoperative clinical stage, total OR time, estimated blood loss, postoperative drainage period, perioperative complications, length of hospital stay and final pathology. Statistical analysis was performed using standard statistical methods, with a p value of <0.05 considered as statistically significant.

Results: The mean age of the entire cohort was 65.2 years and the mean PSA was 26.2. Overall OR time for Group 1 was 332 minutes for Group 1 vs 318 minutes for Group 2. Positive margin rate was 28% for Group 1 and 24% for Group 2. The mean length of stay was 4.26 days in Group 1 vs 4.34 days in Group 2. The drainage time was 5.8 days in Group 1 vs 6.06 days in group 2. A total of 19 complications were observed in the entire cohort(15%), including paralytic ileus in 10 patients (7.9%), incisional port site hernia in 3 patients(2.3%), rectal injury in 2 patients (1.5%) and perioperative need for blood transfusion in 4 patients (3.1%). Group 1 had 11 complications (8.7%) and Group 2 had 8 complications (6.3%). Estimated blood loss was 320 ml in Group 1 and 280 ml in Group 2.

Conclusions: Biopsy to surgery interval had no significant influence in outcomes of RARP including complication rates, OR time, positive margin rates, length of hospital stay and blood loss. It is not mandatory to wait for 4 to 6 weeks after prostate biopsy before proceeding for RARP.