



This study is certainly timely in the fact that surgical simulation is becoming increasingly incorporated into training programs, given its ability to allow trainees to learn the technical and cognitive components of a particular procedure without placing a patient at risk.³ HoLEP in particular is an important technology where surgical simulation could play an important role for helping it gain adoption by the broader urologic community. Other simulators have previously been evaluated and validated using virtual simulators rather than physical models, which were found to be acceptable.⁴ Despite the implementation of different simulation strategies, it remains to be seen if simulation definitively improves patient outcomes or surgeon skill.

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AUTHOR REPLY

Holmium laser enucleation of the prostate (HoLEP) is the most complete and sophisticated surgical treatment for benign prostatic obstruction. No other technique is capable of removing so much tissue in such a minimally invasive manner. The great challenge of prostate surgeons is to develop methods to shorten and facilitate its learning curve. Simulators are attractive and safe tools that could serve this purpose.

The 2 main limitations of the simulator model used in our study are that it does not reproduce bleeding, and that it lacks a morcellation phase. Despite this fact, urologists' evaluation was positive. However, the validation of our modular teaching course was impaired by the unavailability of lasers in most of the facilities where trainees work. Acquisition of the HoLEP equipment will allow the evaluation of the course impact in a near future.

Simulators should also be tested in a prospective and controlled trial to allow the analysis of the real impact of this tool on the most common used outcome measure that is the enucleation rate. Whether the plateau will be achieved sooner among new users who took some time in the simulators or if they will help to increase the urologist's fidelity to the method, is not known. Until these questions are not resolved, it is the opinion of the authors that simulators are important tools that should be used during the HoLEP-naïve urologists learning curve.

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