IL-1：招請講演 1

The Development of Robot Assisted Laparoscopic Prostatectomy (RALP): Making the Transition from Open Retropubic Prostatectomy (RP) to RALP

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Introduction
RALP is becoming a common procedure in the US with >35,000 cases performed in 2006. However, there are no definitive data to show advantages over open or laparoscopic RP. In this lecture we will describe the initial learning experience of robotic surgery and perform a comparative analysis of 100 RALP versus 100 open cases performed by the same surgeon.

Patients and Methods
100 RALP’s were performed at a single institute and prospective data collected including operative time, blood loss, complications, continence and surgical margin status. A similar cohort of 100 open retropubic cases were age and PSA matched with outcomes compared.

Results
The learning curve for RRP in terms of total operative time is considerable (mean for 1st 10 cases - 346 mins, last 10 cases - 205 mins). An improvement in blood loss is noted (1st 10 - 862 mls, last 10 - 271 mls) with a low mean in-patient stay at 3-days (versus 5 days for open). While the incidence of positive margins appears to be broadly similar between the two techniques, RALP appears to offer earlier return of erectile function as measured by patient questionnaires. The incidence of major complications also is reduced in RALP compared with open PP (P < 0.05).

Conclusion
RALP has a significant learning curve, but may offer some benefit to patients with decreased blood loss, shorter hospital stay, a lower risk of complications and improved erectile function. There are significant issues however in terms of both cost and the mentoring required to initiate a RALP programme safely.