

Robotic Radical Prostatectomy:

initial and advanced experience

after 700 cases performed

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- Masarykova nemocnice
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About Centre

In August 2012 we are celebrating the Fourth Anniversary of using the daVinci systém.
In April 2009 the second daVinci S systém was installed in our Robotic Center. Systems are used also by surgeons, gynecologists and otorhinolaryngologists.
From 2009 we performed 700 robotic radical prostatectomies.

Objective

The surgical and pathological results correlation between the initial group of 100 patients (Group A) and following group represented by 600 patients (Group B)

Method

A retrospective data evaluation of the initial Group A and the following Group B who underwent Robotic Radical Prostatectomy over the 4-years period. A transperitoneal five-port approach and da Vinci S system was used by 2 surgeons. Data collection included basic demographics, preoperative PSA level, clinical and pathological stage, operative duration, blood loss and positive margins rate.

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Summary of Results

Mean Age and preoperative PSA level

	Group A	Group B
Mean age /years/	65 (41-79)	64 (44-86)
Mean preoperative PSA level /ng/ml/	9,6 (1,09-51,00)	8.5 (0.33-66.67)

Clinical and Pathological Stage

Clinical Stage	Group A	Group B	Pathological Stage	Group A	Group B
			pT0	1 %	0,7 %
T1	26 %	33 %	pT2a	20 %	19,5 %
T2 (a,b)	46 %	50 %	pT2b	4 %	1,4 %
			pT2c	39 %	52,4 %
T2 (c)	25 %	15 %	pT3a	26 %	19 %
T3	3 %	2 %	pT3b	10 %	7 %

Mean Operative Duration and Blood Loss

	Group A	Group B
Operative Duration /min/	180 (120-240)	
Blood Loss /ml/	210 (20-1000)	

Positive Margins Rate

	Group A	Group B
Positive Margins Rate /%/	16	16

Relative Positive Margins Rate

Pathological Stage	Group A PMR /%/	Group B PMR /%/
pT0	-	-
pT2a	0	0
pT2b	0	0
pT2c	20.51	12.74
pT3a	19.23	22.42
pT3b	40.00	44.12

Conclusion

The fourth year of robotic activity has proved further improvement in surgical and oncological results and confirmed the quick learning curve of the metode.
The mean operative time was notably reduced as well as the mean blood loss.
The movement to the lower stages in oncological results is also valued improvement.
We did not registered so significant improvement in comparison with the second year, but can conclude that improvement is continuing.

