



Early Outcomes of Retzius-Sparing Robot-assisted laparoscopic Radical Prostatectomy: Initial experience in a Regional Hospital

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Retzius - Sparing Robot - assisted Radical Prostatectomy

- First described by Galfano et al¹
- Sparing of Retzius Space
- Preserve Pubourethral ligament, Dorsal venous complex, Endopelvic fascia and Detrusor apron
- Aim to improve post-operative urinary continence rate

Patients and Method

- A total of 25 patients undergoing RS-RARP between 9/2020 - 7/2023
- Age: 58 to 74 years old (mean: 67.5 years old)
- Pre-operative prostate size: 20 to 92 cc (mean 43.1cc)
- Pre-operative PSA: 3.2 to 55.6 ug/L (mean 8.4ug/L)

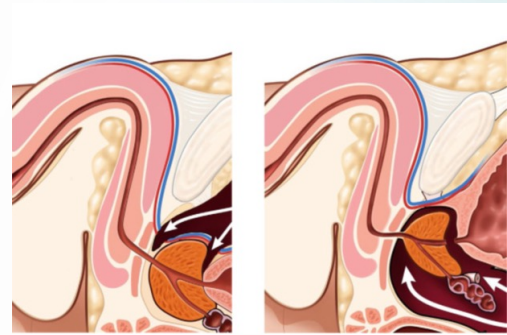
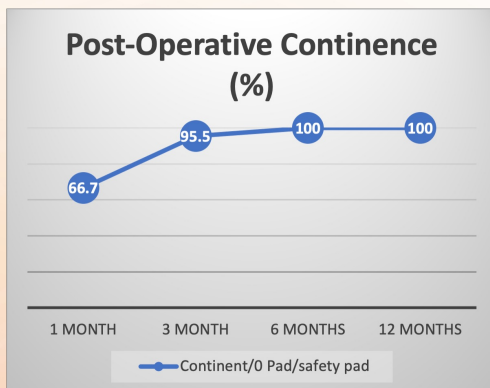


Figure 1: Left diagram indicating dissection plane for standard RARP; Right diagram indicating dissection plane for RS-RARP

Results

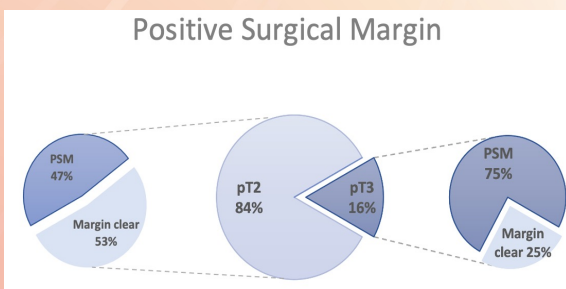
Operating time: 185 – 360 mins (mean 260.2 mins)

Continence post-operatively



Oncological control

- Total of 3 patients requiring adjuvant or salvage radiotherapy



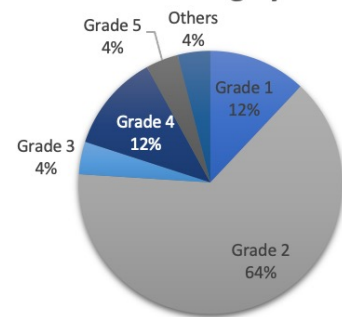
Reference

1. Galfano, A., Ascione, A., Grimaldi, S., Petralia, G., Strada, E., & Bocciardi, A. M. (2010). A new anatomic approach for robot-assisted laparoscopic prostatectomy: a feasibility study for completely intrafascial surgery. *European urology*, 58(3), 457–461.

Final ISUP grade

- 1 patient: prostate cancer with treatment effect due to previous hormonal therapy

ISUP Grading System



Conclusion

RS-RARP can help patient achieve earlier total urinary continence with >95% of patients able to achieve continence 3 months post-operatively. RS-RARP appears to have higher positive surgical margin rate. Further follow-ups are required to evaluate the long term survival and disease recurrence of patients undergoing RS-RARP.