SIZE – DOES IT MATTER (IN ROBOT ASSISTED PROSTATECTOMY)?
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Introduction: The processes in establishing an economically viable robotic programme are multiple and intricate. In order to produce a successful programme, operative times should be predictable. We sought to determine the pre-operative ultrasound volume and also prostate weight on operative time for individuals undergoing da Vinci robot assisted radical prostatectomy (RARP).

Patients and Methods: From February 2010 to November 2010, 50 men underwent RARP performed by one surgeon, at our institution. We analysed data from our prospective database comparing a number of different variables: pre-operative ultrasound volumes, operative console time, blood loss and prostate weight. Statistical analysis was performed using the Pearson r coefficient (and confidence intervals (CI)) to compare the continuous variables among the groups. A p value was determined in order to establish significance.

Results: Mean prostate weight was 54gm (range: 30-140gm), whilst mean blood loss was 510mls (100-2500mls). Mean console time was 149mins (96-243mins). Analysis revealed no significant relationship between console time with either pre-operative volume (r = -0.02; CI:-0.28-0.32; p=0.89) or prostate weight (r = 0.03; CI: -0.25 to +0.31; p=0.83). In addition, pre-operative volume (p=0.16) and gland weight were not associated blood loss (p=0.88) However, longer console times were associated with greater blood loss (r= 0.43 CI: 0.16 to 0.64) (p=0.0025) and that glands assessed as having larger pre-operative volumes were associated with greater prostate weights (r=0.78 CI: 0.63: 0.87 p<0.0001).

Conclusions: This study has demonstrated that prostate size is not associated with longer console times when completing RARP. Data also demonstrates that larger prostates should not be considered a contraindication for RARP if performed by an experienced robotic surgeon.