

# New technique in robot-assisted laparoscopic prostatectomy

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Stress urinary incontinence is one of the most feared complications of radical prostatectomy. The weighted mean continence rate immediately after catheter removal following robot-assisted laparoscopic radical prostatectomy (RALP) is 25.7%. Evidently, early recovery of urinary continence remains a challenge to be overcome. The Surgery in Motion section of the September issue of *European Urology* describes the surgical steps of pubovesical complex (PVC)-sparing RALP and presents the preliminary results of the technique.

Puboprostatic ligament preservation has been proposed to achieve accelerated return of continence after nerve-sparing procedures. Even with this technique, the rates of postoperative continence remain low. A possible explanation could be that because there is demonstrable anatomic continuity with the bladder, there are no conceivable means of preserving the pubovesical ligaments during RALP, and there must be interruption at some point to expose the prostatourethral junction.

The aim of the study presented in the Surgery in Motion section of *European Urology* was to propose and describe the steps of a new technique of surgical dissection that maximises the preservation of the periprostatic anatomy by keeping intact the pubovesical complex (PVC; i.e. detrusor apron with pubovesical ligaments). This is the first demonstration of the feasibility of this technique in the field of RALP.

The PVC-sparing RALP was applied in 30 men with clinically localised [prostate cancer](#) from October 2007 to March 2009. The rate of urinary

continence at catheter removal is the highest reported in the literature; the majority of patients were dry at [catheter](#) removal, and the remainder only required the use of one security liner. Further, larger studies are needed.

Provided by European Association of Urology

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