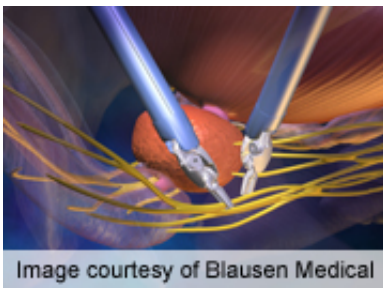


Similar outcomes for robotic, laparoscopic prostatectomy

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For men undergoing routine surgical treatment for localized cancer of the prostate, robot-assisted radical prostatectomy does not result in better functional outcomes compared to laparoscopic radical prostatectomy, according to a study published in the April issue of *Urology*.

(HealthDay)—For men undergoing routine surgical treatment for localized cancer of the prostate, robot-assisted radical prostatectomy (RALP) does not result in better functional outcomes compared to laparoscopic radical prostatectomy (LRP), according to a study published in the April issue of *Urology*.

Following the transition from LRP to RALP as the routine operative technique for localized cancer of the prostate in November 2007, Viktor Berge, M.D., Ph.D., from Oslo University Hospital in Norway, and colleagues compared quality of life for the last 210 consecutive patients operated with LRP and the first 210 consecutive patients operated with RALP. At baseline and at three, 12, and 36 months of follow-up,

patients were mailed the University of California Los Angeles-Prostate Cancer Index and Short Form Health Survey-12 questionnaires.

At the 36-month follow-up, the researchers found that 87.9 percent of the LRP patients and 82.6 percent of RALP patients had regained baseline [urinary function](#) scores, while 57.3 and 61.3 percent, respectively, had regained baseline sexual function scores. In both groups, nerve-sparing surgical procedures mitigated the adverse effects on sexual function. Surgical method was not associated with urinary function or sexual function at 36 months. There was an association between better urinary function and better general mental health.

"Introduction of RALP did not result in improvement of functional outcome," write the authors. "There was no difference regarding urologic function/bother score or [sexual function](#)/bother score at 36-month follow-up in patients treated with LRP or RALP."

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