



Open anterograde anatomic radical retropubic prostatectomy technique: description of the first fifty-five procedures

Fabício Borges Carrerette^{1,2}, Emanuel Carvalho³, Henrique Machado³, Felipe Cassau de Sá Freire³, Ronaldo Damião⁴

¹ Faculdade de Ciências Médicas, Universidade do Estado do Rio de Janeiro - UERJ, Rio de Janeiro, RJ, Brasil; ² Uromedic - Urologia, Petropolis, RJ, Brasil; ³ Departamento de Cirurgia, Universidade do Estado do Rio de Janeiro - UERJ, Rio de Janeiro, RJ, Brasil; ⁴ Departamento de Urologia, Universidade do Estado do Rio de Janeiro - UERJ, Rio de Janeiro, RJ, Brasil

ABSTRACT

Introduction: Robotic-assisted radical prostatectomy is the leading surgical technique and was discussed in Pasadena Consensus Panel (1). The goal of this study is to present the results of the first fifty-five patients submitted to Anterograde Anatomic Radical Retropubic Prostatectomy technique (R2PA2), without adding complexity or cost.

Materials and Methods: Fifty-five eligible men with localized prostate cancer underwent R2PA2 from January, 2016 to December, 2017. The technique was previously described (2): the main surgical steps were anterograde dissection, ligation of the dorsal vascular complex without dividing, preservation of the bladder neck, nerve sparing, preservation of Denonvilliers' fascia and confection of the running suture anastomosis. All patients were operated on by second-year residents.

Results: All procedures were completed as planned, but one converted to retrograde prostatectomy (mean duration, 163.40 minutes; hospital stay, 4 days with 4.20 days of drainage; indwelling vesical catheterization of 9.80 days). Positive surgical margin was found in six T2 staging patient (10.90%) and five T3 (9.10%). Biochemical PSA recurrence occurred in three patients (5.50%).

Twenty-four (43.60%) were continent immediately after indwelling catheter removal, seventeen (30.90%) did not wear a pad at one postoperative month while eighteen (30%) used only one safety pad. Five minor complications occurred.

Conclusion: We were able to perform R2PA2 allowing men who do not have access to this new technology to be operated on with the same technique used in robotic surgery. This method was reproducible by low-volume prostate cancer surgeons; help inexperienced surgeons to develop skills valuable to future training with robotic techniques.

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CONFLICT OF INTEREST

None declared.

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 **Fabricio Carrerette**

<https://orcid.org/0000-0002-7678-7589>

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Correspondence address:

Fabricio Borges Carrerette, MD, PhD
Faculdade de Ciências Médicas, Universidade do Estado
do Rio de Janeiro - UERJ
Av 28 de Setembro 77
Rio de Janeiro, RJ, 20551-030, Brasil
E-mail: carrerette2@gmail.com