

5th International Conference on
Urology and Renal Health

October 25, 2022 | Webinar

Received date: 02 October 2022 | Accepted date: 10 October 2022 | Published date: 31 October 2022

The impact of centralisation on radical prostatectomy outcomes: Our outcomes

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Introduction: The development of robotic surgery has accelerated centralization to tertiary centers, where robotic Radical Prostatectomy (RP) is offered. The purpose of concentrating treatment in high volume, specialist centers is to improve quality of care and patient outcomes. The aim of this study was to assess the impact on clinical outcomes of centralization for locally diagnosed patients undergoing RP.

Methods: Clinical outcomes for 169 consecutive laparoscopic & open RP pre-centralizations were retrospectively compared with 50 consecutive robotic RP conducted over a similar period post-centralization. Preoperative risk stratification and time to surgery were collected. Perioperative outcomes including Length of Stay (LOS) and complications were collated. Post-operative outcomes including Erectile Dysfunction (ED), Biochemical Recurrence (BCR) and urinary continence were assessed.

Results: Preoperative risk stratification showed no difference between the two groups. Median time from diagnosis to treatment was similar between the two groups (pre-centralization, 121 days, post-centralization, 117 days). Mean length of stay (pre-centralisation, 2.1 days, post-centralisation, 1.6 days) showed no significant difference ($p=0.073$). Proportion of overall complications (pre-centralisation, 11.4%, post-centralisation, 8.7%) and complications, above Clavien-Dindo 2, were similar between the two groups (pre-centralisation 1.2%, post-centralisation 2.2%). Post operative functional parameters including continence and ED were comparable. Five-year BCR free rate was 78% for the pre-centralisation group and 79% for the post centralization group.

Conclusion: For our cohort of patients, clinical outcomes have remained static during centralization. It is imperative that centralization is accompanied by increased capacity, streamlining of pathways and training, to ensure that improved quality of care is achieved. Our institution has newly acquired a robot and prospectively studying this data may support the reversal of centralization for RP surgery.

Recent Publications

1. Anderson, C., Penson, D., Ni, S., Makarov, D. and Barocas, D., 2013. Centralization of Radical Prostatectomy in the United States. *Journal of Urology*, 189(2), pp.500-506.
2. Finkelstein, J., Eckersberger, E., Sadri, H., Taneja, S., Lepor, H. and Djavan, B., 2022. Open Versus Laparoscopic Versus Robot-Assisted Laparoscopic Prostatectomy: The European and US Experience. *Reviews in Urology*, 12(1), pp.35-43.
3. Hamdy, F., Donovan, J., Lane, J., Mason, M., Metcalfe, C., Holding, P., Davis, M., Peters, T., Turner, E., Martin, R., Oxley, J., Robinson, M., Staffurth, J., Walsh, E., Bollina, P., Catto, J., Doble, A., Doherty, A., Gillatt, D., Kockelbergh, R., Kynaston, H., Paul, A., Powell, P., Prescott, S., Rosario, D., Rowe, E. and Neal, D., 2016. 10-Year Outcomes after Monitoring, Surgery, or Radiotherapy for Localized Prostate Cancer. *New England Journal of Medicine*, 375(15), pp.1415-1424.

Biography

Jemini Vyas is currently working at Northampton General Hospital as a clinical urology research fellow. She completed her MRCS and studied at Imperial College London and graduated in the year 2015.

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