

COMBINATION ROBOTIC SIMPLE PROSTATECTOMY AND HbLEP FOR MORBIDLY ENLARGED PROSTATES >400g

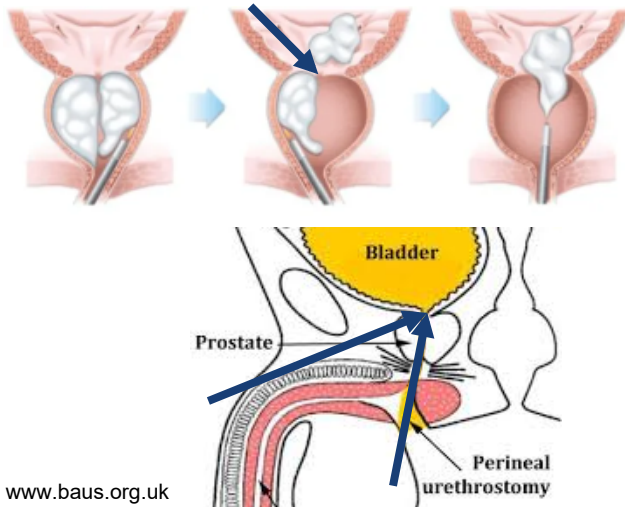
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- **Morbidly enlarged prostates (MEP) >400g** due to benign prostatic hypertrophy (BPH) can result in significant lower urinary tract symptoms
- These patients often have symptoms that are **refractory to standard medical and surgical management**
- For BPH the vast majority of large glands are amenable to either Holmium laser enucleation (HoLEP) or robotic simple prostatectomy (RSP)
- However, **each of these procedures has drawbacks** that limit effective management of MEPs.

INTRODUCTION CHALLENGES OF EACH PROCEDURE

HoLEP

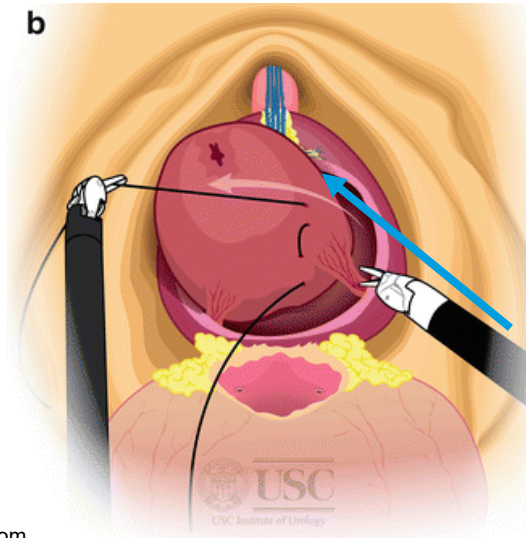
- Difficult base access
- Long morcellation
- Perineal urethrostomy often required



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Robotic Simple Prostatectomy

- Difficult apical access
- Blood loss



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We sought to develop a safe procedure combining the strengths of HoLEP and RSP

METHODS

- Patients with MEP and bothersome lower urinary tract symptoms
- Underwent combined HoLEP and RSP between 2017-2019
- Charts were retrospectively reviewed

RESULTS

n=3	Value	Range
Mean prostate volume	498 g	400-600 g
Catheter dependent preop	3/3 (100%)	
Mean operative time	316 min	270-384 min
Mean drop in Hct	8%	4.8-10.4%
Mean percent gland removed by weight	64%	55-80%
Time to discharge	2 days	
Mean time to catheter removal	10 days	8-15 days
Follow up time	8.5 months	1.9-20 months
Mean PVR at last follow up	64 cc	39-87 cc

RESULTS COMPLICATIONS

- One patient required intraoperative blood transfusion
- This patient was also found to have high risk prostate cancer in the surgical specimen requiring further treatment
- One patient developed post operative atrial flutter that spontaneously resolved

DISCUSSION

DECREASE IN OPERATIVE TIME

Multiple methods have been employed to decrease operative time:

- Simultaneously prepping and draping for both procedures
- Using robotic tenaculum to manipulate prostate during robotic portion of the procedure
- Experience has reduced time to identify capsular plane from both approaches

- Combined HoLEP and RSP is a safe procedure for MEP that may not be adequately treated by either procedure alone
- Advantages of combining these approaches include:
 - Avoid perineal urethrostomy
 - Need for morcellation is obviated
 - Decreased endoscopic time thereby lowering risk of urethral stricture formation
 - Simplified apical and base dissection

THANK YOU

QUESTIONS:

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